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ORIGINAL ARTICLE

Examining the Needs and Experiences of Domestic Violence Survivors in Transitional Housing

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Abstract

Transitional Housing (TH) programs were developed for domestic violence (DV) survivors in order to provide the time, financial assistance, and supports needed for survivors to achieve long-term safety and housing stability. Previous research indicates TH may be effective for homeless families, but there is a paucity of evidence related to DV survivors' need for or use of TH. TH is an expensive housing intervention that is space limited and requires survivors to relocate at program end. It is therefore imperative to understand who is best suited for, interested in, and helped by DVTH. Thirty current survivors in a DVTH program were interviewed in order to elucidate the benefits and drawbacks of DVTH. The interviews were semi-structured, and both quantitative and qualitative data were collected. Survivors in severe danger from their abusive partners and ex-partners, those with greater psycho-social needs, and immigrant survivors identified aspects unique to DVTH (e.g., high-level security, intensive services) as being critical to their safety and well-being. A small number of survivors would have chosen a less intensive and structured housing option, such as Rapid Re-housing (RR), that would have allowed them to remain in their housing after assistance ended, had such an option been available. DVTH appears to be an important option for some DV survivors, but more housing options are needed across communities to meet survivors' myriad needs.

Keywords Domestic violence · Transitional housing · Housing · Homelessness · Rapid re-housing

Domestic violence (DV) is a leading public health problem, with more than one in three women being victimized during their lives (Black et al. 2011). While both men and women experience DV, women experience higher rates, and more injuries, than do their male counterparts (Black et al. 2011). DV is also a leading cause of homelessness for survivors and their families (Pavao et al. 2007). One in four homeless women have cited DV as being a major contributor to their current homelessness (Jasinski et al. 2005; Owen et al. 2007), and DV survivors are four times more likely than other women to experience housing instability (Pavao et al. 2007). Although many survivors who flee their homes enter emergency DV shelters, this is a short-term support - often only available for 30–60 days (Sullivan and Virden 2017a). DV Transitional Housing (DVTH) programs were developed to provide DV survivors with longer-term housing, typically lasting up to two years, to allow for the time, financial assistance, and supports needed to achieve long-term safe and stable housing (Melbin et al. 2003; U.S. Department of Justice Office on Violence Against Women 2015). There is scant research about DV survivors' experiences within, and preferences for DVTH, despite its wide application within DV services. While DVTH appears to be useful for some families (Mekolichick et al. 2008; Melbin et al. 2003; Wendt and Baker 2013), it is an expensive program, and typically requires survivors to relocate after assistance ends (Berman 2016). More information is needed, directly from survivors themselves, to understand the benefits and drawbacks of DVTH, who is best aided by this type of program, and who might be better suited to an alternative housing model. The current study utilized in-person, semi-structured interviews with 30 survivors in a DVTH program to elucidate the benefits and drawbacks of this option for survivors, as well as to explore preferences for other housing options post-shelter.

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The Path from Domestic Violence to Homelessness

Housing instability commonly coincides with DV, which is exacerbated by a lack of available affordable housing options (Baker et al. 2010). The pathway from DV to housing instability can be direct or indirect. Some abusive partners intentionally sabotage their victims' financial stability as a means of maintaining control over them (Adams et al. 2008; Adams et al. 2012; Hahn and Postmus 2014). Further, the psychological and physical consequences of DV victimization can impact survivors' ability to work, which can then lead to housing instability (Adams et al. 2013; Lacey et al. 2013). Finally, some survivors flee their homes out of fear and then find they cannot afford to live on their own (Galano et al. 2013).

For DV survivors who are no longer safe in their homes and who have limited financial resources, an emergency DV shelter is often the first step toward obtaining safe and stable housing (Grossman and Lundy 2011; Panchanadeswaran and McCloskey 2007; Sullivan and Virden 2017b). 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 (see Sullivan 2012 for a review). However, on average, DV shelters limit the length of stay to 30 or 60 days, with extensions for certain circumstances (Sullivan and Virden 2017a). This is often an inadequate amount of time to find safe, alternative housing, given the shortage of affordable housing (Joint Center for Housing Studies, Harvard University 2013; National Alliance to End Homelessness 2015). Additionally, this allotted time is often too brief for DV survivors to address the myriad of other issues they are coping with (e.g., healing from injuries, managing PTSD or depression, caring for children, obtaining employment; Sullivan and Virden 2017a). In response to this dilemma, some communities have established DVTH programs for survivors (Baker et al. 2010; Melbin et al. 2003). In their annual census, the National Network to End Domestic Violence (NNEDV) estimated that 60% of DV programs offer DVTH, and DVTH ranks second among most requested needs from survivors after shelter (NNEDV 2016). While the links between housing instability, lack of resources, and DV have been well established (Baker et al. 2010; Melbin et al. 2003; Ponic et al. 2011) and there is broad application of this intervention, it has not yet been established who in fact may best benefit from this model.

TH Programs for Homeless Families Vs DVTH

Transitional housing programs for homeless individuals were first federally funded through the McKinney-Vento Homelessness Assistance Act in 1986 (National Coalition for the Homeless 1988), and most are currently funded by the U.S. Department of Housing and Urban Development (HUD). TH programs specific to DV survivors, however, were not implemented until the passage of the Violence Against Women Act in 1994 (Berman 2016), and are typically funded through the federal Office on Violence Against Women (sometimes with additional HUD funding). DVTH programs tend to be less prescriptive and proscriptive than HUD-funded general TH programs that mandate services (Berman 2016). DVTH programs provide survivors with a housing unit, typically an apartment, along with rental assistance and supportive services, for up to two years (Baker et al. 2010; U.S. Department of Justice Office on Violence Against Women 2015). DVTH programs are typically either facility-based (with residents all sharing a secured apartment building or campus) or "scattered site" – where people live in apartments or houses throughout the community that are owned or leased by the DV agency (Baker et al. 2010; Melbin et al. 2003). Supportive services are voluntary and can include advocacy, case management, financial support, children's services, counseling, and peer support (Baker et al. 2009). DV agencies have lauded these programs as vital resources to help survivors successfully transition to safe, permanent housing. They have also been criticized for being expensive and for requiring survivors to move after the program has ended (Berman 2016).

Previous evaluations of TH for homeless families have lacked a focus on the unique needs of DV survivors and have ignored critical differences between DVTH programs and general TH programs for homeless families. The Family Options study (Gubits et al. 2015), for example, has been cited as evidence TH may be overpriced and ineffective at alleviating family homelessness. This multi-site study attempted to randomly assign homeless families to one of four housing interventions, one of which was transitional housing. However, in addition to methodological limitations such as randomization failure, this study did not include a focus on DV survivors or DVTH programs. Allen (2017), however, did examine the Family Options study data related to families who had experienced DV, and noted that families with complex psychosocial issues showed a greater reduction in DV after being in transitional housing.

While there are other evaluations that have examined how women view or fare in general TH programs (e.g., Fischer 2000; Fisher et al. 2014; Long 2015), only three prior studies have focused on DV survivors' experiences within the differently structured DVTH programs. An early qualitative study of survivors in DVTH found residents reported needing the extra time and support provided by DVTH to get back on their feet (Melbin et al. 2003). Importantly, when asked to name what had been most helpful to them, survivors' opinions varied considerably. Some appreciated access to support groups while others had no desire for them. Participants also noted the tangible financial support while others focused more on the emotional connections they received. Their input affirmed the

importance of programs providing individualized approaches to survivors to maximize success (Melbin et al. 2003). These findings were corroborated by a qualitative study of DV survivors in a rural DVTH program (Mekolichick et al. 2008) as well as a qualitative study conducted in Australia with Aboriginal women (Wendt and Baker 2013).

While these three prior studies focused on how DV survivors' experienced DVTH, including what they found most helpful about it, they did not explicitly ask what led individuals specifically to DVTH, nor whether other housing options may have been desirable had they been available. In recent years, the Rapid Rehousing (RR) model has emerged as another housing option for DV survivors. RR provides survivors with a short-term rent subsidy (often three to six months but can be longer) to live in homes of their choice, paired with limited, housing-focused services. Survivors can then remain in the housing if they can pay the rent on their own at program's end (U.S. Interagency Council on Homelessness 2015). Some RR programs offer additional supports but most do not offer services to the extent that DVTH programs do.

The current study focused on building on the literature regarding DV survivors' experiences within DVTH, by including questions about survivors' specific needs that might best be met by this model and by asking whether or not a housing option more like RR would have been a better fit for them. In-person interviews were conducted with 30 DV survivors residing in a DVTH program to hear, in their own words, what led them to a DVTH program, what they perceived to be the benefits and drawbacks of TH, and how they compared the DVTH model to RR. We hypothesized that DVTH would be viewed as more desirable by those with higher safety needs, greater housing barriers, and more isolation.

Method

The Participating DVTH Program

The study site was a DVTH program, located in a Southwest state, with a total of 50 units. While the majority of survivors are housed on-site (facility-based TH), some receive housing in apartments located close to the agency (scattered-site TH). All of the survivors are able to access services at the resource center on-site that include counseling, case management, legal aid, financial literacy, and life skills classes, childcare, tutoring for children, and a variety of programs/activities. The facility-based units are in a gated complex with cameras, security guards, and a policy limiting visitors to those who have completed a background check. The scattered-site units are located in the community, in units secured by the program through housing partners. Survivors at all locations are offered 12–18 months of housing, rental assistance, and supportive services. Participation can be extended for up to 24 months if necessary (e.g., extensive immigration process, ongoing danger, lack of other safe housing). The amount of rental assistance survivors receive is income based, with survivors paying anywhere from 0%–30% of their income toward rent. At the end of the program, survivors must move.

Recruitment and Interview Process

All 50 survivors currently in DVTH were invited to hear more about the study by the program's director. Interested clients were then consented by a member of the research team, and interviews occurred on-site. Interviews were conducted in English or Spanish, depending on the survivor's preference. Seven survivors completed the interviews in Spanish and 20 in English. Human subjects approval was obtained from the first author's university. Survivors were paid $25 for their participation. Interviews ranged from 45 min to 2 h (average 1 h). The interviews were recorded with participant permission. The interview team used the Qualtrics platform to record demographics, closed answer questions, and notes.

Measures

The interviews were semi-structured, with a combination of open and close-ended questions, and scaled measures. Open-ended questions focused on what led survivors to DVTH, service needs while at DVTH, and what they perceived to be the benefits and drawbacks of living in DVTH. To further understand housing preferences, RR was described to survivors as a housing option that provided rental assistance in the form of a voucher, wherein participants did not have to move when the program ended. Survivors were then asked if they would have preferred this option, had it been available, if the financial support was up to three months, up to six months, up to one year, or up to two years. Demographic information was collected to describe the sample. The interview also included two standardized measures, used for descriptive purposes only: housing barriers and economic abuse. Common barriers that survivors faced in obtaining housing were measured by a modified version of the index included in the Family Options Study (Gubits et al. 2015). Survivors were asked, on a scale of 1–4 *(not a problem at all* to *a big problem*), how much of a problem, if at all, each of 23 common barriers were for them in obtaining permanent housing. Items ranged from not having enough money for rent to having a criminal record. Seven items from the Scale of Economic Abuse (Adams et al. 2008) were used to assess both exploitation and control of finances, as these have been linked to housing instability. On a scale of 1–5 (*never* to *very often*), survivors were asked how often they had experienced these economically abusive behaviors. Sample items included asking how often their abusive partner had done things to keep them from going to their job, and how often they had taken money from them.

Analyses

Interviews were transcribed verbatim. NVIVO 10 software was used to analyze the qualitative data (QSR International 2014). Qualitative data were analyzed using the thematic analysis approach, which is an ideal method for an exploratory study to identify patterns and themes that are rich in participant voice (Braun and Clarke 2006). In thematic analysis, data are analyzed to identify patterns that can highlight thematic findings through multiple coding procedures (Braun and Clarke 2006). Researchers first become familiar with the dataset, conduct initial coding, search for and review themes, define themes, and then produce findings (Braun and Clarke 2006). In this study, the first phase of coding consisted of inductive, independent, open, line-by-line coding by the first two authors, to establish concepts and categories within the data (Clarke and Braun 2013). NVIVO was used to make descriptive and in vivo codes that stayed close to the data and participant voice. The second phase involved axial coding (Corbin & Strauss 2008), through which these concepts and categories were used to create themes and subthemes (Clarke and Braun 2013). The first two authors merged NVIVO datasets to establish agreement on themes, confirm consistent confirmation of codes, and enhance dependability of the findings. The merge indicated few areas of discrepancy. The third author provided input during the axial coding phase and helped to resolve discrepancies in coding among the first two authors, and increase confirmability. In the final phase of coding, emergent themes were organized so related concepts were grouped together in order to contribute to answering the area of inquiry. This final phase was also a check that saturation had been achieved. Saturation is indicated when additional analysis and/or data fail to offer new insight or themes to the question or concept under study (Corbin & Strauss 2008). All authors engaged in extensive conversations about each case, as well as the themes, interpretations, and study conclusions. Memos were kept as an analytical and process audit trail for methods, to discuss evolving codes, and to describe the research context to improve transferability. De-identified findings were shared back with program staff, who confirmed and enhanced the authors' interpretations.

Results

Sample

The majority of the sample ($n = 27$) lived onsite, while three survivors lived in a nearby apartment complex. As is typical of the surrounding geographic area, most of the DVTH survivors were Hispanic/Latinx (46%), with the next largest group identifying as Black or African American (20%), and the remainder White (14%), Asian (<5%), or American Indian (<5%). Thirty percent spoke Spanish as their first language. Almost all were female (93%), and ages ranged from 22 to 58 (M = 34.3, SD = 9.23).

All 30 survivors in this sample entered the DVTH program after a stay in a local emergency DV shelter. In response to the research question regarding what led survivors to DVTH, each participant described having substantial needs that required more time to attend to than had been feasible through a brief stay in shelter, including lacking adequate income, recovering from trauma, barriers related to immigration, and concerns around children. The two overarching (and often interrelated) issues mentioned were (a) having a number of housing barriers, and (b) safety and well-being concerns.

Housing Barriers that Led Survivors to DVTH

Survivors noted having a number of issues that made obtaining permanent housing difficult at the time they entered DVTH. The most common barriers identified as being "a big problem" were: not having enough income to pay rent (93%), not having money to pay a security deposit or first/last months rent (77%), having a poor credit history (67%), and not currently being employed (60%).

Financial Barriers Survivors expounded upon the various financial barriers they were experiencing that made obtaining permanent housing difficult. In some cases, survivors had never been responsible for managing finances, often because they had been prevented from doing so. As such, they were unfamiliar with how to budget, pay various bills, or secure employment. Participant #16 noted:

> And just, yeah, the whole him isolating us where I'm not allowed to work. And then I haven't had to deal with, you know, being financial responsible for, like, I don't know, years and years. Like a decade almost. And then, yeah, you have to come back and you have to, like, start over and go to work. . .

Having a Disability Some of the survivors were managing chronic illnesses or disabilities, either their own or their children's, which made employment difficult or limited housing options. Thirteen survivors (43% of the sample), reported having a physical, psychological or cognitive disability. Participant #18 expanded on this:

> I had mental disabilities and I had PTSD from my childhood, from bein' locked in closets, then I guess they didn't know what else to do with me… And somebody

> else told me that I was the perfect person, candidate. That I was the type of person that [DVTH program] was made for.

Participant #18 also explained that her partner exploited and exacerbated her disability as a form of abuse, which compounded existing health problems and created issues accessing resources and opportunities such as employment.

> I have heart failure because I used to be . . . when I first got there I was really overweight. Because one of the ways that my husband controlled me was by feeding me all the time. And not allowing me to go anywhere. Where I couldn't exercise.

Immigration Status The immigrant survivors in this sample, many of whom spoke Spanish as their first language, described a high risk for lethality and reported extreme safety concerns. Some had fled to the U.S. due to safety concerns, like participant #2: "I was left with nothing. I had to come to the U.S. fleeing. I had no money, nothing at all." In some cases, these survivors' abusers were members of gangs or cartels. These survivors faced and continued to face, an elevated threat of violence from both their abusive partner and the group the partner was affiliated with. Immigrant survivors emphasized that their main priority in securing housing was finding an option that was both safe and hidden. However, immigration policies were highlighted as a potential barrier to doing so, as participant #28 explained:

> My immigration papers. Right now I have a DACA (Deferred Action for Child Arrivals). And right now I'm really, really worried about it because I don't know what's going on. And that's the only thing that is a big, big, big problem.

Immigration-related barriers prevented some survivors from gaining the employment they would need to achieve financial stability. The lack of financial stability, combined with the need for elevated safety measures, made it difficult for these survivors to acquire the resources to locate housing that was both affordable and safe. Often, when immigrant survivors spoke of the barriers they had to obtaining permanent housing, they referenced the abuse they had experienced in the past and how the two were connected. Participant #21 explained:

> Our immigration status and also because I was pregnant. Most the reason is that I can't work. I don't have a green card back then. And I was pregnant and taking care of the baby…And after he starts to abuse me... .and he took away all the money.

Experience of Abuse and Ongoing Safety Concerns

All of the survivors interviewed had experienced some form of abuse by current and/or former partners. Survivors spoke of having been stalked, needing to protect their children from the abuse, losing their jobs or homes because of the abuser, and fearing for their lives. Participant #16 talked about her experience with abuse:

> He had come up to my job and got me fired there. And, so we went to a place in [name of city] like this (DV program). And he showed up there.. . .. tryin' to get in 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.'

In some cases, the violence necessitated medical intervention and constrained survivors' ability to participate in daily activities, as participant #25 explained:

> And I was pregnant with [daughter]. He had beat me so bad that I had broken both collarbones. So they had me in a cast where my arms were out. And my eyes were blacked and I couldn't see. I couldn't see.

Almost half of the survivors (43%) reported that their abusive partner or ex-partner was still trying to harm them, and two-thirds (63%) were concerned about how safe they would be after they moved. These ongoing threats of abuse and safety concerns underscore the need for housing programs that help survivors who are actively dealing with past/ongoing trauma in a safe space.

Economic Abuse In addition to experiencing stalking and physical abuse, many survivors had experienced economic abuse, which resulted in serious financial repercussions for them. As participant #19 explained, "I didn't have a rental or credit history because everything was 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." Others, like participant #20, talked about how abusers had intentionally gotten them fired or evicted:

> 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, tryin' to start with you. . . .' And I ended up losin' my job…

In addition to work, survivors described how their former partners prevented them from fulfilling their educational goals. Participant #20 stated "And so when I end up opening up with them, two days later he goes to my school and beats me up at my school. Outside."

The quantitative items measuring economic abuse supported these themes. Over half of survivors noted that their abusers quite often kept them from having money of their own (59%) or kept them from having what they needed to buy food, clothes, or other necessities (53%). Additionally, almost half the sample reported their abusive partner quite often did things to keep them from going to their job (48%), or they took their paycheck, financial aid, tax refund, disability, or other support payments from them (43%). These findings showcase the control and exploitation by abusive partners which often cause financial and housing instability. Furthermore, these findings help explain why major housing barriers that survivors reported included issues around employment, income, and savings.

Benefits of Transitional Housing

When asked to explain what they found most helpful about DVTH, four themes emerged from the data: (a) safety and security, (b) availability of programs and support for themselves and their children, (c) social support, and (d) time and help to recover from trauma.

Safety and Security Most prominently, survivors highlighted the importance of having security measures in place through DVTH that helped protect them and their children, as illustrated by participant #19 "I felt incredibly safe when I first moved. Safer than ever before. I was worried about my safety at shelter and when I first moved here. He was looking for me and I was worried. Once I moved to the apartment here, it was better. I knew I was safe."

The majority of survivors identified feeling safe in DVTH. Survivors attributed feelings of safety to the secure location, the gated community, security guards, and some survivors even noted the restrictive visitor policy helped with feelings of safety. As participant #13 explained:

> …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, …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.

Some survivors spoke of how their abusive ex-partners had been stalking them or looking for them for a long time, and how terrorized they had been having to deal with this on their own. Having a safe and secure home, with supportive staff close by, provided survivors with a sense of peace they had not experienced for a long time. As participant #16 noted:

> Well, I mean, I was still really scared and, like . . . how do I explain it? Like kinda more like where am I gonna work. And just, like, your mental health. Like can I do this? Can I pull this off? And I was just kind of afraid, mmm, because her dad had been following us for a very long time…So being here in a different city was helpful. And then also just knowing that it's very secluded. It's very hard to get in there. So I mean, you can kinda breathe and then kinda think right.

Children's safety was also mentioned as a primary concern of the survivors who were parents. As participant #17 noted: "And there's a lotta kids here that are his age. And it's gated in. … And I just feel safer being able to know that I could just, like, open our window, call his name…".

Availability of Programs and Supports Access to services and supports for themselves and their children was articulated by many survivors as being a critical benefit of DVTH. Survivors spoke at length about the wide variety of on-site services that made life easier, including financial management classes, child care, and counseling. Participant #17 expanded on service use, "I like the fact that they have different activities. Like group sessions, things like that, you can do to kinda like. .. so you're not just, you know, hiding in your house."

Survivors talked about the ways in which services provided by the program were helpful in connecting them to employment opportunities, educational opportunities, and support groups and classes. For example, participant #25 highlighted the ways in which the program gave them skills necessary for day to day life:

> 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. And I'm thinking that's just . . . this has been a lifesaver. This has been my saving grace.

Services for children were particularly highlighted as important and an advantage of DVTH. As participant #13 noted, "Because here we have the counselors available for them. And at the school and daycare, they understand where the kids are coming from. And I guess they're not so hard on them." Survivors frequently noted the importance of staff understanding the dynamics associated with

DV and trauma. Generally, survivors articulated sentiments like participant #6, "Another thing is the staff. Because they genuinely care and want to help you." More specifically, survivors noted that their advocates were extremely useful when problems would arise that may be outside the scope of other offered services. In those situations, advocates filled the gap, as described by participant #16, "And when you come into, like, these, like, problem hiccups and somebody's here to kinda, you know, if you have, like, a meltdown or something here and I've lost my mind. [laughs]."

Social Support Many survivors talked about how important it was to have the social support and social interactions provided through living in DVTH. Support was provided through programming, activities, and time with staff, as well as informally with other survivors and their children. This was especially helpful to those who had no, or extremely limited, social networks prior to entering DVTH. Some survivors, for example, had to leave their family and friends in order to find safety. For some, this involved crossing state or international borders to escape abuse, as illustrated by participant #6, "Well, because I came here from [another state] and I only have, like, I could say only, like, two, maybe three friends down there that I can actually say that have stuck by my side through everything."

For other survivors, family and friends were afraid themselves of the abuser and did not want to get involved, or they had been turned against the survivor over time, like participant #30:

> 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.

Throughout interviews, survivors spoke about the sense of community created through DVTH, and the ways in which being around people with similar issues could be therapeutic and provide social support, like participant #12 stated, "It's like a family here. You know, everybody look out after one another, you know. Mostly we stay to ourself, but if we need somethin' we can count on one another. I love it."

Time and Supports to Recover from Trauma Survivors articulated both the length of stay in DVTH and the trauma-specific supportive services were important to their success. Many spoke of how past traumas could make it difficult to concentrate, remember things, or sleep well, and that the additional time in a supportive atmosphere provided them with a critical form of assistance to maximize their later success. Participant #27 explained:

> I got a lotta support from here. I got counseling. My kids got counseling. I was in a depression and they helped me out with that. And I want her [daughter] to be safe. So whatever I need to go to make sure that's done, then that's what I'm willin' to do. So comin' to [DVTH program], I feel like it was a start.

Drawbacks of Transitional Housing

Participants were also asked to talk about the drawbacks and limitations of living in a DVTH program. Themes in this area centered around: (a) overly restrictive security measures/rules, (b) lack of privacy, (c) the physical condition of the housing, and (d) needing to relocate at the end of the program.

Overly Restrictive Security Living in a highly secure location comes with some limits to freedom and autonomy, and this was noted by a number of survivors. The visitor policy, in particular, was problematic for many survivors. In this particular program, visitors must first pass a background check (which can take several weeks), sign in and out of the facility, and be 18 or older. Additionally, survivors are limited to having no more than two visitors at a time. This policy, while created to promote safety and security, limited survivors' social support and freedom. As participant #29 stated:

> 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, 'Ooh, they're comin' into town, they're just driving through, can they stop and see me?' And they're like, 'No.'

Lack of Privacy In regard to privacy, survivors felt as if the units themselves were not conducive to personal boundaries, as noted by participant one, "Privacy. There's none. There's no privacy ever." This was exacerbated by the fact that most survivors were dealing with trauma. As such, the lack of privacy, and high volume of survivors recovering from past trauma created a difficult climate for some. Participant #16 mentioned. "Everybody here is kind of broken and, you know, nobody was really making the best choices for whatever reasons. And it's [privacy] something you sacrifice."

Physical Condition of the Units Some survivors also had complaints with the physical condition of their unit. Survivors were given apartments that were available at the time, but they may not have been what they would have chosen for themselves had they had more options. Participant one noted: "Walls are so thin. There's not enough insulation. The ventilation systems are shared between the apartments…" Participant #23 commented on issues with pests in their unit, "…it's like we have to pay rent and there's rats all over the place. They're askin' for a deposit and there's rats all over the place." The same survivor indicated problems with other parts of the DVTH premises, "Like the gates were broke for a month. The washroom was supposed to be done in a month, it took two months. They just need to knock this down." The lack of insulation, presence of pests, and broken or unavailable equipment in shared spaces made the ability to select their own housing more desirable to a number of survivors in the sample.

Need to Relocate Almost all survivors articulated anxiety around the program ending and having to relocate and pay all bills without assistance. Participant #13 added, "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."

Not only was the idea of moving stressful, survivors commonly mentioned the awareness that there was a ticking clock on their length of stay. Participant #1 shared:

> Just the plan that I made a year ago when I moved in, sometimes there's things that are outside of your control. And...if your plan doesn't go the way you planned for it to go, due to forces outside of your control, then you're left having to adapt. Meanwhile, you've got this hourglass over your head and you don't have a lotta time left.

For some survivors, even DVTH's longer length of stay felt as if it were too short. This tended to be an issue for immigrant survivors who were trying to get work permits. This was also an issue for those needing either additional schooling or job training in order to obtain employment that would pay a high enough wage to cover their entire rent. For others, like participant #15, being in DVTH afforded them the protected time to complete their high school education and/or obtain additional education without also having to work full-time to pay their bills: "Yeah. And I just wish I could stay here until I finish school."

Preference for TH Vs RR

As noted earlier, RR is being offered in some communities to assist people in obtaining stable housing. This program involves providing short-term rental assistance and limited housing services in a unit that participants can remain in at program end, if they can afford it on their own. While some RR programs provide rental assistance up to 24 months, it is common that help is provided for three to six months (US. Department of Housing and Urban Development 2013).

Given that two primary differences between RR and DVTH are permanency of the housing and length of time that financial assistance is provided, we asked survivors whether they would have preferred a program that allowed them to locate and stay in their own unit, with services, but with rental assistance lasting either three months, six months, 12 months or 24 months. As a reminder, the DVTH program provided rental assistance for 12 months, with the possibility of it being continued, if necessary, for up to 24 months.

The majority of survivors did not express firsthand experience with RR, but many seemed familiar with the model. As shown in Table 1, survivors strongly preferred DVTH over RR when the rental assistance provided through RR was for only three or six months (82 and 70% preferred DVTH, respectively). However, the preference for RR shifted once the hypothetical rental assistance increased to 12 months. Survivors were almost evenly split at this point, and once the RR assistance increased to 24 months, 70% of survivors chose RR.

Factors Influencing Housing Preference A variety of factors influenced survivors' perceptions of the advantages and disadvantages of DVTH versus RR. In addition to considering the duration of rental assistance, survivors spoke of issues related to safety, access to services, social support, privacy, and autonomy. Those with heightened concerns for their physical safety and the physical safety of their children chose DVTH over RR, even when the length of financial assistance was the same. Some survivors noted they, and their children, would be in severe danger if they did not have the level of security offered by DVTH. Interestingly, the security measures were such an advantage for some survivors that they were willing to overlook the restrictive nature of these services. As participant #5 noted:

> Here at least if somebody's walkin' around tryin' to get in to hurt someone, they're gonna run into security.

Table 1 Preference of DVTH vs RR (RR), If RR rental assistance lasted different lengths of time (n = 27)

Duration of rental assistance	RR	TH
Up to 3 months	18%	82%
Up to 6 months	30%	70%
Up to 1 year	52%	48%
Up to 2 years	70%	30%

> Security comes in. They got security where I'm at… A guy walks around there. But I think the positive thing about bein' here is that you're really secure. It's almost like you're an inmate. But I'd rather be an inmate than to be out in the street without any protection.

Those with lower safety needs were more likely to endorse wanting financial assistance to stay in their own home over time, rather than the DVTH model. Had this option been available to them, they would have chosen a location that was closer to their children's schools or that had amenities that better served the needs of their family. They also spoke of how helpful it would be not to have to move at the end of the program.

Those who felt they needed a larger variety of services or more intensive services for themselves or their families were especially drawn to the DVTH model. Those who were not as concerned about safety, had secure employment and felt that their income was stable, were more drawn to a program that would allow them to choose and stay in their own housing.

Survivors Who Preferred RR To gain a more in-depth understanding of who might be best served by DVTH versus RR, we examined the situations and perceptions of the five survivors who would have preferred RR over DVTH, even if the rental assistance had only been for three months (compared to the 12–24 months of rental assistance they were receiving through DVTH). Not surprisingly, this group appeared to have fewer safety concerns and housing barriers compared to the larger group (although all did have concerns, and none indicated that they could afford an apartment on their own right now). Of the five survivors in this group, three referred to DVTH as feeling like jail or indicating they felt "locked up." Participant four noted that she had done something like RR before and said "It was freedom. I didn't have gates. So it wasn't a gated community. It didn't feel like jail. I could have my mom come spend the night with me and she didn't have to do a background check." Participant #9 talked about the ways in which even navigating the premises was difficult: "Just to be able to get around to something. You live here. Don't make us feel like we're caged in and we're bein' locked in."

Survivors Who Preferred DVTH At the other end of the continuum, eight survivors preferred DVTH over RR, even if the RR rental assistance were to last two years. This group spoke of especially high safety concerns and included survivors who had experienced severe economic abuse, as well as gang or cartel violence. Many survivors in this group mentioned being concerned for their own and their children's safety once they are out in the community with less protection. Participant #2 explained how her safety concerns were ongoing because of her partner's social network, "But mostly, I'm worried for my kids and their safety since his dad is well connected and could find us." These survivors talked about the importance of DVTH providing them with counseling and assistance with finances, which may correspond with their elevated safety concerns and rates of economic abuse. Participant #27 explained this connection, "I want to learn to save money, I want to learn about credit. He used to control everything, even me. I need to learn those things first and then I can try to be on my own."

Discussion

As one would expect, the primary barriers experienced by this sample of DVTH residents were related to abuse, safety, finances, and housing. They all reported severe violence against themselves and their children in the past, with many continuing to be threatened or stalked even while they were in DVTH. In line with burgeoning research on the devastating impacts of economic abuse, survivors reported having experienced high levels of economic abuse that impacted their current financial and housing problems (Adams et al. 2008; Adams et al. 2012; Hahn and Postmus 2014). This abuse had caused some participants to lose their jobs, homes, and their family and friends. Therefore, it is no surprise that the brief duration of time afforded in shelter was inadequate for them to attain safe and stable housing for themselves and their children, as noted in other studies (Joint Center for Housing Studies, Harvard University 2013; National Alliance to End Homelessness 2015). These issues also made it more difficult for many of the study participants to think about having to be in their own housing that they may not yet be able to afford and in communities where they might be unsafe.

For the majority of the survivors in this sample, the level of security and availability of services provided through DVTH were advantages. This supports previous research which suggests that DV services such as advocacy, legal support, counseling, and children's programming are effective in decreasing risk for violence, supporting healing from trauma, and increasing hope (Bennet, Riger, Schewe, Howard, & Wasco 2004; Sullivan and Virden 2017b). Having a program like DVTH for one year, and up to two if necessary, afforded survivors time to begin healing from the trauma, put long-term security measures into place (e.g., legal protection orders, divorce, relocating), obtain new or better-paying employment, and save money for the future. Those in the greatest current danger and/or with the most psychosocial needs were especially appreciative of this type of assistance and would not have traded it for RR, even if RR rental assistance were equivalent to DVTH. These findings indicate DVTH may be a good fit for those with multiple housing barriers and ongoing safety needs.

Those survivors with greater financial resources, and who were in less current danger, would have preferred RR had it been available with similar supports and services they were receiving through DVTH. For survivors in this situation, the

high security and close proximity to other survivors came at a cost they found to be too high. Survivors who preferred RR talked about wanting more autonomy and freedom – to choose where to live, whom to have visit, and to have more privacy. This finding is in line with a growing body of research that indicates agency rules and regulations (such as curfew and visitors policies) may have the unintended consequences of disempowering survivors, limiting autonomy, and disconnecting them from social networks (Fisher and Stylianou 2016; Wood et al. 2017). This finding suggests that, for some survivors, the less expensive and more brief RR model may be appropriate and cost-effective. However, it should be noted that RR programs do not generally offer the types of support services that DVTH programs do (e.g., DV support groups, counseling, trauma-informed advocacy).

Limitations

Findings must be considered in light of study limitations. This study included a small sample in one DVTH program and was confined to one geographic location. Therefore, the findings are situated within that context and may not be generalizable to other areas of the country. While there are some consistencies across DVTH approaches, there are also widespread differences that could hinder the ability to speak to DVTH approaches as a whole. For example, the program within this study provided one year of financial assistance (with the possibility for up to two years), has a gated community, and enforces strict visitor policies that include background checks. Not all DVTH programs are similarly constructed. Additionally, this study has limited racial and ethnic variability. Further research, with diverse populations, is needed to better understand the impact of DVTH on survivor outcomes over time, and to further explore who is best served by a DVTH model.

Practice, Policy and Research Implications

The survivors in this study provided a wealth of information that can be used to influence practice and policy. With regard to practice within individual programs, findings support the need to provide a menu of options and to individualize services to each client's situation. Each participant's situation was different, including their level and type of danger, trauma levels, and employment skills. Some were dealing with disabilities that interfered with daily living and some had long-term immigration issues impacting their employment, housing, and safety. It is critical that programs stay small enough and flexible enough to provide the individualized attention needed by each resident if positive outcomes are to be expected (Abrahams 2007; Wendt and Baker 2013; Whitaker et al. 2007). Additionally, many survivors in this sample were extremely concerned about their safety when they needed to leave DVTH. They had specifically entered this type of program because of the highly structured security measures in place, and questioned how they and their children would be safe upon exit. This speaks to the importance of agency staff working creatively with survivors to maximize their safety once they are in homes of their own, and not exiting them until certain safety measures are in place.

The findings can also be used to consider changes in state-level and national policies. Given the overwhelming consensus among survivors about the need for safe and affordable housing options, policymakers and funders must increase the availability of affordable housing options for survivors, while keeping DVTH intact for those who need temporary services and support. Additionally, policy makers should encourage a survivor-centered model that would allow survivors to choose what housing option is best for them, rather than creating assessment tools that make these decisions based on a point system.

Study findings provide a number of ideas for future research and evaluation. Both process and outcome evaluations are needed to clarify service models for DVTH, RR and other housing-based interventions, in order to document which components within the models have different impacts on survivors. How can safety be maximized across different models, and how can it best be determined how long someone may need rental assistance? Can survivors receive the same level of services now being offered through DVTH but while living in their own homes? At this time, DVTH programs differ immensely from each other across the country, as do RR programs – making evaluations of either "model" extremely complicated. It is imperative that research continue to shed light on which housing options work best for which DV survivors, under what circumstances. Empirical evidence is needed to better explicate who needs emergency shelter, who would benefit from longer-term housing assistance in secured setting (DVTH), and who would benefit from more community-based services (with or without financial assistance).

Conclusion

This study highlights the importance of rejecting a 'one-size fits all' housing approach for DV survivors. Findings suggest that DVTH seems to be a good fit for those with high safety needs, those in need of formal and informal social support and services, and those in need of 12–24 months of rental support (to handle documentation concerns, attain educational goals, and/or heal from trauma). RR may be a good fit for those who have existing positive social networks and support, who are seeking more autonomy, and who have regular income and access to transportation, but more research is needed to evaluate these programs as well. Additionally, findings highlight the need for RR programs to re-visit the duration of rental

assistance and provision of services that are defined in the model. Finally, these findings showcase the need for DVTH programs to attend to survivors' social networks and the ways in which rules or restrictions may negatively impact access to friends, family, and other persons of support.

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