



IPV Survivors' Perceptions of How a Flexible Funding Housing Intervention Impacted Their Children

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Abstract

An estimated 15.5 million American children are exposed to intimate partner violence (IPV) every year. Such exposure negatively impacts children's health, development and academic performance and may also be accompanied by housing instability or homelessness. Children growing up with periods of homelessness or housing instability are at risk for many of the same detrimental outcomes as children exposed to IPV. To date there are few studies examining the interrelationships among IPV, housing instability and the impact of housing interventions on children's well-being. The current qualitative, longitudinal study examined mothers' perceptions of how receipt of flexible funding designed to increase their housing stability may have also impacted their children's safety, stress, mood and behavior. Forty-two mothers in the Washington, D.C. metro area were interviewed three times over a six-month period about their own safety and housing stability, as well as their children's. Ninety-five percent of the mothers and their children were housed at the six-month interview. Mothers described improvements in children's stability and safety, decreases in children's stress levels, and improvements to their mood and behavior. They also discussed the symbiotic relationship between their own stress and well-being, and their children's. The provision of flexible funding to assist domestic violence survivors with their housing also collaterally impacted their children's safety, stress, mood and behavior.

Keywords flexible funding · intimate partner violence · children · housing instability · homelessness

Almost one in four women (22%) in the US report being the victim of severe physical abuse (such as being hit, kicked or burned) from an intimate partner in their lifetimes (Breiding et al. 2014). Though there are no estimates of how many of these women are mothers, research shows that children are overrepresented in households experiencing IPV (Casaneva et al. 2008) and the number of young children (under age five) is disproportionately high (Fantuzzo et al. 1997). Additionally, women experiencing IPV in any given year are four times more likely to experience housing instability or homelessness (Pavao et al. 2007). Homeless women report higher levels of PTSD, depression and anxiety, and their children show higher levels of behavior problems associated with exposure to

violence and chaos (Gilroy et al. 2016). Solutions to limit exposure to homelessness for these survivor-led families have the potential to positively impact both mothers and their children (Sullivan et al. 2016; Baker et al. 2010).

IPV and Housing Instability

A myriad of issues contribute to IPV survivor-led families experiencing housing instability and/or homelessness. Affordable housing is limited in many places and almost non-existent in others (Joint Center for Housing Studies, Harvard University 2013). Accessing affordable housing can be especially difficult for larger families with three or more children; these families often struggle to find appropriately-sized housing within their budget (Popkin et al. 2005).

IPV victimization often results in survivors having a poor rental history, often due to abusers intentionally limiting their victims' ability to leave them. Abusers may either destroy the survivors' property, fail to pay rent, or cause disruptions that lead to evictions (Martin and Stern 2005). Police and neighbor complaints can lead to poor landlord references

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(Baker et al. 2010), and multiple moves due to such issues can make IPV survivors appear transient or unreliable (Martin and Stern 2005; National Law Center on Homelessness and Poverty 2007). A 2008 investigation by a Washington D.C.-based nonprofit used trained staff to pose as advocates seeking housing for female clients, some with IPV involvement and some without. Those who purported to be seeking housing for IPV survivors were denied housing or offered less favorable terms in 65% of cases – something that never occurred to those who posed as working for non-IPV-involved clients (Equal Rights Center 2008). IPV survivors of color face additional racial discrimination, limiting their access to housing even more so than for white survivors (Equal Rights Center 2016; Wilson and Laughon 2015).

Many abusers also use economic abuse against their partners, in an attempt to control them and limit their independence. Such abuse takes a variety of forms – including interfering with a woman's ability to get a job (e.g., preventing access to communication and transportation, interfering in her getting to job interviews), as well as actively working against a woman being able to keep a job (e.g. threatening her or her co-workers, causing absences; Adams et al. 2008). This frequently results in a survivor having a poor employment history and, therefore, few financial resources, which can make her and her family unattractive to potential landlords.

Survivors and their families may seek safety, counseling, advocacy, and/or housing support from community-based IPV victim advocacy programs. Such programs can offer an array of temporary housing (from emergency shelter to transitional housing) as well as access to permanent housing (such as temporary rental assistance or subsidized housing), but the availability of any of these options is limited (Martin and Stern 2005; Baker et al. 2010). Some programs also offer survivors immediate flexible financial assistance with brief advocacy as a way to help them avoid homelessness (Sullivan et al. 2016; Mbilinyi 2015; Baker et al. 2010). Dedicated flexible funds can be used in a variety of ways, including helping pay rental arrears, paying to fix a survivor's car so they can go to work, or paying for a training certification (Sullivan et al. 2016). While these efforts have been primarily focused on enhancing safety and housing stability for survivors, one might reasonably expect that children would see positive benefits as well, given the negative impacts on children from both IPV and housing instability.

Negative Impacts of IPV on Children

Children's IPV exposure can take a wide range of forms – from being directly involved in seeing or hearing the abuse, to being indirectly impacted by seeing aftereffects (Holden 2003). More than 15 million American children live in homes

where their mothers have been assaulted by an intimate partner at least once in the past year (McDonald et al. 2006). Even after controlling for a child's trauma history, age and gender, there is a strong relationship between the level of exposure to IPV and their mental health functioning and behaviors (Roberts et al. 2013; Sternberg et al. 2006; Wood and Sommers 2011). Mothers of IPV-exposed preschoolers have reported a variety of emotional and behavioral problems in their children, that have included acting out, social withdrawal, sleep disruptions and interference in normal developmental trajectories (DeVoe and Smith 2002). Further, children exposed to IPV and other stresses in childhood have higher physical health risk factors and poorer health outcomes as adults (Felitti et al. 1998; Shonkoff, et al. 2012).

Children exposed to abuse against their mothers are also at risk academically (Thompson and Massat 2005). IPV-exposed preschoolers have lower verbal ability than non-exposed children (Graham-Bermann et al. 2010), and one study of IPV-exposed children aged 5 to 16 found these children had higher rates of school suspensions and school nurse visits for emotional issues (Kernic et al. 2002).

While there are many documented negative effects on children exposed to IPV, there are also indications that not all children are impacted in the same way by exposure to IPV and some children show a level of resiliency. Kitzmann et al. (2003) conducted a meta-analysis of 118 studies published between 1978 and 2000 and found that while 63% of children who witnessed IPV fared worse than the average non-IPV-exposed child, the remaining 37% fared similarly or better than non-exposed children.

The literature on resiliency in IPV-exposed children is nascent, but research to date points to maternal parenting as a significant factor that may serve to buffer children. Maternal warmth was found to be a protective factor for children between ages 2 and 12 (Letourneau et al. 2007). Maternal parenting practices were found to be positively associated with child recovery following exposure to a violent IPV incident in a short-term longitudinal study of mother-child dyads (Gewirtz et al. 2011). Conversely, another study found that parenting stress was directly related to children's behavioral problems (Huth-Bocks and Hughes 2008).

Impact of Housing Instability/Homelessness on Children

Although the empirical literature is scant, some of the same detrimental consequences of exposure to IPV have been found for children who have experienced housing instability or homelessness. Among school-aged children, for example, the rate of mental health problems is two to four times higher for homeless than for housed poor children (Bassuk et al. 2015). Homeless youth are also at greater risk for academic

problems compared to low income but housed youth (Cutuli et al. 2013; Rafferty et al. 2004), and have more physical health problems (Edidin et al. 2012). Research also indicates that African American children may suffer higher anxiety and depression after moving than do white children (Perkins 2017) and may, therefore, be more negatively impacted by the experience of housing instability and homelessness.

While both exposure to IPV and housing instability have each been shown to lead to negative outcomes for children, far less is known about what might interrupt this negative trajectory or enhance the resiliency of these children over time. The current study, then, presents IPV survivors' perceptions of how a brief intervention designed to enhance their safety and housing stability also impacted their children's well-being.

Flexible Funding and IPV

Flexible funding is a term widely used in international development (Haushofer and Shapiro 2013), and refers to money given directly to people in need, and often without restriction on how funds may be used; recipients decide how best to spend the funds. Use of flexible funding to aid IPV survivors can be traced back to 2001 (Economic Stability Working Group 2002) and several programs have been described (The Red Tab Foundation 2018; Mbilinyi and Kreiter 2013a; Mbilinyi and Kreiter 2013b).

The Current Study

Data were drawn from a qualitative, longitudinal evaluation of a brief intervention that included flexible funding and brief advocacy (Sullivan et al. 2016). The sample for this study is comprised of 42 mothers raising children under the age of 18 and is drawn from the larger evaluation sample of 55 unstably housed or homeless IPV survivors. While the initial study was primarily designed to examine the program's relationship to safety and housing stability, questions were also asked about whether and how the intervention may have also affected survivors' children.

The Intervention

Survivors in this sample had all sought help at the Housing Resource Center of the District Alliance for Safe Housing (or DASH), in Washington, D.C. DASH offers a range of options including emergency shelter, scattered site transitional housing, flexible funding and advocacy. DASH advocates spoke to survivors about their needs and triaged survivors to appropriate services. Some survivors require more support and longer-

term involvement/advocacy, while others are seeking shorter-term cash assistance and brief advocacy. DASH advocates evaluate a survivor's ability to sustain themselves; that is 'will a one-time cash infusion enable this survivor to sustain themselves in housing long-term or do they require more in-depth services and longer-term advocacy to become stabilized?' DASH looks at survivors' income or employment prospects, their current living situation (do they have safe housing they could maintain with a one-time cash infusion), and determine with survivors if flexible funding (with or without brief advocacy) would stabilize the family's safety and housing stability. For those needing only this form of immediate assistance, immediate flexible funds are provided to survivors (generally within 48 h). Funds are flexible in that they can be used in a variety of ways and are individualized to each survivor. Funds can be used to cover past rent, moving expenses, move-in costs, or other expenses jeopardizing the survivors' housing stability (e.g., fixing her car so that she can get to work). DASH's program has no predetermined cap on their flexible funding assistance, and survivors can use the fund more than once if needed.

Method

Research Participants

Over 18 months, IPV survivors who received the flexible funding intervention delivered by DASH were invited to be interviewed by phone three times over six months about the impact of the program on their safety, housing stability and well-being. Of the 55 survivors participating in the larger study (see *author citation*), 42 were mothers of minor children. The mothers in this study had an average age of 34 (with three not giving their age; range 21–56) and were parenting a total of 89 minor children (range 1–4; average 2). Because of the longitudinal nature of the study, children's ages were categorized within age brackets; 34% ($n = 30$) were between 0 and 5 years-old, 33% ($n = 29$) were between age 6 and 10, 22% ($n = 20$) were between 11 and 15 and 8% ($n = 7$) were between 15 and 18 years-old. Race/ethnicity of children was not captured, but the majority of mothers self-described as black/African American (79%); 7% were multiracial, 5% were African immigrants, and 2% were white/Caucasian. Seven percent did not specify a race/ethnicity. This racial/ethnic breakdown is reflective of the Washington, D.C. metro area and in line with DASH's typical service population.

Telephone Interviews

Survivors were interviewed by phone at three time points: 30 days, 3 months and 6 months after receiving their financial assistance. They received an interview incentive of \$50 per

interview. This amount was suggested by DASH as being in line with other incentives in the Washington, D.C. area, and was approved by an institutional review board. The first interview focused primarily on the survivor's perception of the intervention itself, and only touched tangentially on their children; survivors were asked if they had children and the children's ages and genders. The subsequent interviews (3 and 6 months later) contained more questions regarding the flexible funds' impact on children. Mothers were asked what difference, if any, the flexible funding intervention had on their children, and what had changed and not changed for the children as a result of the program. They were also asked if the children were still in the same school, about children's behavior at school, and whether they felt their children's academic performance had been impacted by the intervention. One interview involved a translator; all other interviews were conducted in English.

Interviews lasted 30 min on average, ranging in length from 15 min to more than an hour and a half; 6-month interviews on average were longer than T1 interviews and the 3-month interviews tended to be the briefest. All interviews were conducted by phone by the first author and digitally recorded with the survivor's permission. Interviews were then transcribed for coding.

Retention At Time 1 (30 days after receipt of the funds), 95% (40 of 42) of mothers were interviewed.¹ At Time 2 (3 months after receiving the funds), the retention rate was 93% (39 of 42). For Time 3 (6 months), 90% (38 of 42) of mothers were contacted. In all, 36 of the 42 mothers (86%) completed all three interviews.

Data Analysis

Qualitative analyses followed principles established by Miles et al. (2014). Analyses generally followed an inductive approach. The first author conducted all interviews personally and jotted notes on codes that arose across all interviews. As interviews concluded, the first author created a codebook, which was reviewed by the second author. The first author coded all the data using an open coding methodology, adding new themes to the codebook as they arose. Coding was done using Excel to organize the data. A second cycle of coding was used to break down larger, generic codes into more granular subcodes. A matrix display was then created to track codes and subcodes across interview time periods to analyze strength and persistence (Miles et al. 2014). Looking across codes and subcodes the authors identified several themes. Quality of the analysis was checked by the second author, using transcripts and the coding matrix. Additionally, findings

¹ Two mothers were not interviewed at Time 1 but were interviewed at later time points.

were shared with DASH staff and advocates as a proxy for member checking (a full review with survivors would not have been feasible for safety reasons and was beyond the financial scope of the project).

Family Housing Status at Time of Program Entry

Of the 42 mother-led families, 14 (33%) were homeless at the time they sought assistance from DASH. Among this homeless group, nine survivors and their children were staying with relatives or friends, four were staying in shelters, and one family was living in a place not designed for human habitation. A further 45% (19) of families were precariously housed: 8 were facing imminent eviction, and 11 were seriously behind on rent and in jeopardy of being evicted. The remaining 9 families (21%) were housed but economically in peril, either unable to pay for basic utilities, living in substandard conditions without essential utilities, or juggling expenses that seriously threatened their ability to stay employed or housed.

How Flexible Funding was Used The flexible funds received by these families averaged \$2106, with a high of more than \$8000² and a low of just under \$300. The majority of flexible funds (74%; $n = 31$) were used to pay rental arrears or security deposits, while 26% ($n = 11$) were used for other needs directly or indirectly related to housing instability (such as paying for moving expenses, storage unit fees, childcare, auto repair, and utility bills).

In several cases, families were either living without electricity or facing a utility shutoff; the children in these families were studying by candlelight, bathing in cold water and impacted by reduced food storage and preparation facilities in their homes. Back utility bills may not have directly caused a family to become homeless, but they were impacting these families' health and well-being. Additionally, in some cases, back utility bills prevented families from moving to new, healthier, and sometimes safer living spaces; families with government housing vouchers cannot relocate their vouchers if they owe unpaid utility bills. Such unpaid liabilities may also cause survivors and their dependent children to look financially unqualified as they apply for safer, healthier rental properties.

The joy on my son's face! I didn't even tell him [that the gas was turned back on], I just told him to get in the shower and he was kind of upset, thinking I was going to make him take a cold bath. And then when the warm water came on! He was just so excited! Saying things that made it all worth it.

Three mothers (7%) used their flexible funds for issues that some may not perceive as being housing-related, but that

² Flexible fund amounts were rounded to avoid identifying survivors.

impacted their employment or ability to pay other bills, which if left unaddressed could have led to housing loss. One mother had been taking her children to work with her, and was informed by her employer that she would be terminated if she continued to bring her children to work. This survivor used her flexible funds to send her children to stay with relatives over the summer, thereby providing safe care for her children and maintaining her employment. Another use of funds in this category helped preserve two children's clothing, personal belongings and childhood mementos by helping a mother pay rental storage space arrears and forestall an auction of the family's belongings. The survivor had fallen behind on payments due to fleeing an abuser in order to protect her children. One mother was able to buy beds for her children after theirs were destroyed by a flood: "It made a difference because I didn't have anything, so we was actually [sleeping] on the floor. So it made a difference to the children cause they were happy to see they could get furniture now."

Another two mothers (5%) used their flexible funds for vehicle-related repairs. In areas where public transportation is either scarce, dangerous or simply not feasible, these mothers were at risk of losing jobs, education or childcare if they lost their vehicles. Often, having reliable transportation proximally impacts a family's housing stability; without transportation a parent can lose their ability to pay housing costs or keep their jobs: "It makes a big difference because I don't have to lug my kids on the bus at different times of night when there's people out there that's killin' people."

Results

Family Housing Outcomes at Six-Months After Receiving Flexible Funding

Although this study is focused on the proximal impact of flexible funding on children, because these children are 'nested' within their mother-led families, some discussion of outcomes for mothers and the overall family unit is required. Of the 39 survivors interviewed 6 months after receiving flexible funds (93% retention rate), 95% (37 of 39 survivors and 81 of their 85 children) were housed. Forty-one percent ($n = 16$) of these mother-led families remained in their original homes – with their children able to stay in their schools, near established friends and in known neighborhoods. Another 36% ($n = 14$) moved for a variety of reasons, the most common of which was they had been homeless when their families received the flexible funds. Other reasons for moving included moving for safety reasons (so an abusive parent or former spouse/partner could not find the family) or for financial reasons (typically to a more affordable home). Two survivors moved their families into transitional housing programs and two received subsidized housing. Three survivors voluntarily

chose to live with family members (usually choosing to share rent for everyone's benefit or to take some time to save money; they stressed that they could have lived independently, but were voluntarily choosing to live with family).

Two families, with a total of four children, were homeless at the six-month interview; one family was homeless at the time of receiving their flexible funding and remained homeless over time, and the other became homeless after the second interview due to an unforeseen crisis.

How Flexible Funding Impacted Children

Three consistent themes regarding the children emerged from analyses of interviews across the three time points. The first theme was the value mothers attached to housing stability for children, both the positive impacts of stability and avoiding the negatives that stem from instability (such as homelessness and family separation). A second theme focused on the impact of increased safety for these mothers and children as a result of the flexible funding. The third theme was related to the first two but was specific to the interplay of stress relief between the mothers and their children.

The Impact of Housing Stability on Children Mothers across all three interviews spoke about the importance of providing a stable living environment for their children. Mothers felt that this stability made their children happier, less stressed, and more comfortable. Stability meant kids stayed in the schools they knew, the daycares where they were comfortable, in familiar neighborhoods near friends they knew, and were able to maintain their routines.

It was very important for me because I can keep a roof over my daughter's head. And it's even more amazing now - because he's not there, so it's more safer for her and I, as well. ...My apartment is so convenient to my job, her school, everything. And she's comfortable there with her friends and stuff... You know, usually [without this intervention] we would have to move and, you know, have it be crazy for her because she has all these friends.

Mothers also felt that housing stability was important in that it allowed children to focus on school, rather than be occupied with what was occurring at home.

They won't have to focus on what I was going through, but they're more focused on their school work, extra-curricular activities, And my older daughter, she's focusing on going to college and majoring in nursing. So, she's more... They're more, like relaxed.

Mothers often coupled the positives of stability with the benefit of avoiding the many negative aspects of continued

housing instability and homelessness, such as the stress and chaos of homelessness and living in a shelter or on the streets, and the possibility of family separations. Women mentioned extreme fear of trying to live on the streets with young children, or needing to uproot children and move into communal shelters. One mother noted, “The main thing for me was... not to get put out of my home with my four year-old and have absolutely, you know, nowhere to go.”

It’s given my children a sense of security because they never even knew what was going on, but the fact is they always had something to call home versus me having to expose them to going to live with somebody else or having to go to a shelter or something like that to get some type of help.

Survivors worried about their children being separated from them and from each other. Such separations can occur with larger families and when families have older, male children (which some homeless shelters may not accept). The thought of being separated from their children, and having them separated from each other, was a source of incredible stress.

So it was either going to be that or my kids get displaced and there’s [a large number] of us, so it wouldn’t have been no one place where we all could go, so we would’ve been separated and I just couldn’t have... I didn’t want that.

Some families had already experienced separations and the flexible funds enabled them to resume life as a family unit. Mothers noted that getting back to a more normal family living arrangement was an important form of stability for these children.

He was happy; [his] behavior has changed. He’s happy to come over to my house. He likes his little space that he has. He’s just happy and just loves being around his mom again [in a house], instead of being outside. Now we’re not meeting up at public places, you know, [to] spend time with his mom. ... He’s more happier. You know. He’s talking more. He has more conversations, and he’s happy to be in a stable environment.

Many mothers referred to their children’s improved mood and behaviors as a result of their increased housing stability:

Like at first she would have times when she would be a little quiet, too quiet. I would try to figure out what was going on, even though I kinda knew where it was coming from. You know, just a little girl scared probably, but now it’s just like, we talk all the time. She’s just happy, glowing.

She seems like she’s so happy now and I’m just thinking if we wasn’t here, where would we be? Would she be this happy? So I think it has a great impact on her life, you know what I’m saying? It gave us a fresh start.

Some mothers saw changes in children’s behavior at school. Mothers mentioned improvement in grades, but also how children behaved when in school: “Like just paying attention, being more attentive in class, you know. I saw, you know, a big turnaround.”

Like with my son, you know, behavior... Just helping me get out of that situation and his self, you know, has improved. He goes to camp where his school is and, you know, like, he was kinda acting out all through the year, but he’s definitely gotten better.

The Impact of Safety on Children Mothers spoke about how the flexible funds impacted both their own and their children’s safety, either from the abuser or from dangers related homelessness. In some cases, abusers had also subjected the children to abuse; in other cases, children were exposed to the violence occurring between their mothers and the abuser. Mothers often considered their safety and the children’s safety – whether directly abused or exposed to abuse – as intertwined. “You can sleep peacefully at night knowing that you and your baby are safe. You don’t have to worry about no one putting their hands on you.”

Many mothers spoke about the importance of allowing their ‘kids to be kids’ and not to have to cope with adult worries (like the fear of abuse or losing their home). As one mother noted: “My kids can live. I mean [they] don’t have to hear yelling and fighting and all that type of stuff ... they can just be kids.” Another concurred: “I think it helps [my son] to focus more on school or just growing up. You know, not having that hassle, not worrying about me, the situation; you know, just being able to be a 16 year-old.”

Stress Relief for Mothers and Children The third theme across time points was stress relief for mothers and children. Stress relief was related to both decreases in housing instability as well as abuse, and this theme was strongly reciprocal – with mother’s stress relief positively impacting children and children’s stress relief resulting in happier mothers.

Many mothers spoke of their prior attempts to hide their stress about housing stability from their children. Mothers were aware that this stress could negatively impact their children and sought to shield children from perilous housing situations.

They just knew that I was a little stressed and that mommy was goin’ through stuff, but they really didn’t understand because I didn’t really want to put that stress on them as a kid. You don’t want them going to school thinking about like, ‘Oh we might lose our place’ - stuff

like that – so I kept it away from them so they didn't know.

Several mothers acknowledged that their children knew they had been under a great deal of stress. “They [the children] knew something was off, and when they noticed I wasn't in that same state, of course they was happy 'cause no one wants to see their mom like that.”

As one mother noted: “The way mommy feels – you know – the kids will feel, and now that I'm not in a slump, they're not.”

The kids know when something is wrong with you, they definitely do and it reflects on them. So when you're sad and you're upset... my kids were upset and sad with me. My kids cried about going home [to the previous apartment]. They were just as depressed as I was. So to see me happy and smilin' and maintainin', they're happy and they're smilin' and they're maintainin'.

Mothers of younger children often spoke about how their children reflected their stress and how these reflections changed after families received their flexible funds.

She's seen me, you know, when I had the domestic violence situation. And she used to be kinda violent with her doll babies and, you know, having temper tantrums, slamming doors. I could tell that she has some type of anger in her or she was probably mimicking what she was seeing. And now it's more relaxed and she's more calm with her doll babies – she's not ripping doll babies heads off.

Mothers of older children were sometimes more open with their adolescents about the situation facing the family, or were simply unable to hide it from these more knowledgeable youth. Several mothers spoke about the stress these older children felt – knowing more, understanding more, but unable to impact the situation in a concrete way.

When [my son] found out about me owing the money he was like, ‘Mom, what are we gonna do? How are we gonna get the...’ You know, he was like really concerned by it. So by [agency] paying [the back rent] I think he was relieved, too. He was almost like, felt helpless because he felt like there was nothing that he could do to help the situation. So I know he's very relieved.

Discussion

This study illustrates how a brief housing intervention designed to increase safety and housing stability for IPV survivors can

have important outcomes for children as well. Mothers frequently noted improvements in their children's moods, behaviors and well-being as result of their increased safety and housing stability. While they talked about their children's prior high stress levels manifesting in poor school behavior and achievement, as well as disturbed moods at home, they noticed significant improvements in their children that they directly related to their own safety and stability.

After their mothers participated in this flexible funding intervention, most children moved from insecure housing (homelessness or precarious housing) to a more stabilized housing situation. Some children moved from homelessness and family separation to be reunited under one, safer roof. Mothers felt their children benefited from stability in a variety of ways, such as maintaining routines, friends and schools. Additionally, mothers felt children avoided many potential negatives of housing instability, such as exposure to shelter living, life on the streets, family separations and other disruptions. Flexible funding also increased children's safety by providing them with new homes, away from abusers.

An important finding from this study was that the flexible funding was integral to reducing stress for children and their mothers. Stress relief appeared to be a reciprocal construct between mother-child dyads, with each reflecting the relief of the other; mothers were more relaxed with their children and their children reciprocated with better moods and increased happiness. Mothers felt relieved to see their children be able to ‘be kids.’ Researchers have cited this reciprocal link between mothers and children to advocate for providing more programs that support mothers and, ultimately, their children (Graham-Berman et al. 2009; Hungerford et al. 2012). Flexible funding appears to be another way to support children in their recovery from exposure to IPV by supporting their caregiver.

Many efforts are currently focused on reducing the number of families forced into homelessness by IPV. More IPV victim advocacy agencies are moving to provide more and deeper housing services to these families, and more housing agencies are coming to recognize that many of their families are dealing with violence (Sullivan and Olsen 2017; Baker et al. 2010). While some IPV survivors and their children need extensive or long-term assistance to become safe and more stable, there are also families seeking one-time financial aid and brief advocacy. The families in this study represent this piece of the IPV/housing continuum of need. These were mostly “working poor” families who in most cases were not seeking emergency shelter, but instead needed immediate, flexible funding to avert a crisis that could otherwise spiral them into homelessness. A relatively small financial investment enabled 95% of these mothers to achieve housing stability and maintain it six months after receiving their flexible funding. This kind of flexible funding – that can pay rental arrears or repair the family car to keep a mother working and kids getting to school – appears

to be an effective additional tool in the fight against child homelessness. Indeed, many of the children in this study were able to remain stable in the homes to which they were accustomed with this relatively small investment and brief advocacy. This may be especially important for African American children, as recent research indicates that they may suffer higher anxiety and depression after moving than do white children (Perkins 2017).

Policy and Practice Implications

Perhaps in recognition of the mother-child reciprocal link, “two-generation” strategies have become more common, with public and private funders favoring strategies that can raise the quality of life for more than just one generation in a family (Knowles et al. 2016). The mothers in this study reported that flexible funding positively impacted both themselves and their children, indicating that this program can effectively be classed with other two-generation programs. Mothers believed that their children were directly impacted by the flexible funds the families had received, finding stress relief as a result of knowing they would not lose their housing, and indirectly by having less stressed mothers.

Study Limitations

This study focused on mothers’ perceptions about the impact of flexible funding on children, but as with many studies, it did not directly seek input from children. Future studies should seek to combine mother/caregiver input and child input. Other reports, such as school achievement records, and caregiver assessments could also be used, especially for children five and under. The perspective of children on their trajectory through violence and housing instability and back is a key voice that may provide different and salient information. Recent research suggests that children should be viewed as more active participants in the mother-child relationship, as agents who impact mothers’ stay-leave decisions and who can find power in supporting their mothers (Katz 2015). Examining flexible funding with this more expansive model of children’s agency in mind might well yield further insights.

This study did not seek to explicitly examine the types of violence these children were exposed to nor the extent of that exposure. We also did not explore whether the children were still exposed to their mother’s abuser, nor how the children felt about the abusers. Abusers may impact the recovery trajectory for children – and potentially jeopardize either children’s housing stability (by finding the family’s new housing and making it unsafe, or targeting the mother at work or economically – impeding her ability to financially maintain housing) or limit the impact of housing stability for them (by subjecting the children to further abuse during visitation). IPV research often focuses on the role of the mother, but fails to capture the

impact of the abuser (typically the children’s father); studies are needed that examine the role and continuing impact of the abuser in more depth (LaPierre 2010).

Situated in the Washington, D.C. metro area, this study and its majority African-American sample may not generalize to other geographic and ethnographic samples. Further research on flexible funding in other contexts – perhaps in rural areas, and in different parts of the country – is needed. Finally, this study was qualitative in nature. Larger, longitudinal, quantitative studies that can compare stably housed children (exposed or not to IPV) with unstably housed children (exposed or not to IPV) will provide a much clearer picture about how housing instability vs IPV impact children over time, and how various interventions can mitigate those impacts.

Conclusion

The findings from this study are promising in that many of these mother-led families were safely and stably housed six months after receiving a brief and relatively inexpensive intervention. Mothers were often quick to note the positive impact of this stability on their children’s moods, behaviors, and academics, and they further stressed the reciprocal relationship between their moods and their children’s moods. While this type of brief intervention is not appropriate for all IPV survivors and their children, it may be a lifeline for those who are one crisis away from homelessness or who need immediate but brief assistance to avoid spiraling into chaos. Given the stress that both IPV and housing instability can have on a mother and her children, and the impact of that stress on a child’s health and development, another tool to aid these families is important to encourage and explore further.

References

- Adams, A., Sullivan, C. M., Bybee, D., & Greeson, M. (2008). Development of the scale of economic abuse. *Violence Against Women, 14*(5), 563–588.
- Baker, C., Billhardt, K., Warren, J., Rollins, C., & Glass, N. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior, 15*(6), 430–439.
- Bassuk, E., Richard, M., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(2), 86–96.
- Breiding, M., Smith, S., Basile, K., Walters, M., Chen, J., Merrick, M. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report, Washington, DC.* 63(8), 1.
- Casanueva, C., Martin, S., Runyan, D., Barth, R., & Bradley, R. (2008). Quality of maternal parenting among intimate-partner violence

- victims involved with the child welfare system. *Journal of Family Violence*, 23(6), 413–427.
- Cutuli, J., Desjardins, C., Herbers, J., Long, J., Heistad, D., Chan, C., et al. (2013). Academic achievement trajectories of homeless and highly mobile students: Resilience in the context of chronic and acute risk. *Child Development*, 84(3), 841–857.
- DeVoe, E., & Smith, E. (2002). The impact of domestic violence on urban preschool children: Battered mothers' perspectives. *Journal of Interpersonal Violence*, 17, 1075–1101.
- Economic Stability Working Group of the Transition Subcommittee of the [Massachusetts] Governor's Commission on Domestic Violence. (2002). *Voices of survival: The economic impacts of domestic violence, A blueprint for action*. Boston: Commonwealth of Massachusetts.
- Eidin, J., Ganim, Z., Hunter, S., & Kamik, N. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry and Human Development*, 43, 354–375.
- Equal Rights Center. (2008). *No Vacancy*. Washington. In D.C.
- Equal Rights Center. (2016). *Unlocking Discrimination*. Washington. In D.C.
- Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major US cities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(1), 116–122.
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Gewirtz, A., DeGarmo, D., & Medhanie, A. (2011). Effects of mother's parenting practices on child internalizing trajectories following partner violence. *Journal of Family Psychology*, 25(1), 29.
- Gilroy, H., McFarlane, J., Maddoux, J., & Sullivan, C. (2016). Homelessness, housing instability, intimate partner violence, mental health, and functioning: A multi-year cohort study of IPV survivors and their children. *Journal of Social Distress and the Homeless*, 25(2), 86–94.
- Graham-Berman, S., Gruber, G., Howell, K., & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence (IPV). *Child Abuse & Neglect*, 33(648), 660.
- Graham-Bermann, S., Howell, K., Miller, L., Kwak, J., & Lilly, M. (2010). Traumatic events and maternal education as predictors of verbal ability for preschool children exposed to intimate partner violence (IPV). *Journal of Family Violence*, 25(4), 383–392.
- Haushofer, J., & Shapiro, J. (2013). Household response to income changes: Evidence from an unconditional cash transfer program in Kenya. *Massachusetts Institute of Technology*.
- Holden, G. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, 6(3), 151–160.
- Hungerford, A., Wait, S., Fritz, A., & Clements, C. (2012). Exposure to intimate partner violence and children's psychological adjustment, cognitive functioning, and social competence: A review. *Aggression and Violent Behavior*, 17(4), 373–382.
- Huth-Bocks, A., & Hughes, H. (2008). Parenting stress, parenting behavior, and children's adjustment in families experiencing intimate partner violence. *Journal of Family Violence*, 23(4), 243–251.
- Joint Center for Housing Studies, Harvard University. (2013). *The state of the nation's housing*. Boston, MA.
- Katz, E. (2015). Recovery-promoters: Ways in which children and mother support one another's recoveries from domestic violence. *British Journal of Social Work*, 45, 153–169.
- Kernic, M., Holt, V., Wolf, M., McKnight, B., Huebner, C., & Rivara, F. (2002). Academic and school health issues among children exposed to maternal intimate partner abuse. *Archives of Pediatrics & Adolescent Medicine*, 156(6), 549–555.
- Kitzmann, K., Gaylord, N., Holt, A., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 339–352.
- Knowles, M., Rabinowich, J., De Cuba, S., Cutts, D., & Chilton, M. (2016). “Do you wanna breathe or eat?”: Parent perspectives on child health consequences of food insecurity, trade-offs, and toxic stress. *Maternal and Child Health Journal*, 20(1), 25–32.
- LaPierre, S. (2010). Are abused women 'neglectful' mothers? *Gender and Child Welfare in Society*, 121–148.
- Letourneau, N., Fedick, C., & Willms, J. (2007). Mothering and domestic violence: A longitudinal analysis. *Journal of Family Violence*, 22(8), 649–659.
- Martin, E., & Stern, N. (2005). Domestic violence and public and subsidized housing: addressing the needs of battered tenants through local housing policy. *Clearinghouse Review*, 38, 551.
- Mbilinyi, L. (2015). *The Washington state domestic violence housing first program: Cohort 2 agencies final evaluation report*. Seattle: Washington State Coalition Against Domestic Violence.
- Mbilinyi, L. & Kreiter, A. (2013a). Washington State Domestic Violence Housing First program evaluation, summary: Cohort 1 agencies. Seattle, Washington. Retrieved from WSCADV website: <http://wscadv2.org/docs/dvhfcohort1evaluationsummary.pdf>
- Mbilinyi, L. & Kreiter, A. (2013b). Washington State Domestic Violence Housing First program evaluation, summary: Cohort 2 agencies. Seattle, Washington. Retrieved from WSCADV website: <http://wscadv2.org/docs/dvhfcohort2evaluationsummary.pdf>
- McDonald, R., Jouriles, E., Ramisetty-Mikler, S., Caetano, R., & Green, C. (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology*, 20(1), 137.
- Miles, M., Huberman, A., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Incorporated: SAGE Publications.
- National Law Center on Homelessness and Poverty (2007). *Lost housing, lost safety: Survivors of domestic violence experience housing denials and evictions across the country* (Retrieved February 6, 2018 <https://www.nlchp.org/documents/Lost-Housing-Lost-Safety>).
- Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32(2), 143–146.
- Perkins, K. (2017). Reconsidering residential mobility: Differential effects on child wellbeing by race and ethnicity. *Social Science Research*, 63, 124–137.
- Popkin, S., Cunningham, M., & Burt, M. (2005). Public housing transformation and the hard-to-house. *Housing Policy Debate*, 16(1), 1–24.
- Rafferty, Y., Shinn, M., & Weitzman, B. C. (2004). Academic achievement among formerly homeless adolescents and their continuously housed peers. *Journal of School Psychology*, 42, 179–199.
- Roberts, Y., Campbell, C., Ferguson, M., & Crusto, C. (2013). The role of parenting stress in young children's mental health functioning after exposure to family violence. *Journal of Traumatic Stress*, 26, 605–612.
- Shonkoff, J., Garner, A., Siegel, B., Dobbins, M., Earls, M., McGuinn, L., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246.
- Sternberg, K., Baradaran, L., Abbott, C., Lamb, M., & Guterman, E. (2006). Type of violence, age, and gender differences in the effects of family violence on children's behavior problems: A mega-analysis. *Developmental Review*, 26, 89–112.
- Sullivan, C., & Olsen, L. (2017). Common Ground, complementary approaches: Adapting the Housing First model for domestic violence survivors. *Housing and Society*, 1–13.

- Sullivan, C., Bomsta, H., & Hacskeylo, M. (2016). Flexible funding as a promising strategy to prevent homelessness for survivors of intimate partner violence. *Journal of Interpersonal Violence, 0886260516664318*.
- The Red Tab Foundation. (2018). List of qualifying emergencies. Retrieved from: <http://redtabfoundation.org/emergency-aid/lsc-employees/#qualifying-emergencies>.
- Thompson, T., & Massat, C. (2005). Experiences of violence, post-traumatic stress, academic achievement and behavior problems of urban African-American children. *Child and Adolescent Social Work Journal, 22*(5-6), 367–393.
- Wilson, P., & Laughon, K. (2015). House to house, shelter to shelter. *Journal of Forensic Nursing, 11*(2), 77–83.
- Wood, S., & Sommers, M. (2011). Consequences of intimate partner violence on child witnesses: a systematic review of the literature. *Journal of Child and Adolescent Psychiatric Nursing, 24*, 223–236.