Take A Closer Cook

Breaking the
Cycle of Domestic
Violence Through Housing

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INTRODUCTION

Domestic and intimate partner violence is an important national issue. The term "domestic violence" (DV), often used interchangeably with "intimate partner violence" (IPV), focuses on physical, sexual, psychological, emotional, and other forms of violence between and by romantic and marital partners (DV/IPV). Can addressing housing needs first help break the cycle of domestic violence?

While DV/IPV has many major consequences, one pertinent concern is its impact on housing instability and homelessness (Broll & Huey, 2017; Chan et al., 2021; Dillon et al., 2016; Pavao et al., 2007). An abuser can use many different tactics to directly impact housing stability, including preventing the survivor from paying bills, refusing to contribute to payment of bills, ruining the survivor's credit, or causing the survivor to miss work/ be unable to perform daily tasks because of injury (Sullivan et al., 2022; Adams et al., 2012, 2020; Lacey et al., 2012). For these reasons, the survivor is forced to choose between being "housed yet unsafe, or safe but unhoused" (Sullivan et al., 2022). As a result, IPV survivors experience much more housing instability compared to other groups (Dichter et al., 2017; Pavao et al., 2007).

Yet, despite the recognition that housing is the most important key to survivor outcomes, the literature in this area has not recently been reviewed broadly to determine the overall impact this model has across groups, locations, or contexts. Consequently, it is unclear which specific benefits the "housing first" model actually has for survivors, and if this approach is more beneficial than the shelter-focused first responder, treatment-based approach.

INTIMATE PARTNER VIOLENCE AND HOUSING

The "Housing First" Model

According to the National Alliance to End Homelessness, the "housing first" model focuses on gaining housing for individuals before focusing on other needs or treatments, particularly in a more permanent format. This approach is distinct from the shelter model, which is inherently aimed at a transitory residence versus a permanent space. The idea is that dealing with these other needs will be easier if

housing is immediately established first. In this model, first contact for survivors is housing, which may or may not involve the shelter-based social services or the criminal justice system at large. The five core principles of the "housing first" model generally include 1) immediate access to permanent housing with no housing readiness requirements; 2) consumer choice and self-determination, where the client has some choice regarding location and type of accommodation and the services with which they engage; 3) recovery orientation, where a focus is on well-being and the client's access to a variety of support sources; 4) individualized and client-driven supports, by providing individuals different levels of support as their unique situations require; and 5) social and community integration, by providing opportunity for meaningful engagement in the community.

The "Domestic Violence Housing First" Model (DVHF)

There are several elements that make the "housing first" model fit the DV/IPV context. Survivor driven, trauma-informed, mobile advocacy is empowering advocates to go to the survivors, meet them where they choose, and accompany survivors as they obtain community resources. Flexible financial assistance is important because each survivor has different needs. One survivor may need assistance with a security deposit, while another may need assistance with car repairs, work permits, or work uniforms. Finally, community engagement involves advocates proactively engaging and building relationships with prospective landlords, property managers, and other social support organizations (Lopez-Zeron, Clements, & Sullivan, 2019).

THE "HOUSING FIRST" MODEL IN PRACTICE: EVIDENCE FROM RESEARCH

Research on the DV Housing First model indicates support for the model over the transitional housing approach, with improved outcomes for survivors of domestic violence. One evaluation, focused on sites in Washington state, examined an applied DV Housing First model but also explored "regionalization", both in terms of what organizations could provide what services, how the group could holistically respond to diverse needs of survivors, and finally how the group could collaborate together as well as with other systems in the area. The DV model in this case incorporated survivor-driven goals, mobile advocates, and flexible financial assistance (Gritsch &

Bluemoon, 2019). A comparative effectiveness study found evidence of increased housing stability, safety plans, and improved mental health outcomes (Sullivan et al., 2023).

In California, DV agencies across the state focused the Housing First model on flexible funds, resulting in more diversity in how funds were spent and allowing advocates to focus on being survivor focused. Specifically, allowing survivors the ability to remain in their homes highlighted the importance of the survivor-driven and flexible financial assistance aspects of the model. Additionally, establishing an intentional community for agencies and building in administrative support were key to successful outcomes (López-Zerón et al., 2019).

A final project in this area examined how DV advocates in Housing First programs define survivor success and what strategies they use to help survivors achieve success, including financial stability alongside connections with children and attaining goals the clients had set for themselves. Strategies included the use of the survivor defined practice scale, comprehensive safety planning, DV education, individualized assessments, and increasing formal and informal supports for the survivor, as well as consistent and meaningful engagement with landlords. This supports findings in other contexts including the importance of mobile, holistic, and survivor-defined advocacy in DV Housing First client success (Thomas et al., 2020).

Yet, despite these encouraging results, the research in this area remains limited. Methodologically, the use of quasi-experimental design and specifically non-randomization strategies leads to difficulty in controlling for all the possible differences between the groups the studies attempt to compare. The individuals included in these studies are those who seek out services, and for this reason the generalizability of these studies to larger populations is limited. More research in this area is needed especially since, ethically, it is very difficult to randomize the DV Housing First model as well as other housing interventions. More research would add to the reliability of findings across various study conditions. Substantively, the underrepresentation of certain minorities, racially and in terms of sexual orientation, limits the generalizability of research across individuals. This is especially problematic as patterns of crime, particularly victimization, often demonstrate disparities across demographics, especially gender, race and ethnicity, and sexuality. These disparities are often of central concern in efforts to resolve inequity, particularly in the intersectional nature of crime that leaves certain populations especially vulnerable.

These vulnerabilities are subsequently exacerbated when populations attempt to seek resolution through the criminal justice system and related social service processes.

The limitations outlined here, coupled with the small number of rigorous studies on DV Housing First implementations, suggest that preliminary results, while encouraging, need to be supported by further research in the area. One study, currently proposed, aims to look at DV survivors, sites, and the broader community (Sims, Barnes, & Walsh, 2023). In this way, more work that takes a broader approach can more definitively establish "best practices" within research as well as drive policy recommendations.

INTIMATE PARTNER VIOLENCE AND HOUSING IN MEMPHIS

The city of Memphis, and Shelby County as a whole, lead the state of Tennessee, and the nation, in rates of violence. Domestic and intimate partner violence remain consistently high, with overall numbers, particularly on aggravated domestic violence, consistently increasing (see, e.g., Iratzoqui et al., 2021).

While there have been different organizations using the "housing first" model in Memphis/Shelby County for over a decade, the YWCA of Greater Memphis remains the only entity currently operating in this realm. The YWCA is the only 24-hour 365 day a year certified domestic violence emergency shelter in the Memphis metro area, with all services free of charge to the individual and family housed in the facility. The YWCA incorporates several elements of the DV Housing First model. First, it does not require victims to have an order of protection or police report or require sobriety or proof of completing any sobriety courses, reflecting a survivor-oriented approach. Second, it provides additional services for victims of domestic violence and their dependent children, including: 1) a 24 hour crisis hotline; 2) safety planning (a tool proven to decrease domestic violence related lethality); 3) individual and group therapeutic services; 4) case management to support and guide victims/survivors through their individualized plan of action; 5) linkage and referral to partner organizations for supplemental services; and 6) access to the YWCA's job training and adult education services. Services to the community-at-large include community education on DV/IPV, and support to family and friends of victims via the crisis hotline. However, there are some limitations within the Memphis and Shelby County area's housing services, namely, the dearth of services in general, but also within the DV Housing First approach. While the YWCA is an available resource, it only has 78 beds, and a part of its shelter is not currently built out. A buildout has been estimated by a contractor to cost about \$600,000 and would result in additional beds. This newly buildout area would focus on large families, a population that is significantly underserved in the area, particularly after the pandemic. Thus, the buildout is an important step towards better serving the community. More broadly, the Tennessee Coalition to End Domestic and Sexual Violence offers emergency assistance funds. Allowable funding includes bus tickets, utility deposits/payments, and rent deposits/payments. This is an example of funds that are flexible and useful for aligning more closely with the DV Housing First model. Yet, because these services remain the only main two within the local area, the applicability of the DV Housing First model remains unknown as applied to Memphis and Shelby County.

RECOMMENDATIONS

Locally, it is clear that for the DV Housing First model to work, there needs to be 1) a wider variety of and 2) expansion in existing resources. This can look a number of ways. Towards the first point, a "scattered site model" in Shelby County would look to have a non-profit organization operate supportive housing units dispersed across different buildings or properties, which could include apartments, condominiums, and single-family homes. Some benefits of this particular approach are that the housing acquired can be more tailored to community need, participants have the opportunity to live and interact with/around a diversity of individuals and, since ownership is with the non-profit, there is greater longevity and commitment of the units to supportive housing populations (Kresky-Wolff et al. 2010; Johnsen & Teixeira, 2010). Towards the second point, it is important that programs include flexible funds (to support services beyond just rent/mortgage assistance), trauma-informed welltrained advocates, and organizational structures/culture that support the advocates' work and needs. There are organizations, like the YWCA, doing this work in the community, but they are in need of support for expansions, find advocacy, and flexible funds.

Consistently, a barrier to housing even when using the "housing first" model is the lack of affordable permanent and emergency housing. Even in the best implementation of this model, there were still families and individuals in need of longer-term assistance because there simply was not enough affordable permanent housing. Increasing affordable permanent housing would allow the model to work for even more survivors and lower the burden of IPV-related homelessness on the community.

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