

U.S. Commentary: Insights From the Family Options Study Regarding Housing and Intimate Partner Violence

Nicole E. Allen

University of Illinois at Urbana-Champaign

Abstract

The Family Options Study examines four approaches to addressing homelessness: permanent housing subsidy, rapid re-housing, transitional housing, and usual care (Gubits et al., 2016). Importantly, the study finds that, at a 3-year followup, a smaller percentage of permanent housing subsidy recipients reported experiencing intimate partner violence (IPV) in the past 6 months when compared with those receiving usual care; these differences were not observed for the transitional housing or rapid re-housing groups. Further, being a survivor of IPV at the baseline assessment is positively correlated with leaving a partner at 37 months, and survivors with permanent housing subsidies were more likely to separate from partners than those in usual care. Finally, families with more complex psychosocial needs compared with those families with fewer needs may have a greater reduction in the experience of IPV when in transitional housing. Although the Family Options Study offers important findings to inform housing policy for survivors of IPV, the study also points to important avenues for future research. These avenues include (1) measurement issues in the assessment of IPV, (2) the complexity of examining separation from one's partner as a desirable outcome, and (3) the importance of survivor-centered practice when considering housing policy for survivors of IPV.

Introduction

Many women and children who experience homelessness also report intimate partner violence (IPV; Baker, Cook, and Norris, 2003; Browne and Bassuk, 1997; Pavao et al., 2007; Zorza, 1991). In a nationwide survey of mayors, IPV was identified as a primary cause of homelessness, even

more frequently a cause than poverty and unemployment (U.S. Conference of Mayors, 2006). Indeed, the availability of emergency and transitional housing has been fundamental to the safety of women and children fleeing abusive partners, and housing is a common unmet need for women seeking support services following abuse (Allen, Bybee, and Sullivan, 2004; Allen, Larsen, and Walden, 2011; Schechter, 1982; Sullivan, and Gillum, 2001). Survivors' efforts to find and maintain housing are complicated by systemic discrimination from landlords because of the abuse they have experienced (for example, Lapidus, 2003); policies which resulted in the loss of welfare benefits and the subsequent loss of housing for many IPV survivors (for example, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;¹ Roschelle, 2008); and immigration, race or ethnicity, sexual orientation, and disability status, which can further complicate survivors' experiences of housing stability and access to resources (Sokoloff and Dupont, 2005). Not surprisingly, housing instability is implicated in the health and well-being of IPV survivors, even when controlling for the severity of abuse against them (Rollins et al., 2012). Efforts to understand how to effectively meet survivors' housing needs and encourage housing stability are essential.

The Family Options Study (see Gubits et al. [2016] for a full report) should be lauded for its comprehensive effort to follow families during a relatively long period of time—3 years—to better understand which approaches to housing yield the greatest benefits. Fortunately, the study attended to IPV as an outcome worth examining. Indeed, for families interviewed at the 37-month followup, 50 percent had reported IPV at baseline. The Family Options Study offers promising findings regarding the housing response to IPV survivors and also raises important questions and considerations for future inquiry.

Importantly, preliminary findings from the Family Options Study suggest that IPV may abate for some survivors as a result of permanent housing subsidies. In addition, this study demonstrates that separations from partners may become more likely when permanent housing subsidies are provided. It also demonstrates that when provided with project-based transitional housing, a greater proportion of families with higher levels of psychosocial need (relative to those with fewer psychosocial needs) experienced reductions in IPV experiences at 37 months. However, we should also be cautious given measurement issues in the assessment of IPV, the complexities of treating separations from partners as a desirable outcome, and the importance of maintaining an orientation to survivor-centered advocacy as we consider policy change.

Exploring the Implications of Key Findings Regarding Intimate Partner Violence

The Family Options Study finds that the permanent housing subsidies condition (SUB group) in particular, demonstrates promising findings regarding IPV. Heads of household assigned to the SUB group were less likely than their counterparts in the usual care condition (UC group) to report IPV at 37 months and were more likely to report separation from a partner (which was correlated with baseline reports of IPV). These findings did not emerge for either the community-based rapid rehousing (CBRR) or project-based transitional housing (PBTH) conditions when each was compared

¹ Pub. L. 104–193, 110 Stat. 2105. August 22, 1996.

with UC (without attention to levels of psychosocial need). Although SUB did not produce significant differences regarding IPV when compared with CBRR or PBTH, SUB was the only condition that outperformed UC regarding the proportion of heads of household reporting IPV. It makes sense that a permanent housing subsidy that makes housing more financially viable in the long term would produce positive outcomes. A permanent housing subsidy may avoid an unrealistic timeline for achieving stable housing without a subsidy. Rapid re-housing may move too quickly toward independence and outpace the needs of survivors, not offering sufficient time to work through the longer-term effects of chronic trauma, some of which may emerge more acutely once a survivor has stable housing (Sullivan and Olsen, in press). Finally, a permanent housing subsidy addresses the persistent challenges of living with limited financial resources, an unmet need that can be compounded by having an abusive partner (Roschelle, 2008). Indeed, these findings are consistent with previous research on housing and IPV. A study of the housing first model by the Washington State Coalition Against Domestic Violence (WSCADV) found that survivors who were provided with permanent housing for up to 18 months reported greater perceived safety and were also able to focus on goals and needs other than housing, including, for example, education and employment (Mbilinyi, 2015).

Interestingly, the Family Options Study found that transitional housing was more effective for families with higher psychological needs (including IPV) than for families with lower levels of need, and it resulted in a greater reduction of IPV than even the SUB condition. For families experiencing acute crisis, transitional housing services may be particularly important. It is not uncommon for survivors of IPV to face many complex needs as they flee an abusive partner. These challenges may include, for example, navigating the legal system and child protection, seeking affordable and safe housing (which may involve moving to a different community), and addressing the acute effects of trauma. For some survivors, transitional housing may be important because it can provide intensive support to address these and other challenges. Further, survivors may have acute safety concerns. Moving out of transitional housing may pose significant safety risks if an abusive partner can readily access a survivor's housing without the safeguards that some shelter-based transitional housing can provide.

Comprehensive Assessment of Intimate Partner Violence

Although the Family Options Study highlights some important findings, good reasons exist to view these findings as preliminary and in need of further investigation. The first issue to consider is the assessment of IPV in the study. Many controversies surround how to best assess IPV (for example, Grych and Hamby, 2014). Typically, behavioral, act-based assessments are employed that ask about a variety of physical, psychological, and coercive behaviors that together approximate experiences of IPV (for example, the Conflict Tactics Scale; see Straus et al., 1996). These measures are often critiqued as acontextual; that is, they often fail to capture the circumstances in which different forms of force were used and the extent to which issues of power and control were imbued in those actions (Lehmer and Allen, 2014). Still, these measures have the benefit of asking specific behavioral questions (for example, “My partner punched or kicked or beat me up”) to assess potentially abusive experiences rather than relying on summary judgments about whether or not someone believes they have experienced abuse (that is, “Have you been physically abused in the last 6 months?”).

It is always a challenge in a comprehensive study to ask about everything that would be of potential interest regarding the health and well-being of families. The Family Options Study used, rather than a behavior-based measure, a one-item, binary assessment of IPV in the past 6 months. The item asks the adult respondent if he or she has been “physically abused or threatened with violence by a person with whom he/she was romantically involved” (Gubits et al., 2016: Appendix B, page 6). Thus, although a smaller percentage of heads of household interviewed report IPV at 37 months, it is possible that the study missed some facets of the abuse respondents experienced. When we are using global items that assess physical abuse and threats of violence, we rely on the participant to encode their experience as abusive, threatening, or violent. Undoubtedly, some participants will do this as an accurate reflection of their lived experience. However, some will not label their experiences as abusive or threatening, although those behaviors may constitute abuse if they were assessed via a behavior-based measure. Thus, using global items may miss some experiences of IPV.

In the Family Options Study, the item employed did not vary across conditions or time, so no reason exists to believe that cross-condition or cross-time differences in how the item was understood would occur. This method preserves the value of the pairwise comparisons between conditions, but it also raises questions about the reductions observed in heads of household reporting IPV. The global item used in the Family Options Study focuses on physical abuse and threats of violence. These terms may not capture nonphysical forms of abuse and ongoing patterns of coercive control that do not include physical assault but can have profound implications for well-being and housing stability. As an example, imagine a survivor whose abusive partner has never physically assaulted her or overtly threatened her. Instead, her abusive partner carefully regulates her schedule, including when she gets up in the morning, what she eats, where she goes, and so on. He monitors her and makes it clear that deviations from her routine will have consequences. His behavior constitutes coercive control, even in the absence of threats to her physical safety, that can have consequences for psychological health and well-being (Stark, 2009). These types of abusive patterns can be hard to assess even with the best measurement tools available and are especially difficult to discern when a one-item assessment is employed.

Further, forms of abusive behavior may vary over time, and a single-item measure may not capture that evolution (for example, a shift from physical abuse to psychological abuse). Thus, when we observe a reduction in IPV, it may also represent a shift in tactics rather than the absence of abuse. For some survivors, physical violence may desist, but stalking and other forms of harassment (for example, unwanted contact) may continue.

Finally, the single-item measure may miss important findings regarding the frequency and severity of abuse. We know that the percentage of heads of household reporting IPV declined, but we do not know much about the intensity of that abuse. The best housing options for survivors may depend on how nature of the abuse they are experiencing, and how acute the experience of violence is. Thus, although the Family Options Study points us to the potential value of permanent housing subsidies, targeted research with survivors will be essential to better understanding how to meet their varied circumstances and needs. As research in this area continues, future studies will, ideally, examine abuse experiences over time with attention to a comprehensive assessment of the various forms of violence survivors experience, how those forms of violence may change over time, and the frequency and severity of the violence.

Partner Separation as a Complex Outcome

Partners who had abusive partners at baseline were more likely to separate from partners at 37 months ($r = .42$). Those in the SUB group were more likely to have separated from partners than those in the UC group. On the one hand, for those survivors who wanted to separate, this outcome is positive. However, it is at best a complicated outcome. First, separation can create a period of acute risk for survivors. This risk could actually require short-term adjustments that could jeopardize stable housing. For example, given acute safety risks, emergency shelter may be warranted following a separation from an abusive partner. Separation from a partner could actually complicate housing stability, at least in the short term, and housing policy should accommodate these disruptions as they are caused by the perpetration of abusive behavior, not the survivor. Second, sometimes leaving a partner is framed as a naturally desirable endpoint, but, in fact, many survivors who have separated from an abusive partner continue to experience abuse (Fleury, Sullivan, and Bybee, 2000). Also, survivors may not choose to remain separated as they negotiate their safety and well-being. It is essential that remaining with or leaving a partner never become a condition of services rendered or housing benefits offered or maintained. The decision to stay or go should be entirely the survivors', as only they can navigate the specific risks they face in their relationships.

Centering Survivors' Experiences, Wants, and Needs in Housing Policy

To date, much of the research on housing policy has been established with homeless men experiencing serious mental illness (SMI; Sullivan and Olsen, in press; Sylvestre, Nelson, and Aubry, 2017). Historically, housing support in response to IPV has been provided via shelter-based programs offering emergency or transitional housing and comprehensive supports (for example, advocacy and counseling). As best practices in the response to homelessness men have evolved, expectations for domestic violence shelter programs, and thus homelessness services for survivors (who are disproportionately women), have changed. For example, some domestic violence programs report reduced funding for transitional housing due to policy changes that followed empirical support for best practices. However, it is important to advance with caution when best housing practices for one population—homeless men with chronic SMI—are being applied to another population—survivors of IPV. Building on research in one area creates the opportunity to advance policy for homeless women with abusive partners but will also lead to areas of conflict or incompatibility (see Sullivan and Olsen [in press] for a thoughtful and comprehensive comparison of guiding principles in the response to homelessness and the response to IPV).

Given the varied needs and goals of IPV survivors, best practices require a survivor-centered approach (Allen, Bybee, and Sullivan, 2004); such an approach centers the experiences and expertise of survivors and provides options that follow from the self-identified priorities and needs and the unique circumstances of survivors (Goodman and Epstein, 2008; Sullivan and Olsen, in press). A survivor-centered process aims to empower women and honor their central decisionmaking role as

they navigate their safety and well-being. Thus, although it is promising that access to a permanent housing subsidy seemed to be an effective intervention in the reduction of IPV, it is unlikely that this approach would have a wholesale, positive effect for all survivors. That is, of course, endemic to the challenge of informing policy-level change. Wholesale changes may provide a poor fit for some survivors and, in the case of IPV, can actually increase risk of harm. In their review of the many policy changes that emerged following the Violence Against Women Act,² Messing et al. (2015) concluded that some of these policy changes have threatened survivors' capacity for self-determination and may actually increase rather than decrease survivor risk for assault (particularly with regard to criminal justice remedies). Netto, Pawson, and Sharp (2009) highlighted this potential in their examination of an emerging housing policy in the United Kingdom that narrowed IPV survivors' choices (by encouraging them to remain within their current homes) and inadvertently placed some survivors at greater risk of assault.

Additional research must be done to better understand the conditions under which particular approaches to housing IPV survivors are optimal and what additional supports may be important. For example, in their study of housing and IPV, Sullivan, Bomsta, and Hacskaylo (2016) found that cash assistance helped survivors remain in housing that was already stable for them but was currently in jeopardy because of the abuse against them. Thus, a permanent subsidy for new housing would not be well-suited to their needs, whereas flexible financial support may keep survivors stably housed without an ongoing subsidy.

Sullivan and Olsen (in press) also noted that, once survivors are stably housed, the effects of trauma might compound. That is, housing stability may allow for the emotional strain of experiencing trauma to surface. Thus for some, not all, women, support may be essential to successfully maintaining housing. Flexible processes that enable that support when survivors want it may be more prudent than pushing survivors into a particular approach to housing. Indeed, following their pilot study of housing first with domestic violence survivors, WSCADV emphasized flexible engagement and flexible funding in their lessons learned (Sullivan and Olsen, in press).

The Family Options Study reinforces the importance of such a flexible approach. The study finds that, under conditions of high acute psychosocial need, transitional housing may be a critical first step. Under conditions of lower psychosocial need, permanent housing subsidy may be a better approach. Indeed, previous research suggests that survivors with multiple barriers, including, for example, mental health issues, substance use, or engagement in prostitution, find it more difficult to access needed resources and may require more initial support (Zweig, Schlichter, and Burt, 2002). Along the same lines, proponents of housing first also emphasize that the model works best when the match between individuals presenting needs and the housing model employed is strong (Gaetz, Scott, and Gulliver, 2013). Future research must continue to examine the specific conditions that may warrant one approach to facilitating housing stability more than another, but a good general rule is to center survivors' experiences and maximize the fit between their presenting wants and needs and the form of housing support they are offered.

² Pub. L. 103-322, 42 U.S.C. 13701-14040. September 13, 1994.

Conclusion

The Family Options Study is an important large-scale research effort to inform housing policy to respond effectively to homelessness. More accessible permanent housing subsidies appear to have promise, and transitional housing may be valuable for those with greater initial psychosocial needs. Importantly, such shifts in housing policy represent structural changes rather than individual-level changes. As Sokoloff and Dupont (2005: 44) noted, the “the lack of adequate institutional support in the form of social services and public housing... is another level of violence experienced by battered women, which occur in ways that are racialized as well as gendered and classed.” Providing permanent housing subsidies takes a step in the direction of increasing the accessibility of housing and addressing housing as a problem of affordability rather than individual-level deficits. Still, additional research with survivors of IPV is warranted to better understand the conditions under which particular approaches to housing may be most beneficial. Survivors of IPV may require special considerations in this process given their varied and often complex needs. Taking a survivor-centered, flexible approach is warranted, particularly as the evidence for the most effective housing policy is still in development.

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Author

Nicole E. Allen is a Julian Rappaport Professorial Scholar and Associate Head/Director of Graduate Studies in the Department of Psychology at the University of Illinois at Urbana-Champaign.

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