

An innovative approach to serving the needs of IPV survivors: Description of a CDC-funded study  
examining the Volunteers of America Home Free Rent Assistance Program

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## Abstract

The purpose of this paper is to describe a CDC-funded study examining the effectiveness and cost-effectiveness of the Volunteers of America Home Free program, an innovative program that offers survivors of intimate partner violence permanent housing rent assistance coupled with client-centered advocacy. We will briefly discuss the challenges and barriers faced by women who try to separate from abusive partners and who have an immediate need for housing, describe the innovative approach to service provision adopted by the Volunteers of America Home Free program in Portland, Oregon, and describe the CDC funded cooperative agreement to compare the effectiveness and cost effectiveness of this approach to the usual housing services available to women fleeing abusive relationships.

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Intimate partner violence (IPV) against women is a serious public health problem, affecting a substantial number of women in the U.S. IPV results in an estimated 1,200 deaths and 2 million injuries among women annually in the U.S. (CDC, 2008). In a nationally representative sample, twenty-two percent of women reported a lifetime history of IPV (Tjaden & Thoennes, 2000). The financial burden to society is staggering; it is estimated that the medical and mental health costs alone are over four billion dollars per year (CDC, 2003), which is an underestimate of the actual societal cost, considering this estimate does not include other known IPV-related costs, such as costs of operating crisis lines and shelters, police intervention, criminal justice costs, productivity losses, and increased welfare and child welfare involvement.

Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, or psychological abuse by a current or former intimate partner (Saltzman, Fanslow, McMahon, & Shelley, 2002). Although not all victims of IPV are women, this paper will focus specifically on IPV against women because 1) women are more likely than men to sustain injuries from their partners (Tjaden & Thoennes, 2000) and 2) IPV victims who are attempting to leave abusive relationships and are consequently accessing services for assistance with housing and advocacy are overwhelmingly female. A recent study of domestic violence shelters in the U.S. found that among over 3400 residents of 215 domestic violence shelters around the country, less than one half of one percent were male (Lyon, Lane, & Menard, 2008).

Intimate partner violence has been linked to a myriad of negative physical health, mental health, economic and social outcomes for women and for their children who witness IPV (Campbell, 2002; CDC, 2008; Evans, Davies, & DeLillo, 2008). IPV has also been cited as a leading cause of homelessness among women (Conference of Mayors-Sodexo, 2005), as women in abusive relationships often try to leave their partners in order to protect themselves and their children. However, lack of access to financial resources and affordable housing in the community makes finding adequate housing a particularly difficult challenge during this process. As a result, women and their children may end up homeless while trying to escape an abusive partner, which puts them at greater risk for a multitude of negative outcomes.

The problems of intimate partner violence and homelessness exacerbate one another and often make it difficult for women to achieve independence and avoid being re-victimized. Women who are in abusive relationships often have limited or no access to household financial resources; it may be that they are not allowed to work, or if they do work, their partners may not allow them to access the money they earn (Dutton & Goodman, 2005). Controlling partners also may limit women's access to and contact with family and friends (Rose & Campbell, 2000). Thus, women escaping abusive relationships may leave with little or no money, and they may not have contact with family or friends to count on for a place to stay or other support.

A range of housing services are typically available to women escaping abusive relationships. One option is an emergency domestic violence shelter. Domestic violence shelters typically offer 24-hour safe-havens for women and their children; have confidential locations, making it difficult for abusive partners to locate women; offer crisis-counseling and other advocacy services; and allow women to stay for 30-60 days (Lyon, Lane, & Menard, 2008). This is a good temporary option for some women; however, domestic violence shelters are not accessible to everyone. Sometimes shelters do not have enough beds to meet demand; some do not allow teenage boys to stay, so women with teenage sons either have to separate from their sons or find another alternative (Lyon, Lane, & Menard, 2008); and they can feel inaccessible to lesbians or women of certain ethnicities/nationalities for language or cultural reasons (Ingram, 2007; Renzetti, 1999). Emergency homeless shelters are another option, but they often do not accept women with children, or their locations are public and they require that people vacate the shelter during the day (McChesney, 1995), putting women and their children at risk for further victimization from partners and strangers. Further, with increasingly fewer low-income housing options available in most communities, women are often not able to secure permanent housing before their allotted stay at emergency shelter ends.

Other longer-term options for women include transitional housing and permanent housing options. Transitional housing programs are sometimes operated by emergency domestic violence shelters, and they usually allow women to stay from 1-2 years. Generally, programs either provide apartments for women within units that the program rents or owns, or they provide temporary vouchers to women to use wherever they can find housing. These programs typically provide case management, job counseling, and general life

management courses and sometimes require that women take part in such services (Baker, Niolon, & Oliphant, in press). Transitional housing programs have filled a much-needed gap in services for women, in that they allow them enough time in stable housing to re-establish their independence. However, some programs require that women complete shelter stays before they can be eligible for transitional housing (Baker, Niolon, & Oliphant, in press), meaning that these programs are not available to the same women for whom shelter was not an option. Additionally, being able to stay only for 1-2 years means having to move at the end of their temporary stay into permanent housing, and for some women this means disrupting some of the stability that they worked to establish during that period (e.g., changing schools, jobs, neighborhoods, child care arrangements, etc.).

Very little is known about permanent housing programs for IPV victims, mostly because so few permanent housing programs exist specifically for battered women (Baker, Niolon, & Oliphant, in press). Permanent housing programs include those in which a portion or all of a woman's rent in a permanent housing arrangement is paid until she is able to take on the financial responsibility of the entire amount of the rent and utilities. Women utilizing these programs can find housing in subsidized housing (using the voucher program which was formerly section 8; public housing) or unsubsidized (privately-owned apartments or housing units). Permanent housing is thought to be more advantageous than transitional housing in that participants do not have to uproot their families and move again at the end of the program, and because women are not in one dedicated apartment for IPV victims, the locations are often easier to keep secret from an abusive partner. To date, no research exists on how permanent housing assistance affects outcomes for victims of IPV; however, in one study of homeless individuals, those who were provided access to permanent housing were more able to sustain housing and self-sufficiency than those who were provided access to transitional housing (Shinn, Weitzman, Stojanovic, Knickman, Jiminez, Duchon, et al, 1998).

To fill this gap, the purpose of the CDC-funded study described here is to compare the effectiveness and cost-effectiveness of a domestic violence-specific permanent housing program serving Multnomah County, Oregon to other housing-related services available to IPV survivors. This study is the first, to our knowledge, to examine the outcomes of women (and their children) who access permanent housing

assistance coupled with individualized advocacy as compared to the outcomes of women who access services more typically available to IPV survivors who have housing as a critical need. We will first describe the VOA Home Free rent assistance program, and then describe the CDC-funded study evaluating its effectiveness and cost-effectiveness.

### *Volunteers of America (VOA) Home Free*

The Volunteers of America Home Free Rent Assistance program offers women escaping abusive relationships financial assistance with all or a portion of the rent in permanent housing of their choice, coupled with long-term, client-centered domestic violence advocacy. In order to fill a gap in services available to IPV survivors in the Portland/Multnomah County area, VOA piloted this service model in 1998 and fully implemented the Home Free Rent Assistance program in 2003. Before establishing Home Free, VOA operated an emergency domestic violence shelter, but realized another service model was warranted for several reasons. First, although VOA's emergency shelter addressed the needs of survivors and their children in the crisis stage of escaping abuse, the typical stay was often not enough time to secure safe, stable housing. As a result, women frequently left the shelter only to go to another shelter or to temporary arrangements elsewhere. Second, some women, such as those with mental health issues, disabilities, substance abuse problems, or cultural or language barriers, were not able to or likely to access emergency shelter, and needed access to other services that would provide housing and assistance with IPV. Third, because emergency shelters are expensive to operate, VOA was only able to offer limited follow-up services to women who had left the shelter.

Thus, VOA closed their shelter in 2003 and began offering rent assistance with permanent housing and long-term, client-centered domestic violence advocacy. The program is particularly focused on those survivors who face multiple system barriers and have complex needs resistant to short-term resolution. Using a "Housing First" framework that emphasizes rapid return to permanent, neighborhood-based housing, intensive advocacy begins with overcoming the family's barriers to housing. Once a permanent, safe home is established, the survivor and her advocate address other facets of the family's needs in order to help them sustain their housing and maintain self-sufficiency. Child and youth advocates accompany adult advocates on

home visits to provide advocacy support for children and ensure they are receiving the services they need. VOA advocacy services include mobile, active assistance with a variety of systems, including criminal and civil legal systems, law enforcement, child welfare, immigration, health care, public school, and others with which the survivor must interact to address her needs and those of her children. Advocates accompany survivors to appointments and hearings, assist with navigating these systems, and speak on women's and children's behalf when necessary to secure needed services or relief.

#### *Description of CDC Study*

The CDC-funded evaluation study employs a quasi-experimental longitudinal design, in which participants in VOA's Rent Assistance program will be compared on key health and safety outcomes across time-points to women who accessed other services available to IPV victims in the Portland/Multnomah County, Oregon area. Specifically, women who are enrolled in VOA's Home Free Rent Assistance program will be compared with: 1) women who received services from VOA but for whom rent assistance funds were not available due to lack of funds, so they received the same long-term post-crisis advocacy services but without rent assistance; 2) women who accessed services at a local domestic violence emergency shelter, where they receive temporary (up to 60 days) emergency housing and temporary post-crisis advocacy; 3) women who accessed funds from the Temporary Assistance to Domestic Violence Survivors (TA-DVS), a one-time state government grant that can be used for any expense incurred while trying to escape an abusive relationship (e.g., rent, moving expenses, changing locks) with no accompanying advocacy; or 4) women who accessed assistance from a non-domestic-violence specific housing program, where they received rent assistance with permanent housing but no domestic violence advocacy services. The hypotheses related to effectiveness are as follows:

- 1) Women in the intervention group will report increased access to opportunities/resources, support and information related to financial and housing stability, employment, legal systems, health care, and safety planning that will reduce their IPV re-victimization and reduce their children's exposure to IPV when compared with women accessing other services.

- 2) Women in the intervention group will report increased housing and employment stability, reduced negative health outcomes for themselves and their children, and decreased utilization of crisis intervention services (e.g. police, emergency rooms, shelters) for themselves and their children, and improvements in their children's behavior and academic outcomes when compared with women accessing other services.

### *Sample*

To be eligible for the study, women needed to have experienced intimate partner violence within the past 6 months, have stable housing as a critical need, and speak English or Spanish. The final baseline sample consists of 278 participants, with n=80 in the intervention group; n=100 in the VOA advocacy only group; n=40 in the emergency shelter group; n=40 in the one-time state grant (TA-DVS) group, and n=18 in the non-domestic violence-specific housing program group. The sample is diverse in terms of ethnicity and race. Twenty-two percent of the sample identified their ethnicity as Latina/Hispanic (the other 78% identified as non-Latina/Hispanic). For race, 47% of the sample identified as White; 22% of the sample as African-American or Black, 3% identified as Native American, 1% as Asian, 10% identified as multi-racial, and race was not available for 19% of the participants (almost all of whom identified their *race* as Latina or Hispanic). The women range in age from 19 to 59 (mean=33.7, sd=8.6) with 89% having incomes less than \$1,500 per month. Eighty-six percent of the participants had children. The study has maintained a retention rate of 94-96% across the 18 months of the study.

### *Method*

*Design.* The study employs a quasi-experimental longitudinal design. Participants are assessed at baseline, 6-months, 12-months, and 18-months. Final analyses will account for the fact that participants may have accessed services from multiple agencies during the course of the study.

*Recruitment.* Women were recruited from the four agencies discussed above (VOA Home Free, the domestic violence shelter, TA-DVS, and the non-domestic violence specific housing program) and were not approached about the study until after their immediate crisis period had stabilized. At some sites, trained agency staff recruited participants, while at other sites, study staff were on-site to recruit women. The study

was explained to eligible participants, and if interested, they were contacted to schedule a meeting to obtain consent and conduct a baseline interview.

*Assessments.* Interviews are conducted by trained staff at a time and location that is safe and convenient for the participants. Face-to-face structured interviews, conducted in English or Spanish, typically last 1.5 hours. Contact information is collected and used to maintain contact with the participant and schedule follow-up interviews. Participants are compensated for their time in completing the assessments. A complete list of measures is available upon request.

*Outcomes.* Outcomes measured consist of women's IPV victimization; housing status and stability; employment status and stability; physical and mental health; utilization of crisis intervention services for the participant and for her children; and access to resources, support, and information. Children's outcomes in this study include exposure to IPV victimization, physical and mental health, behavior problems, and academic attendance and achievement.

#### *Description of Cost Study*

In addition to examining the effectiveness of VOA Home Free, this study also includes a cost-effectiveness analysis. It is hypothesized that VOA Home Free will be a cost-effective means of reducing IPV revictimization and crisis intervention service utilization, and improving quality of life. Through a complex cost analysis, which the limited scope of this paper does not allow us to describe in detail, this study will estimate the cost of the VOA Home Free Program and its cost-effectiveness in improving maternal and child outcomes compared to the other service modalities.

Although interest in long-term housing solutions for IPV survivors is growing, little guidance is available about the costs of running a rent assistance program. To aid providers in determining funding and staffing needs, we will calculate costs of operating the VOA Home Free program over a two year period. Program cost categories will include direct and indirect costs for client services, rent and household support assistance costs, administrative costs, facility costs and supply costs. To compare the cost effectiveness of VOA Home Free relative to other interventions, we will also determine each participant's costs of participating in the program plus medical, police, criminal justice, child welfare, productivity loss, and

emergency housing costs for 12 months post baseline. The ratio of these costs to outcome measures will illustrate the relative costs for each program to prevent re-victimization or improve quality of life. The Home Free program, in providing both IPV advocacy services and rent support, may initially cost more than IPV services alone. However, supporting stable housing may ultimately be a cost effective means to reduce re-victimization and increase well-being if the full range of IPV-related costs over time are considered.

### *Conclusion*

Intimate partner violence has been documented as a serious public health problem with enormous burden to society. Severe intimate partner violence often puts women at risk of homelessness as they attempt to leave abusive relationships for the safety of themselves and their children (U.S. Conference of Mayors-Sodexo, 2005). Homelessness and housing instability interfere with the process of escaping abusive relationships and may put women at greater risk for revictimization and other negative outcomes associated with the experience of IPV. The purpose of this article was to describe the housing challenges often faced by IPV survivors, to describe an innovative approach to providing crisis intervention services, and to describe the CDC-funded study evaluating this program. The VOA Home Free program, based in Portland/Multnomah County, Oregon, offers women permanent housing rent assistance and individualized, client-centered domestic violence advocacy in order to prevent revictimization and help clients establish self-sufficiency. This study uses a quasi-experimental, longitudinal design to evaluate the effectiveness and cost-effectiveness of VOA Home Free as compared with other more traditional advocacy and housing services for IPV survivors. Results of the study will be available in 2011. If the program is found to be effective and cost-effective, it will be of great interest to national, state, and local policy makers as an important addition to the range of services offered to victims of intimate partner violence.

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