



THE UNIVERSITY OF TEXAS AT ARLINGTON

School of Social Work

Outcomes of Survivors after Transitional Housing

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Introduction

Over 5 million Texans have experienced intimate partner violence¹ (IPV) in their lifetimes (Busch-Armedariz, Heffron, & Bohman, 2011). In Texas, 1 in 3 people will experience IPV in their lifetime, and IPV homicide is a major issue, with 136 women killed by a male intimate partner in 2017 (Texas Council on Family Violence [TCFV], 2018). Statewide, IPV services provide help to over 70,000 Texans yearly (TCFV, 2018). The vast size and diverse population of the state create unique challenges for service providers seeking to meet the complex needs of individuals and families dealing with IPV.

Intimate Partner Violence and Housing Instability

A primary impact of IPV for survivors and their families is housing insecurity and homelessness, in part due to the negative economic impacts of experiencing domestic violence, as well as displacement upon separating from an abusive partner. Accordingly, Housing is the most requested service, and most frequently unmet need, of DV survivors (NNEDV, 2020; Rollins et al., 2012; Wood et al., 2019). Experiencing abuse in the home disrupts survivors' feelings of safety, stability, and control of their lives (O'Campo, Daoud, Hamilton-Wright, & Dunn, 2016). Women who experience intimate partner violence (IPV) are more likely to experience housing instability (Baker et al., 2003, Jasinski et al., 2005, Levin et al., 2004). Housing instability is often defined as the inability to complete tasks necessary to maintain

¹ While we mostly use the term "intimate partner violence" to refer to the dynamics of power and control in intimate relationships which are the subject of the current study, because policies and programs vary in their usage, the terms 'family violence' and 'domestic violence' also appear in this report. They are being used interchangeably. Further, individuals who have experienced IPV use a range of terms. We tend to use the term 'survivor,' although that may be interchanged with 'victim,' 'service user,' or 'client' in certain cases. IPV survivors can identify as women or men, may identify as transgender, cisgender, or non-binary, however data suggest that women are most frequently impacted and often experience the most severe consequences. While this report usually uses gender neutral terms to refer to survivors, it may sometimes refer to survivors using female pronouns, particularly when reporting the words of a study participant. That should not be taken to imply that only individuals who identify with female pronouns may be survivors of IPV.

housing, such as pay rent on time, for a 12-month period (Pavao et al., 2007). Survivors are more likely to experience disruptions in their housing because they are often not financially independent separate from their partners and often abusive partners use tactics of economic abuse to keep survivors from leaving the relationship (O'Campo, Daoud, Hamilton-Wright, & Dunn, 2016). For some women, exiting a violent relationship causes them to forgo their housing and risk homelessness (Baker, Niolon, & Oliphant, 2009). Owen and colleagues (2007) found that one in four women cite IPV as the main contributor to their homelessness. In addition, Pavao and colleagues (2007) found that survivors of IPV were four times more likely to be late on mortgage or rent, move more than once within a 12-month period, and be without housing than women who had not experienced IPV. In some cases, survivors will return to their abusive partners if they are unable to find and maintain safe, affordable, and quality housing (Banga & Gill, 2008). In research within the state of Texas, housing has been identified as both the most frequently requested service from family violence service agencies, as well as the need that was most frequently unmet (NNEDV, 2020; Wood et al, 2019).

Structural barriers also exist for survivors of violence seeking housing relief. Many communities have nuisance laws that disproportionately impact survivors by allowing for eviction when police are repeatedly called to a home, with violations used as grounds to deny future housing (Desmond, 2016; Kantor & Metzger, 2015). Importantly, legal protections exist to support survivors facing lease discrimination, including those enshrined in the Violence Against Women Act which protect residents and applicants from discrimination on the basis of their status as survivors, and that confer affirmative obligations on certain housing providers (NHLP, 2020). In Texas, section 92.016 of the Property Code provides certain protections to survivors of domestic violence, who have the right to vacate a property without liability (Grau,

2019). However, compared to others facing housing instability, IPV survivors have needs specific to their abuse histories which require appropriate support services to ensure safety (Jategaonkar & Ponic, 2011).

Finding from the 2019 Texas State Plan for Family Violence Services highlight the crucial issues at the intersection of IPV and housing services. Data suggest that nearly 50% of eligible Texans who contact domestic violence shelter programs cannot receive services due to lack of space, while nearly 70% of agencies identified access to longer term housing as a major problem facing survivors and agencies alike (Wood et al, 2019). The unique population growth within Texas counties, particularly urban counties and ‘oil boom’ counties, over the last ten years also shapes the housing outlook for survivors in Texas. Intense and sustained population growth has reduced housing options, particularly in terms of affordable options in urban and suburban communities. High rent combined with limited location choices create additional economic and housing barriers for survivors, who weigh relationship decisions with economic and other well-being factors for themselves and their children. The housing crunch also further complexifies the situation of survivors with less than perfect housing records, due to previous criminal charges, evictions due to partner’s past debts, or undocumented status.

With limited affordable or accessible housing, survivors must weigh returning to an abusive partner or homelessness. Over 45% of survivors interviewed in the process of developing the 2019 Texas State Plan had been homeless twice or more due to family violence, and an additional 34% of survivors had been homeless either once or twice for reasons other than IPV (Wood et al, 2019). Ultimately, homelessness can be both a precipitating factor and an impact of experiencing IPV, as the emotional, financial, and psychological of violence create housing instability for years to come. As one survivor who participated in the State Plan project

explained, *“We could accomplish our goals if they helped us to find a house in which to live, and if they helped us to pay for rent for some time until we work and have money to sustain the rent”* (Wood et al, 2019). Along with challenges unique to the experience of IPV, survivors face a wide range of system and structural barriers to housing stability, including landlord discrimination, a general lack of affordable housing, lack of income, poor credit, or criminal records (often a direct result of IPV experienced), and barriers navigating the social services system (Clough et al. 2014).

In a study with survivors experiencing homelessness, Long (2015) found that the women articulated a three-step process to maintain housing after leaving an abusive partners. First, they experienced housing instability, which involved living with friends and family and moving frequently. The women then described running out of housing options which ultimately lead to them being homeless without a place to stay. The third step involved connection with an IPV outreach agency which provided them a place to stay at a shelter. Some women described moving from the shelter to a transitional housing (TH) program as the final step in their journey to regain housing. This process demonstrates the need and importance of IPV agencies that provide housing programs for survivors to gain stable housing. It also posits Transitional Housing programs as a final step in the housing journey, but more is needed to understand survivors’ journeys post TH.

Transitional Housing Programs

For survivors who wish to leave an abusive relationship, domestic violence shelters and transitional housing programs are often a key or only option for safe housing (Mountain, 2015). Domestic violence shelters provide a brief place to stay, often between 30 and 90 days (Wright & Johnson, 2012), in which survivors and their families can receive a variety of tangible and

emotional supports while residing in a safe and secure location. After a shelter stay, survivors may also be connected to a transitional housing (TH) programs which allow them to reside in an apartment or facility provided or supported by the agency for an extended period (Baker, Niolon, & Oliphant, 2009). Often transitional housing programs last 12 to 24 months (Baker, Niolon, & Oliphant, 2009; Melbin, Sullivan, & Cain, 2003). TH program goals are focused on enhancing survivor safety, increasing self-sufficiency via resources and connections, improving physical and mental health, and securing permanent housing (Clark et al., 2018; Wood et al., 2019; Sullivan, Bomsta, & Hacskeylo, 2019). The program provides families with a housing unit that is either facility-based (with residents all sharing a secured apartment building or campus) or scattered site where people live in apartments or houses throughout the community that are owned or leased by the DV agency (Baker et al., 2010). In addition, some programs offer rental assistance in the form of a voucher for an apartment of the survivor's choosing or they offer free or reduced rent in a housing unit owned by the agency (Baker, Niolon, & Oliphant, 2009). During that time survivors and their children are given support and services targeted towards helping them gain housing and economic self-sufficiency (Melbin, Sullivan, & Cain, 2003). Voluntary services can include case management, legal assistance, children's support, counseling, financial support, and employment assistance (Baker, Niolon, & Oliphant, 2009; Melbin, Sullivan, & Cain, 2003). While some communities use a coordinated entry model, where access to housing provided by domestic violence agencies is coordinated locally across a system of homelessness service providers, many TH residents start their service engagement in DV emergency shelters before moving into associated TH programs.

Given that many survivors struggle to maintain safe housing, the Violence Against Women Act Reauthorization of 2005 provided \$40 million in funding for shelters and

transitional housing programs to increase housing stability among survivors of IPV (Violence Against Women Act, Department of Justice Reauthorization, 2006). In response to this funding increase, Baker, Niolon, and Oliphant (2009), sought to describe the current state of available transitional housing programs. Their study surveyed 236 programs across the United States. They found that on 71% of programs allow survivors to stay for 1-2 years. Forty percent were in urban settings and 37% were in rural settings. Survivors in 33% of programs were required to complete a shelter stay before moving to an apartment or facility sponsored by the agency. Many programs offered job, transportation, and money management assistance as well as case management, support groups, legal services, and parenting classes (Baker, Niolon, & Oliphant, 2009).

Transitional Housing Program Approaches

Transitional housing programs aligned with IPV service agencies are frequently guided by three overlapping intervention frameworks: 1) empowerment, 2) voluntary service use, and 3) trauma-informed care (TIC). Empowerment approaches to IPV services recognize survivors as experts in their own lives, who should be supported in making their own decisions to address their complex needs (Goodman & Epstein, 2008; Sullivan et al, 2018). Unique within housing services, IPV based TH programs use a voluntary service model approach, which does not make housing or shelter contingent upon participation in any other service, and emphasizes support, collaboration, connection, and resource access (Baker, Niolon, & Oliphant, 2009; Melbin, Sullivan, & Cain, 2018; Nnawulezi et al., 2018) while de-emphasizing strict program rules (Missouri Coalition Against Domestic & Sexual Violence, 2011). Trauma informed care models emerge from a socioecological framework which includes a deep understanding of the impact of trauma affects survivors' current context and informs their identity and coping mechanisms

(Levenson, 2017). TIC models of service provision emphasize validation, trust, collaboratively identified needs, goals, and concerns about safety and security (Levenson, 2017).

Perceptions of Transitional Housing Programs

Transitional housing programs are an important resource for women to gain safe permanent housing. However, survivors provide mixed feedback when asked about their experiences residing in transitional housing programs. Wendt and Baker (2013) found that residents reported positive experiences in a transitional housing program and commented that the agency staff's long-term investment in their stability was critical to their success in maintaining housing and gaining economic self-sufficiency. In addition, the time spent in the program allowed them to focus on the well-being of themselves and their children. Further, survivors appreciated having a safe and secure home and the support and assistance to rebuild their lives (Melbin, Sullivan, & Cain, 2003). Clark, Wood, and Sullivan (2019) found that residents found the safety and security of the housing, the availability of services and support, and the time to recover from trauma to be the most beneficial aspect of living in a transitional housing program. Conversely, Berman (2016) found that participating in a transitional housing program can be a threat to long term housing stability given that some women might have to move after the program is over. Sleep disturbances among mothers and their children have also been found in those residing in transitional housing programs, although these are most likely due to the long-term impacts of trauma rather than TH program dynamics specifically (Humphreys & Lee, 2005; Humphreys & Lee, 2006). In addition, strict rules and living in a communal environment can posed a threat to privacy and some survivors have found it challenging to maintain their normal routine with their children (Clark, Wood, & Sullivan, 2019; Mountain, 2015). Wood, Heffron, Voyles, and Kulkarni (2017) note that the rules within transitional housing program can either

maintain order and provide motivation or they can isolate and force an early exit, leading to safety gaps for survivors and their children. Because of the trauma experienced by IPV survivors, and the challenges they face in the aftermath of violence, programs must provide housing that is healthy, safe, free from violence or discrimination, and linked with other needed services (Jategaonkar & Ponc 2007). Given the potential impact of services, as well as the ongoing demand to address survivors' housing experiences, TH programs are ripe for evaluation and ongoing research support.

Transitional Housing Program Outcomes

Although there are many transitional housing programs across the United States, research to evaluate the effectiveness of the programs is limited. Most often studies focus on the perceptions of survivors about residing in TH. However, a few studies have attempted to evaluate the outcomes for survivors who complete transitional housing programs. Allen (2017) found that families experiencing IPV before entering a transitional housing program saw a greater reduction in violence upon exiting the program than those who did not enter a transitional housing program. Similarly, Ham-Rowbottom and colleagues (2005) found that women who completed a 45 day shelter stay and a one year transitional housing program, and had been out of the program for an average of 38 months, reported no experiences of IPV, stable employment, and the ability to maintain housing and childcare upon exiting the program. Mekolichick, Davis, and Choulard (2008) also noted improved outcomes in terms of survivors' mental health. They found that survivors who exited a transitional housing program had a 13.5% increase in self-esteem and a 44.2% decrease in depressive symptoms from their initial scores upon entry. Furthermore, anxiety also decreased by 14.5% overall across the sample when compared to entry scores.

The Coronavirus and Domestic Violence Services.

Over the course of the current study, unprecedented social changes brought on by the coronavirus pandemic were also occurring². COVID-19 has created new safety concerns, while also exacerbating existing challenges for survivors. For many survivors, getting and staying safer is the result of a complex decision-making process that involves help-seeking in both informal and formal networks (Davies & Lyon, 2014). Mandatory stay-at-home orders, quarantine protocols, and social distancing recommendations may increase the frequency and severity of IPV for survivors living at home with an abusive partner, while creating new restrictions, services limitations, and challenges for those dwelling in shelter and TH programs (Boserup, McKenney & Elkbuli, 2020; Johnson, Green, Volpellier, Kidenda, McHale, Naimer, & Mishori, 2020; Wood et al, In Press). Further, perpetrators of abuse may use this increased isolation and social distancing restriction to exercise power and control over their partner, further reducing the survivor's ability to access formal and informal services (Ravi, Rai, & Voth Schrag, Under Review; Wood et al, In Press).

While additional research is accumulating on survivor experiences during the pandemic, there is emerging evidence that survivors have experienced an increased the risk for violence. Hotlines across the nation have seen a surge of use, even as some evidence suggests that survivors may feel less safe seeking help (particularly calling the police or seeking shelter) while living in close, ongoing proximity to an abusive partner (National Domestic Violence Hotline (NDVH), 2020). The National Domestic Violence Hotline saw a 9% increase in total contacts

² While the majority of data collection for this project occurred prior to the onset of COVID-19, it was a major influence on the content and results later in the study. As such, special attention is paid to advocate and survivor reflections on the role of COVID-19 in shaping their TH experiences.

between March and May 2020, with a noted increase in calls related to emotional and verbal abuse (NDVH, n.d.).

These challenges are exacerbated by existing gaps in health and housing equity. Under pre-pandemic circumstances, existing racial, gender, and class disparities created restrictive barriers to accessing services and support for many (O’Neal & Beckman, 2016; Calton, Cattaneo & Gebhard, 2015; Liang et al., 2005), with COVID-19 creating more barriers (Haynes, Cooper, & Albert, 2020). Making matters worse, Black, Indigenous, and People of Color (BIPOC) survivors are at a heightened risk of contracting the virus, as well as increased risk of serious negative health outcomes, up to and including death (NCIRD, 2020).

Research Questions and Study Focus. Overall, transitional housing programs appear to have positive long-term outcomes. However, more research is needed to fully evaluate their effectiveness. With this context, the current project sought to understand housing outcomes of TH participants after program exit. This evaluation is guided by the following key questions: What are the housing outcomes of DV TH program participants after program exit? What are barriers and facilitators to housing stability post TH program participation? Do outcomes, barriers, or facilitators vary in urban, rural, and suburban settings?

Methods

Project Approach & Research Questions

Collaboratively with TCFV staff and leadership at partner programs, the project team aimed to understand the experiences of survivors leaving transitional housing, and gain insight into the program and community conditions that can facilitate long term housing stability for survivors of domestic violence. The project was guided by the following research questions:

1. What are the housing outcomes of DV TH program participants after program exit?

2. What are barriers and facilitators to housing stability post TH program participation?
3. Do outcomes, barriers, or facilitators vary in urban, rural, and suburban settings?

Study Procedures.

A concurrent mixed-methods study design was employed to provide the broadest range of information sources (Tashakkori & Teddlie, 2010). With support and facilitation from TCFV staff, the study team partnered with agencies that support transitional housing programs for survivors of domestic violence across the state of Texas. After Institutional Review Board approval was gained, partner programs were provided with a range of materials and supports to facilitate the recruitment of survivors who have completed transitional housing into the project. Each program agreed to share recruitment materials with those survivors who were between 6 & 24 months out of their transitional housing programs. Materials provided included phone scripts in English and Spanish, email and letter text in English and Spanish, text message prompts, and web-links for the survivor survey, as well as stamps, self-addressed envelopes, and copies of the paper survey to mail out to potential participants. Survivors were recruited to complete a web or phone-based quantitative survey focused on their current and previous housing and experiences. After completing the quantitative survey, they were invited to provide their contact information for a follow up qualitative interview focused on their TH housing experiences and needs. Each agency also agreed to have a staff member complete a program focused survey providing details on their TH program, and program staff were approached to participate in a focus group related to the study questions held during a statewide conference for TH service providers. After the onset of the coronavirus pandemic, additional interviews were conducted with program advocates to understand program adaptations in TH programs due to COVID-19. Five distinct streams of data inform the findings of this study (see figure 1).

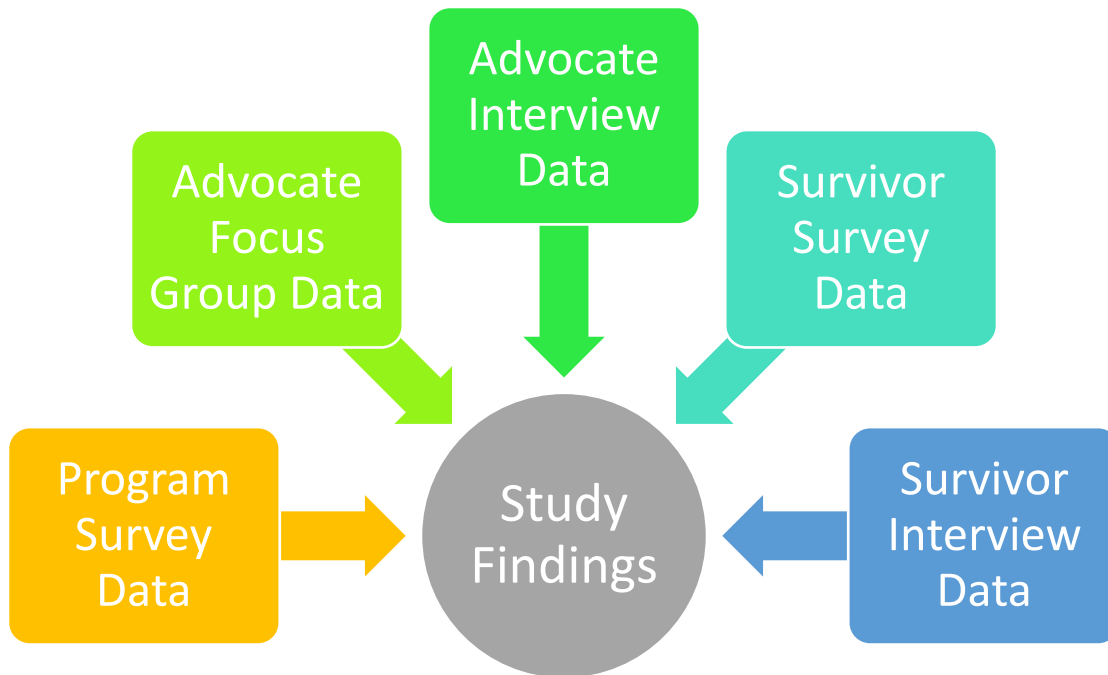


Figure 1. Study Design

Human Subjects Review and Confidentiality

The institutional review board of the University of Texas at Arlington approved all study procedures prior to the beginning of data collection. Limited identifying information was collected to reduce the risk of breach of confidentiality, and the team obtained a waiver of written informed consent, as well as a waiver for the collection of certain identifying information to further ameliorate this risk. Survivors were given a wide range of choices regarding the methods, times and places through which they could participate to maximize their options for safe participation. A robust protocol model on the distress protocol developed for the Texas State Plan research project was also put in place in the case of a participant reporting an active safety risk or demonstrated distress.

Data Collection

All interviewers for this project were PhD level social workers with social work practice experience with survivors or families facing IPV, and all were supervised by a PhD level researcher with 15 years' experience in IPV service research and practice.³ The study co-investigator is a native Spanish speaker, and she conducted Spanish language interviews, as well as translated and/or approved the translation of all Spanish language materials used throughout the project. Participants received a small incentive (\$10 gift card for participating in the survey, \$20 for participating in an interview) as a “thank you” for their time and participation. Gift cards were provided by mail or by e-mail, depending on the expressed preference of the participant.

Advocate Focus Group. After gaining verbal informed consent and explicit permission to audio tape the focus group from all participants, two study team members led the group through a series of questions aimed at understanding their perceptions of TH services and the facilitators and barriers to housing stability for survivors. A third team member monitored the group for non-verbal communication and took notes on group process as an additional strategy for triangulation and rigor. The focus group was audio taped, the audio recording was transcribed by a professional transcription company, and a team member compared the transcription with the process notes prior to thematic analysis and findings development to ensure that unspoken dynamics (e.g., coalitions within the group, non-verbal communication cues) were accounted for in analysis.

³ All team members were also trained in a set of protocols in the case that a participant indicated that they were in immediate or on-going danger due to IPV, which included the ability to provide location and culturally specific referrals and information at the conclusion of the interview as called for. Any such situation was then to be immediately staffed with the study PI, who was responsible for determining if other steps were necessary, including providing referrals to partner agencies or additional supports as necessary, or contacting applicable public health or safety officials. No such events occurred during the course of the study. The study distress protocol was modeled on the Texas State Plan distress protocol, which was collaboratively developed by researchers and TCFV staff.

Program Surveys. Each participating agency was asked to complete a programmatic survey for each of their IPV focused TH programs, with agencies supporting multiple TH programs completing more than one survey. Surveys were developed in consultation with TCFV staff and focused on describing program components as well as agency and program demographics. Space was left at the end of the survey for open ended responses to questions related to the study aims. Site contact people were asked to have a member of staff who was familiar with the particularities of each TH program complete the survey, with participating staff tending to have job roles such as Director of Housing and Shelter, TH program director or TH program advocate.

Survivor Surveys. The survivor survey was available both via the web or over the phone with, questions asked by a study team member. Items were mostly closed ended and focused on current and previous housing stability and experiences in the TH program. Participants provided informed consent on the first page of the survey and were taken to an additional survey to provide information if they wanted to receive a \$10 gift card as a thank you for their time. At the end of the survey was also a chance to provide their contact information if they were willing to participate in a follow up interview to provide more in-depth qualitative data about their experiences and perceptions of service. The survey was translated into Spanish by a native speaker, and available to English and Spanish speakers in web or over-the-phone format. For potential participants who primarily speak languages other than English or Spanish, language line translation was offered to complete the survey via phone or video-conference.

Survivor Interviews. After gaining verbal informed consent and explicit permission to audio tape the interview, study team members audio recorded interviews. Interviews conducted in Spanish by a native Spanish speaking team member were translated by a professional translation company. All interviews were then transcribed word-for-word by professional transcriptionists.

All audio files were immediately deleted from recording devices after being uploaded to an encrypted and password protected server. Interviews occurred via phone and lasted between 30 minutes and 1 hour. Survivors were offered a \$20 gift card as a thank you for their time.

Advocate Interviews. After the onset of the coronavirus pandemic, the study team identified the need to understand program adaptations and challenges brought on by social distancing requirements or programmatic changes. As such, questions related to program adaptations and challenges were added to other existing projects to inform findings from this and other studies and contribute to increasing the advocacy knowledge base post COVID-19. Interviews were conducted via phone or video-conference by members of the study team, and advocates were approached to participate based on their work with survivors of violence during the onset of the coronavirus pandemic. Results are shared in the current report from advocates who spoke specifically to program challenges or changes within IPV TH in the state of Texas.

Measures

In collaboration with TCFV staff, interview, focus group, and survey protocols were developed which included quantitative measures of key domains and open-ended questions with accompanying prompts. The protocols aimed to be as short as possible while still obtaining key information in order to reduce participant burden and limit the risk to participants. The survivor interview guide and survey were put through a process of forward and backward translation by a native Spanish speaker. The advocate focus group guide and survivor interview protocols included entirely open-ended questions aimed at gathering deep perceptual data, while the agency survey and survivor survey both alternated between close-ended quantitative scales and open-ended questions in order to collect key descriptive data, validated measures of key

domains, and thick, descriptive data. The final English interview, focus group, and survey guides with citations for key measures are available in Appendices A, B, C, & D.

Analysis

Because of the small sample size and focus on open-ended questions, quantitative analysis is constrained to descriptive statistics, aiming to paint a picture of the nature of available services and survivor responses. Qualitative data are presented by theme, which were developed through a process of inductive and deductive coding by a team of researchers who are trained in qualitative methods as well as knowledgeable about IPV survivors and services (Padgett, 2010). Each theme is headed by two titles- the first is a summation developed by the research team and the second is a short direct quotation from a survivor or advocate about that theme.

Triangulation between quantitative and qualitative data (looking for continuity or discontinuity between data streams) was employed by the study team and these points of convergence and divergence between data streams are addressed at length in the discussion section. Interview transcripts were reviewed in their entirety and exemplar quotations were identified to support the identified themes. In order to maximize the inclusion of survivor and advocate voices to the greatest extent possible, quotations are left in the exact words of the participant and notations are made where slight alternations were necessary for narrative flow. Additional information that may shed light on a quotation or theme was only include if it did not jeopardize the anonymity of the participant.

*Participants*⁴. Nine advocates representing five agencies from around Texas participated in the advocate focus group. Participants included eight women and one man, and they were diverse with regard to age, duration of employment in domestic violence services, and race. Eight agencies from across Texas provided data for the agency survey, representing ten total transitional housing programs (two agencies provided data on two different programs housed within the same agency). Seven survivors provided quantitative responses to the survivors survey, and seven participated in follow-up qualitative interviews describing their current housing outcomes and their perceptions of the role of transitional housing programming in their outcomes. We talked to ten survivors, four of whom participated in both an interview and a survey, 3 of whom only completed a survey, and 2 of whom only participated in an interview . Eleven advocates from around Texas shared reflections on program adaptations and challenges in the wake of COVID-19 through semi-structured interviews occurring between late July and early November 2020.

⁴ A range of recruitment strategies were employed to increase the reach and sample size of the survivor survey and interviews, however in the limited time window available for the initial interviews (August-September 2019), followed by several participating programs losing TH program funding, and thus dropping out of the study, followed by a study relaunch with an additional agency immediately preceding the onset of the coronavirus pandemic (February 2020), only a small number were identified. Each agency had at least one representative at a training in July 2019 where the study team reviewed the recruitment procedures and answered questions related to recruitment. They each received paper and electronic recruitment materials, and study team members and TCFV followed up with agency representatives on a number of occasions during the study window to provide additional support related to recruitment, and to encourage continued engagement with potential participants. The study team received upwards of 20 self-addressed stamped envelopes back to the University marked “not deliverable as addressed and unable to forward,” suggesting agencies sent paper recruitment material to some survivors whose current contact information was incorrect. Future work should address a key gap in study design, with participants being recruited into outcomes evaluations while they are still engaged in services, and then followed by the study team over time rather than asking agencies to recontact previous service recipients. While this is considerably more time intensive (and expensive) than permissible within the constraints of the current study, it will allow for improved retention and higher quality data.

Findings

Program Level and Staff Results

Ten programs across eight agencies provided data on their program structure, polices, and services. A description of the participating programs can be found in Table 1. Participating programs were generally young (most less than 5 years old), and they serve between 10 and 110 families at a time. Participating programs are scattered across Texas, representing North, Central, and Boarder regions (Texas Council on Family Violence member regions 4, 8, & 9). Together, these programs serve 20 counties and over 10 million Texans. Of the counties served, 13 are within federally designated metropolitan statistical areas (MSAs), while 7 counties are not within MSAs. The populations of the counties served by partner programs range from under 10,000 people to nearly 3 million people. The majority of programs run on a scattered site model, although 3 include agency owned units. Because of this, most clients transition in place at the end of their program period, which lasts twelve months on average.

Table 1.

Description of Participating Transitional Housing Programs (n = 10)

	<i>N</i>		<i>N</i>
Year of opening		Average Length of Stay	
2017	4	Under 12 Months	1
2015-2016	2	12 Months	7
2011-2014	2	Over 12 Months	1
Before 2011	2	At Exit, do clients...	
Number of families currently being served		Transition in place	8
0-9	3	Need to move	2
10-20	3	Eligibility Requirements (select all)	
21-40	2	Identify as DV Survivor	9
40+	2	Lethality or other entry assessment	4
Maximum number of families at one time		Previous or current shelter resident	5

	0-9	3	Providing IDs and other documents	1
	10-20	3	Employment or proof of income/income under cap	3
	21-40	1	Units are...	
	40+	3	Scattered Site (agency pays some or all of the rent)	8
Number of Housing Units			Agency Owned	2
	1-9	2	Current Staffing of TH Program (FTE)	
	10-20	2	<1 to 1	4
	21-40	1	1.1-2	4
	40+	2	Over 2	2
n/a (budget cap rather than a unit/family cap)		3	Percentage of those seeking housing that the program can accept	
Maximum length of stay			Most or All	2
	12 months	1	3 out of 4	1
	18 months	5	About Half	1
	24 months	2	1 out of 3 or fewer	2
	Unfixed	1		

Participants shared the process of advocacy with survivors in transitional housing program.

There was general agreement in the focus group when one participant shared:

We start with big picture goals at first, where do you want to be at the end of this program? Then we kind of move more into the plan like what she was saying, more into action steps of what can you do the next three months that can get you to that place that you want to be at the end of the program. Then also just making sure that they understand that 12 months seems like a long time, but it's really, really short. It goes by very quickly, especially if you move into the program while you're in crisis. Helping them understand that it's not going to be something like you're going to own a house in 12 months, but more of something like I can start saving to buy a house, but then also have a plan for an apartment or applying to Section 8 or something like that. (Focus group participant 3)

While there were some fairly consistent program components across participating TH programs, including participants having keys to their own space, having a written agreement outlining the participant's rights related to their home and program stay length, access to staff at least during the work day, and providing space for children to play (see table 2). However,

programs differed in terms of having staff available on a 24-hour basis, and in terms of access to common space for participants.

Table 2

Program Components

	<i>N</i>
Participants have a key to their own space	8
Participant have a written agreement stating their rights related to length of stay, and obligations	7
Participants Have Common Space	5
Program has staff available 24/7	5
Program has staff available at least 9-5 during work days	8
Participants can have access to entry at all times	7
Participants have space for children to play	7

While most programs ($n = 7$) reported some expectations or rules for participants, the content covered by program expectations or rules varied significantly. Far and away the most consistently endorsed expectations were related to the treatment of staff, participants, and property, with six or seven programs each endorsing the following expectations: no verbal abuse of participants or staff; no physical violence or abuse of participants or staff, and no engaging in criminal or illegal activity on the premises/in the unit. Five programs had expectations related to attending specific additional services (e.g., group or case management). One program noted that, as a scattered site and voluntary program, they have no explicit rules. They stated: *Participants hold the lease and therefore [agency] does not monitor what happens in their home; the lease is between them and their landlord. We only ask a household to exit the program if there is a safety concern that requires such action (i.e. addiction treatment needed that requires long-term inpatient treatment)*. Program expectations and the number of programs endorsing each expectation is found in table 3.

Table 3*Program Rules & Expectations for Participation*

	<i>N</i>
No use of alcohol on premises/in unit	2
No use of alcohol off premises/out of unit	1
No use of illegal substances on premises/in unit	3
No use of illegal substances off premises/ out of unit	2
No verbal abuse of other participants/staff	7
No physical violence or abuse of participants/staff	6
No engaging in criminal or illegal activity on premises	6
No engaging in criminal or illegal activity off the premises	4
Must not have visitors residing in the premises/in unit	1
Must return to unit by curfew	0
Must not have intimate partner on premises/in unit	3
Must not provide the location of the unit to family/friends residing there	1
Must not provide the location of the unit to an intimate partner	2
Must be employed or looking for work	3
Must attend specific services (e.g., group, case management)	5
Other rules (landlord relations requirements, making payments)	4

Programs provide a wide range of additional supportive services to TH program participants, with all programs including access to advocacy or case management services, assistance with building support networks, and assistance accessing basic needs & benefits. At the lower end, few or no agencies included support for physical health, substance use, childcare, or immigration supports (see table 4). Many agencies continue to offer the same ancillary supports to TH participants after they have left the TH program.

Table 4

Additional Services Available to TH Participants (n = 9)

	Available to TH Participants During Stay Within the Agency	Available after TH participation within the agency
Advocacy/Case Management (referrals, assistance with benefits)	9	5
Build support systems (helping develop community within the program, engaging with external supports)	9	4
Basic Needs (food, clothing, transport)	9	3
Mental Health (counseling, therapy, medication/management)	7	6
Physical health care (chronic and acute care)	2	1
Substance Use Intervention	0	0
Employment assistance (job search, resume, vocational training, job placement)	5	5
Legal support (orders of protection, divorce, child custody, accompaniment)	6	6
Help accessing benefits (TANF, CVC, Medicaid, etc.)	9	7
Budgeting and money management	7	6
Children's counseling or parent/child counseling	8	7
Emergency financial assistance	7	3
Childcare	4	2
Immigration remedies	2	2
Lifeskills Support	7	5
Help with transportation	7	5

We encourage them to do outreach services even after they're finished with the housing program. Because that keeps us in contact with them. If they're running into issues, maybe we can help. Because it could be a small issue but if you let it go, it turns into a compound issue, like a good example paying an electric bill. All of a sudden now your electric and water is two months behind, then it becomes a bigger issue that can't be handled or may not be able to be handled.

(Focus group participant 2)

Programs were asked to provide their **own definition of what ‘success’** is for survivors at the end of their time in transitional housing. Overwhelmingly, programs define success in terms of a survivors’ exiting into a stable housing situation (supplied answers include- but are not limited to: *Able to take over lease in their name or moving into a new place; The client is able to exit and maintain rent without further assistance or the client receives permanent supportive assistance; they are able to move out into their own housing; Client leaves program stably housed; A household that is able to self-sustain their housing costs, or have been accepted into a long-term program providing rental assistance (i.e., Housing Choice Voucher).* After identifying stable housing at exit as the ‘definition’ of success, they were asked to reflect on **critical aspects of success**. Answers fell into three basic categories:

Survivor-defined practice. Statements reflecting this theme include *Having the client set the goals; Empowering survivors to take back power; and goals that are driven by the client.* Advocates talked about the importance of being *client driven and goal directed.*

In the focus group, an advocate shared:

I mean it's a housing program, so the primary goal has to be housing. We have to do that. But one thing that we do is at the beginning of the program they formulate their goals in other areas. They formulate three housing programs. What do you do when you graduate type of thing? I think being very client driven, other than the fact that it's a housing program and long-term sustainable housing, is the primary goal of the program. (Focus Group Participant 3)

Another participant talked about how their program approaches services- with an aim to earn the survivor’s trust and belief that engaging in the service is worth it, rather than mandating it. They shared:

I don't have to have any service mandated. You don't have to meet with me. You don't have to come to any group, you don't have to come to anything. I'm willing to take that on and say, you know what, I'm going to earn your trust, and I'm going to prove that the case manager that I can give you is so important you're going to want to be engaged. I wouldn't mandate anything. You don't have to meet with me to receive services. But you will because you want to. (Focus Group Participant 5)

Regular attention. Statements reflecting this theme include *Meeting with clients face to face on a regular basis*; and *Regular safety planning and budgeting*. Focus group participants noted the difference in attention from the program period to follow up. One shared: *It's much more on hands on and intense while they're in the program. Then once they graduate, it's totally up to them. Nobody's calling them and say, "Hey, I haven't heard from you in two weeks I'm just checking in to see how you're doing. (Focus Group Participant 3).*

Focus on linkage to services. Statements reflecting this theme include *Encouraging survivors to apply and stay up to date on public housing wait list and section 8 wait list*; and *ongoing advocacy and planning*.

Programs were asked to report what **other services** (beyond housing itself) transitional housing participants most frequently used during their time in the program, and after program cessation. Programs shared that the most frequently accessed additional services for survivors in transitional housing include economic advocacy and assistance (e.g., budgeting and emergency financial assistance), individual or group counseling, and help with community referrals. They were also asked to reflect, to the extent that they were aware, on what services survivors used most frequently after they had exited transitional housing. Many programs (5 of 10) stated that they were unaware or that this question was not applicable, as exiting transitional housing also meant the end of the relationship with the agency. Of those agencies who did identify programs

used during the follow up period, counseling and advocacy services (including information, referral, and crisis intervention) were the key components of follow up.

When asked to reflect on the biggest **barriers** to housing stability survivors face, program staff had a wide range of answers, which fell into two broad categories:

Domestic violence specific barriers. Programs indicated that experiences of violence and the unique barriers created by abusive partners continue to impact survivors in their efforts to maintain stable housing post-program. Staff also noted that the length of transitional housing programs (particularly the ‘1 year’ length) is sometimes not enough to overcome batterer generated risks. For example, one staff person shared *Clients often stay in crisis during the 1 year program, so 1 year is not long enough*, while another felt that being rushed back into the community through rapid re-housing models was a barrier for survivors. That advocate felt that *victims require additional time to feel safe, protected and to acclimate to a life of independence*. Another reflected that, with *credit ruined by an abuser [a major barrier is] finances*.

Systemic and community level barriers. Staff also identified community and systemic issues (life generated risks) that impact survivors outcomes after transitional housing. They include lack of access to *affordable housing, program barriers, lack of well paying jobs in the region, and lack of access to public transportation*.

Several participants focused on barriers related to affordable housing, with one stating “*affordable housing is a major problem in our areas, or survivors need higher paying jobs.*”

Another stated:

I had a client once she worked at, I want to say 30 minutes away from where she was at. The shelter she was at. She wanted to find something in that place so it could be closer to where she works. Mind you not this place where she works it's an Island, and the prices for housing increased and there's really not a lot of housing options over there. We pretty much drove around town trying to find an affordable apartment. We went to several places, and the one she wanted was about 900 and something for a two bedroom. That's not going to work because after the 12th months, what's going to happen? You're not going to be able to pay the rent, and then you're going to end up homeless again. Her options were limited, and we had to talk to her again and be like, we need to do realistic choices, and revisit all the options that we have. She ended up applying for housing, and she's now at an affordable housing apartment complex. Where they base themselves according to their income. (Focus Group Participant 6)

Participants also noted that program structures can be a barrier for many survivors. One participant felt that the structure of some rapid-rehousing style TH programs pushes survivors to 'independence' overly quickly. They stated that a major barrier was *"Being rushed into the community through rapid re-housing programs. Victims require additional time to feel safe, protected and to acclimate to a life of independence."* Another participant noted that *"clients often stay in crisis throughout their time, so they aren't ready to transition at the end."*

Another participant shared the struggle to link clients with other community resources, which can have very limited availability or strict guidelines:

In the last five years, our Section 8 has been opened up for two days. Last time was two years ago. One day online only. We took everybody in the shelter and in all of our housing programs, we got an application ahead of time so we knew what to get. We had them fill it out, we got an ROI, we made up fake email addresses because you have to have an email address. They don't send you stuff by email, but you got to have an email address. We signed up everybody, and almost everybody that we signed up got, I think the last one got housing eventually. It took up two years to get all of our paperwork through. (Focus Group Participant 5)

Staff shared their perspectives on what makes for an **effective transition out of a housing program**. One advocate shared that they could tell who was doing well by their engagement in on-going services. They noted: *In our agency we have ESL classes, and craft class and now we have yoga class. We also have counseling in the outreach office. So then the clients that are, I guess the clients that we see that are more successful after the transition note is always going to keep on coming to at least one of our classes.* Other programs reflected on having an ad-hoc approach to follow-up, that it was encouraged and available, but varied dramatically from survivor to survivor based on their needs and the program's capacity. One advocate stated: *They either sign up for our services or they don't. A lot of them will come. Some of them will come back and say, "Hey, I'm doing great." Some of them will send you a letter. Some of them you won't see at all. Some of them you'll see them two years, three years later, back in the shelter.*

Across the board, a key identified facilitator to successful TH completion was access to sufficient, flexible funding. These resources can address the unique needs of each survivors, and the need for effective and efficient strategies for obtaining and dispensing funds was a consistent theme across advocate and staff interactions.

These findings were also reflected in staff's answers to a question about the resources and supports that they **wish they could provide**, but that the program has been unable to incorporate at this point. Overwhelmingly, staff named **tangible resources that support stability**, including various forms of transportation assistance (bus passes, gas cards, etc.); connection and deposit assistance, and child care. One advocate shared about the importance of flexible funding, stating that:

Also, we carry them when all of a sudden someone has been out there 18 months on their own, and all of a sudden they can't pay the electric bill and they didn't come to us because now it's two months behind. Now it's \$300 and the help center don't have no money. Now they end up back at my shelter, when \$300 would have kept them out of the shelter. Or \$500 for rent would have kept them out of the shelter. (Focus Group Participant 2)

While another reflected on the role of transportation- especially in areas with limited or expensive public transit options:

[I'd want] transportation across all programs. Because we have some that offer that and some that don't. Whether they get a bus pass or a small gas card every month, and then some that don't offer any transportation assistance. That is a big deal when they are trying to get to and from work. Boy, if I could wave a magic wand, I'd make the bus run pull out later than it actually does. (Focus Group Participant 3)

This overarching theme was reflected beautifully in the following dialog from the advocate focus group:

Speaker 2: Be able to pay the utility bills. The biggest one's utility. Normally if they come back right afterwards is, "I can't pay my electric bill. I can't pay my water. I got my rent paid, but I can't pay this." We don't have funding for after care.

Speaker 3: Yeah, we don't have funding for that.

Speaker 5: What we have done is we actually had a client that was in one of our programs, and she got a equivalent to a Section 8 voucher, but she didn't have, they have to pay a deposit with that. She didn't have that. We called churches, and we were able to get, but then you can't call the same church over and over again. Then we had to start keeping a list of who did we call and who gave money? Well, there's lots of churches in our town thank goodness.

Speaker 3: Which you have to call the first of the month because [crosstalk 00:26:32]

Speaker 2: We do a lot of that too. If someone gets a Section 8 voucher, especially with our housing program, they're going to come off of ours, we will find a way to make sure they have that deposit. One way or another, we're going to find that money. Because that's a fixed for them. It frees up more money for us to help another survivor.

Speaker 6: We have a list of community resources that we go through to be able to help them with either electricity bill or food or donations also. Because we run into the problem where they're going from the shelter to transition, or transition no housing and they don't have anything at all. Then we run into the problem of I'm moving into an apartment that has literally nothing.

Survivor Results

A total of fourteen observations- seven qualitative interviews and seven quantitative surveys, were collected from survivors who have exited 4 different partner transitional housing programs from three regions of the state. Participants all identified as female, each had been homeless due to domestic violence more than once in their lifetime, and each had at least one minor child at home with her. Participants had exited transitional housing between 1 and 24 months prior to data collection, and most resided in transitional housing for domestic violence for between 6 months and 1 year, although two were in housing for under six months. Of the 14 data streams, three were collected in Spanish. Participants ranged in age from 25-37, and were racially diverse, with participants identifying as Latina, Black, White, and “another race/ethnicity.” Participants level of education ranged from 9th grade to a bachelor’s degree, with the plurality reporting some college education. Approximately half were currently employed. Two participants identified as immigrants, one from Latin America and one from Africa. Three quarters of the participants felt that the physical and psychological violence against them had decreased since their engagement with TH, while the remaining quarter reported that it had stayed the same. Seven are currently residing in urban areas, with 3 in rural communities. After TH, 2 are residing in new TH programs, 3 in their own apartments without the assistance of a subsidy, and five in their own apartment with the assistance of a subsidy. All participants reported having been homeless due to domestic violence at least twice in their lifetime. Participants are living currently either on their own (alone) or with their minor children, none are

currently living with partners or family. The majority are currently living in an apartment or home that they have rented themselves, supported by a subsidy, however two have transitioned to a different transitional housing program, and one is now living in a home they own themselves. Participants rated their satisfaction with their current housing as between extremely and somewhat satisfied, with identified challenges including the size of the space and access to transportation options.

Seven participants provided insight into their current situation and changes that have occurred for them since leaving the TH program through quantitative data. Participants' monthly income ranged from \$300-\$1,600, of which they pay between 20% & 81% in rent or mortgage payments currently. Two had experienced at least one month in which they were unable to pay their full rent since leaving TH, and two had also had at least one month in which they were unable to pay a utility bill. Four had received help from an agency or other entity to pay bills at least once since the end of their time in transitional housing, for three participants, that help came from their TH program, while one had help from family or friends. Half of participants were still receiving some services from the agency that runs their TH program. Six of the seven thought it was likely or extremely likely that they would stay in their current home for at least the next 3 months. That dropped to 4 believing they were likely or extremely likely to remain in their current home for the next 12 months, and 2 who believed they were likely to remain in the current home for the next 24 months.

Survivors also reflected on their recent exposure IPV. Three survivors noted that their abusive partners continue to take actions to prevent them from going to work or school, and to prevent them from having their own money to use. Two participants reported ongoing contact with the partner who caused them to access transitional housing, due to commitments related to

shared children. None are currently living with that partner. Every participating survivor felt that the physical violence against them had gotten better since their involvement with the TH program, and all but two felt that the psychological or emotional abuse they had experienced was better.

Qualitatively, themes emerged within the survivor interviews related to: 1) the process of working together with advocates, including the process of goal setting; 2) the role of rules in TH programs; 3) what makes housing feel safe for survivors, and how that contributes to their sense of well-being; 4) facilitators of personal stability, both in terms of housing stability and in terms of emotional stability; and 5) the challenges and opportunities linked to parenting in the context of TH. Across interviews it was interesting to note that survivors rarely clearly delineated between their experience of emergency shelter (which often directly preceded their time in TH, and was usually within the same agency structure) and their experience in TH. These were often viewed together as a single experience and described as such.

Working Together. When reflecting on the process of working with the TH program, and particularly with their case manager or advocate, survivors repeatedly used phrases like “*they listened*” “*...pretty much [teaching] how to do it on your own instead of getting help*” and “*they’ll make time for me...really very supportive,*” that reflect a sense of support and encouragement.

Survivor 4 talked about the on-going availability and flexibility of her advocate, stating: *“If I needed something, I could always come to her and ask her. You know, I’m wondering about this, or if you*

Ellos hacen un excelente trabajo social

[They do excellent social work!]

-Survivor Participant

know about where to get me some clothes, or where I can find some clothes, or something like that,” and sharing that *“she was very encouraging, and I didn’t really have to see her all the time, but the time she was available to speak, I always felt welcome to talk to her.”* Survivor 2 talked about being able to trust that her advocate would be a helpful resource in dealing with the daily challenges of life, stating: *“...if I’d tell her I needed anything or something came up, she*

The staff was amazing. They do everything they can to help the clients.

-Survivor Participant

would try to find the way to help me fix it or refer me to someone who could help me.” Survivors talked about being

comfortable with their advocate, and

that they learned to be comfortable over time, as advocates demonstrated that they were trustworthy and that they were there to support the survivor’s own vision for her life. Survivor 1 shared about the process of opening up and developing a relationship with her advocate this way:

At first, it was a little bit rocky because I was just, I wasn’t ready to open up. I was pretty fearful. After a while, after I seen that she just wasn’t about just making rules and she was genuinely there to help, it became a little bit easier. So, the more I met with her, the more I got comfortable (Survivor 1).

Another survivor highlighted the importance of engaging empathically and working to reach out to survivors with emotional and physical disabilities in order to understand their needs & accommodations. She stated:

A little bit more resources for people with disabilities and people with mental problems. I have a hard time talking to people about my disabilities and we had trouble at the beginning since I didn't talk to them about it. Once I talked to them about it they helped me. But at first I didn't want to tell them I couldn't read or write and I have short term memory loss so it would have been better if they helped me with that at the beginning.

Survivors also talked about the process of identifying and **working towards goals** collaboratively with their advocate. Participants didn't have a unified opinion of who led the setting and identification of goals in their relationship with their advocate. Some participants stated that *"They were the ones who decided which [goals we work on], the people from the program,"* while others said that *"I think it was both [me and the advocate]. We would put on things on the list...But I think we was both decisions, because I asked him like, 'okay, do you think I should do this first?'"* and still others were very clear that they were in control of identifying their goals for advocacy. Survivor 3 was very clear that she was in control of the work she was doing, stating:

They always give me a chance to tell me, they always tell me, what you want to do? And then, they're going to help me through that. Whatever I want to do. They never say, "Oh no, no. You have to do this, no". They are always like, "What do you want to do? Do you want to do something that we can assist you?". And, they will help me through it.

Another survivor talked about how social distancing due to COVID-19 has increased her sense of control over her goals and ongoing work with her advocate after TH program exit. She stated:

The visits basically would just be setting goals and writing them down and seeing what goals I accomplished while I'm in their program. Since they can't come with me, they let me work at my own pace.

Survivors shared a great deal about the **perceived and/or actual rules** they were expected to follow while in the TH program. Importantly, this is one area which the difference between shelter and TH was less clear to survivors, and some were clearly under the impression that rules that had been in place in shelter were still in effect in their TH units (*even where programs did*

not endorse those rules in the provider survey). Three survivors shared specific comments on the rules of TH programming, including:

I couldn't bring anybody else there, except for my son. I obviously had to respect my neighbors, no loud noises, no alcohol or drugs... living under those kinds of rules has never been a problem because I used to follow those rules at my house as well, so I had no problem. (Survivor 1)

I got wrote up a couple times because of that, because I wasn't quite sure what to do with [another participant who was breaking a rule]. (Survivor 2)

Survivor 4 had a back and forth with her interviewer that reflected many of the survivors' perspectives- that the rules could be a pain, but that they didn't have a lot of trouble staying within them:

Speaker 1: Yeah. Can you tell me about some of the rules or expectations you had being a part of their program?

Speaker 2: Just having a job and meeting with the person you're supposed to meet with every week, and then really just meet your goals, too.

Speaker 1: Okay. How did those expectations work for you?

Speaker 2: I think I did pretty well. I met my goals most of the time and I [inaudible] and I never got in trouble for those.

Speaker 1: What would happen if there was a goal that you didn't meet?

Speaker 2: We would talk about it and see if we needed to change the goal so it could be met.

Speaker 1: Okay. So it was kind of like [inaudible] you were able to kind of able to work within, they were working with you.

One participant who was dwelling in a TH program during the COVID-19 lockdown highlighted the challenges of program rules in that unique context, with programs enforcing isolation in

order to protect the health of residents, but with those rules recreating previous abusive or traumatic experiences. She shared:

It's kind of difficult staying in an environment for so long. You have a lot of emotionally damaged women. They'll attack each other through their hurt. It's really hard also because they have very strict rules and my so wasn't adjusting very well. It's kind of hard when your kids older like that. The emotional aspect of it. Being away from his family and everything he knows and in this lock down facility.

I didn't go in there for housing. I went in there for protection. It was just a bonus that I did get housing.

-Survivor Participant

Survivors also shared about the aspects of the TH program, and their current housing, that contribute to their **feeling of safety**. Survivor 2 particularly noted that having a community around that was watching out for her (“*nosy people over here*”) made her feel safe because “*if there's an altercation, somebody would hear it and they would contact.*” Similarly, she appreciated the strict rules on access to her (single site) TH program home, stating:

“I know that can't nobody get in there... So you can't even order a pizza or anything that could... [inaudible] A girl ordering a pizza. When I say that they do not give out the address, that's really what they mean.”

Survivor 4 also talked about rules related to access to the home impacting her sense of the program’s concern for her safety, stating:

One rule that we did have to... They were very, very, very concerned about who visited. They were like too much that they do wanted to bring gifts, because they were, “Okay you got the community.” I was still married at the time. “You are still very unsafe, because we don't know where your ex-husband could be. He could be following you, you know. So, please can you just leave it with a friend until you get to your home so that you can be safe? We want to be sure that it's only you, get to your home peace”. So, that was the rule that was in the community, that we could not... We could bring friends here, yes, but I guess, how do I put it? You cannot just go alone in the room [inaudible]. They were just checking with cameras [inaudible]. What if he's still out there? Please, be careful... they were trying to keep us safe.

Two different survivors noted that ‘quietness’ and being secluded were also welcome aspects of their housing (both in the TH program and after) that contributed to their sense of safety and well-being at home. Survivor 4 shared:


...it was in a very safe community. It was a gated community. It was very safe for me. The neighborhood was quiet like on my tiptoes. It was safe for me because it was gated. It was a community when... I don't know how to explain it. It was the perfect place and outside, you could take a walk and you could not hear nothing within a minute.

Comparatively, Survivor 5 described her home context this way:

But for where it's at as far as my cul-de-sac, it's nothing but military people, some elderly people. It's pretty quiet, so I like it for what it is, because my children can freely play outside. It's just there's some young people that are a little ways down the road, and they're trying to start up some mess, so that's about the only thing bad about the area. But the home in itself, I love it. I absolutely love it. It's plenty of space. I wish I had an extra room, but it's okay.

Similarly, another survivor, who transitioned in place from a TH program to paying her own rent, shared that having her neighbors know that she has been a TH program participant helps her feel safe. She shared:

My neighbors are great. The make-ready maintenance guy lives, I could have seen his balcony from mine, he looks out for me. If anybody's wandering around my apartment or outside my car, he lets me know. And they watch the cameras, because the office knows my situation. They know I'm with [Agency] so they keep an eye out.



It was welcoming. And then I knew I was going to be all right

-Survivor Participant

Another survivor shared that, while living in community has challenges, the ability to establish routine in TH contributed to her sense of safety. She shared:

It was a secret location where nobody could find me. I felt safe even though I wasn't like the best environment, I felt safe and it was a routine every day. That helps me stay grounded and not get lost in my own emotion.

Survivors also reflected on the role of **stability**- both **housing stability and emotional or personal stability**- on their journey through and out of the TH program. Where participants were planning on moving in the next year to two years, the reason was generally related to improvements in their economic and personal situations that allow them to afford nicer or more spacious accommodations. This was described by Survivor 4, who shared: *It's getting small and I probably will move somewhere within the next year or two....[I feel confident that I'll be able to maintain this living situation because] I now have a full-time job now and I also work for my Mom and friends.* She went on to talk about the fact that she credits her current housing stability nearly entirely to her time in the TH program:

Right now, I'm independent, I pay my own bills, and it's because of them. Because, they took me to the banking program. They always bring somebody to come and teach about banking, about how to save money, how to be approachable in your own, to give room to independency. The route they teach in that group that they gave actually helped me, because right now I don't have a program, I've lived in this apartment right now by myself, I pay my bills and everything, I go to school, and it's because of them that I own this moment.

This idea that survivors feel confident in their current and future housing stability because of the economic empowerment and skills gained through TH programs came through across a number of interviews. Survivors shared:

I'm very confident, because I love to save. I want to save. I've learned the money that I make with my work, I've learned to use it wisely. I don't misuse my money, I save it. I pay my bills correctly and right on time, and I think I'm comfortable. I've not had any problems for a year now, and I'm still moving on with my normal... Getting much better than even the year's been. I'm getting more better, yes.

They told me, "What could you like for yourself?" Because the work I did, I [want. And then they asked me, "Could you like to get some education so that you can get better pay?" And I told them yes, and they took me through, they asked me what I was passionate about. I told them how I wanted to be certified nurse assistant, and they took me through it. I went to school, I finished my nurse assistant program, and I came back again. They were always wanting to know what else I want to do. That's when I wanted to take another course and I got back, and I went back to nursing. They are always motivative, they always like working with me to make sure that I get independent.

It was welcoming. And then I knew I [inaudible] was going to be all right. [I got] a lot of support. Legal advice, definitely be... Budgeting, counseling.

Having a place to go for help with tangible resources was equally important. Resources like onsite food pantries, flexible funding, transportation vouchers, and childcare assistance were pointed to over and over as critical components of ‘effective’ TH experiences. One survivor who was asked about the most positively impactful components of their TH program stated “*I feel they provided all the assistance they could for me at the time.*” Another shared the litany of supportive services that she received along with housing- and that continue now after she has exited TH services. She credits their continuation with the stability she has been able to achieve post-TH. She shared:

I received crisis counseling, group counseling. I received the free therapy for my son, case management with everything, including help with CPS. They protected me a lot from CPS when I was there. That helped me a lot because they were harassing me to show up and divulge a lot of my information. They protected me. They were really good about confidentiality, especially with CPS. They made sure I knew my rights. They also gave me resources for once I exited, resources for food and household items. They gave me referrals...to get the household things that I needed. I think that's it.

Survivors also talked about the importance of TH programming and staff in developing their own **personal and emotional stability**. Survivor 4 represented what many survivors felt when she shared: *I'm able to feel confident that I can do this [maintain my housing] by myself. When I first went in, I was just too scared. The first time I just thought I could do it by myself and then it was really humbling ever like that you know, it's okay to ask for help.*

Another participant spoke directly to the positive impact TH program staff had on her mental



They've helped me regain my balance

-survivor participant

health and personal well-being, sharing:

They helped me regain my balance,

calm, all that anxiety I had when I first

joined them. I was alone, an immigrant with a child to take care of, and earning \$9 an hour.

Survivor 4 shared a great deal about how staff worked with her step by step to rebuild stability in her economic and emotional life:

They were really helpful in the sense that when I got to their shelter, I was really distorted that I could not even [inaudible] myself. I was so scared, and I was afraid of everything, I didn't know what to do. I was very mean and very sad, and everything was standing while on me until, I didn't know. So, the first thing they gave me was real counseling. I had a very good counselor who they knew what to do to help me get myself together again. My case manager too was very helpful, because when I got there I didn't have nothing at all. I didn't have no driving license, I didn't have no ID, but they took me through all to get all my stuff together. Like, okay, so you don't have a driving license, you don't have no ID, let's get started okay. My case manager helped me through to get my ID. And, then after that my counselor was working with me every single day, because I was very emotional. I could not stop crying every day. It was very, very, very, very hard for me. A very hard time for me, but they worked with me very closely. When I take my test to get out, they helped me. They showed me where I could look for a job, because I'd never worked in this country before. So, they gave me directions on how to get myself on my feet. They told me where to get jobs where they're hiring through their system, their small computer in there.

Another frequent refrain related to factors that impact financial and personal stability is the challenges posed by transportation, whether that be barriers created by lack of access to public transit, housing program location. Participant 5 shared about the challenges of having an old car, and also that the TH program she worked with helped her address them with financial assistance.

She said:

The car's broken, barely making it through... My car has always been a problem. That was first the car I got when I moved here, and it is older than Methuselah. That has always been my problem, but I've managed to make it work. The first time it broke, the heating stopped working, and we were already in winter. My son and I had to leave around 5:00 AM, and they helped me fix my car.

A final area of discussion that emerged naturally across the interviews with program participants related to the challenges and experiences of parenting and supporting **children** while going through a TH program. Parenting in a communal setting with people you didn't necessarily choose to be in community with was a major challenge for Survivor 3. She said:

As I've told you, it gets harder if you have a child because there are other children there as well, and they fight. Without a space of your own, it is hard to keep him safe, very complicated, but in spite of all that, I thank God because it got me back on my feet.... there were other kids with different personalities, different lifestyles, they were very different from us. I've always been pretty strict with my son, and he has always behaved, but when the other kids would come, they behaved so bad that the only thing left was for them to start hitting their mothers. My son was suddenly exposed to those things, but I think he's been very strong because you know bad behaviors get easily stuck, more than the good things. They would always help him as well. He's also received psychological support. What else? If he needed his notebooks or a backpack, they would cover all those things. They've spoiled him too much.

Another survivor talked about disagreeing with the parenting philosophy of the TH program and other mothers living within it. Survivor 5 said:

People don't always take me seriously, so I have learned how to do this, what I call the daddy voice with my children. Because I have four boys and one girl, and I have to do something so they know I'm serious. I [inaudible] what I said, and I need you to listen to me. So they didn't agree with me basically ... I wasn't even shouting. I just was really loud and said it from my chest. They didn't agree with me doing that, but there were some people who were in there just whooping their kids, and I wasn't doing that. I don't have to do that. I can look at my kids, and they'll get in line. But that kind of rubbed me the wrong way, like I can't just not discipline my kids. Because there were kids that were in there with no type of discipline, and just all over the place, and they're not going to help you with your children. They're just going to be like, "Can you get your kids? Can you get your kid?" And I didn't want mine to be that way, but they wouldn't allow me to do what I felt like I needed to do for my children, because I understand my children better. Those were the only things.

Survivors were also asked to respond to a series of open-ended questions at the end of the web-based survey instrument. Survivors shared that help with basic needs, encouragement and

goal setting, and a quick transition to a new home were among the most helpful parts of the TH program. Challenges related to interpersonal dynamics- with program staff and with other program participants- were highlighted across the board as the most challenging or least helpful parts of the program. When asked to reflect on any services that they needed during their time in TH, that were not available, no survivors had any services to suggest. Similarly, they responded very positively when asked to reflect on how TH programs could improve their services to survivors like them. Most survivors responded positively, or noted that they couldn't think of anything. One survivor shared the following suggestion:

A little bit more resources for people with disabilities and people with mental problems. I have a hard time talking to people about my disabilities and we had trouble at the beginning since I didn't talk to them about it. Once I talked to them about it they helped me. But at first I didn't want to tell them I couldn't read or write and I have short term memory loss so it would have been better if they helped me with that at the beginning

Across the board, survivors were thankful for the experience, and acknowledged how hard it is to build and maintain stability after IPV. Two final reflections illustrate both the challenge and the gratitude that survivors expressed:

As I've told you, I'm extremely grateful. To get something good-- In other words, good things have a cost. You need a lot of courage, patience, and hope to be able to endure it because you need to have, as we say in my country, I don't know if it might sound vulgar, but you need to have the tenacity of a boar to be able to spend so much time with so many people who come and go. (Survivor 4)

There's not been a day that I don't care for being with them, because they were there always for me. Even right now, I just still care and I just call them, and I say that they were always there for me. It's a great place, community, that I really, really, really pray to God to bless the community and let go. It's a great heart. It's a great heart to have. A woman like me didn't have a place to go. I don't know how to explain it, I get emotional about it. (Survivor 5)

Staff Interviews related to COVID-19 Adjustment

Along with survivor interviews, eleven staff members at IPV housing programs in Texas reflected on adjustments due to the coronavirus pandemic. These staff all identified as women, and worked in both urban and rural programs, all of which had a TH program associated with the agency. Seven identified as White, 1 identified as Black, 1 identified as Asian, and two identified as Latina. Themes that emerged within these interviews included: a) the increased anxiety and stress of the moment- for staff as well as for survivors; b) the wide range of innovative strategies survivors and agencies are using to meet health and safety challenges in the context of COVID; and c) the increased role of technology in service provision in the current context, including in work with survivors in TH programs.

Increased stress for staff and survivors

COVID-19 has brought on new waves of stress and anxiety, with some dynamics uniquely impacting staff and survivors within IPV services. Staff report seeing increased prevalence and severity of violence for the survivors they serve, as well as anxiety related to the economic impact of the virus on agencies, and the health and safety implications of living through a global pandemic while working in communal contexts. One advocate, reflecting on changes she has seen since the onset, shared:

I'd say violence has increased. Stress has increased. The other thing is people feel more out of control in general as a nation, as a world, and then I think there's certain people who already are abusive. It's going to naturally come out this way unfortunately.

Along with increased prevalence and severity of violence, staff also pointed to funding anxiety and service limitations as major stressors, with one advocate stating:

Money's being cut off. So that alone is creating anxieties. And in our [housing program], because we're rural and we've had to be cautious about accepting people from [Large City an hour away], the overflows, everyone in [City] is full all the time, and we're not. So now we're fearful that our housing is going to get shut down, and it's been open for 20 years. So it's just the unease and the uncertainty, not knowing. But the HHSC saying,

"Well, we're going to be cutting funding and stuff," that's like, "Whoa, wait. Our numbers are up 300%, and you're going to cut funding? We have to hire people!"

There is also strong evidence in the current project that the pandemic has heightened the perceived risk of seeking housing help, particularly in programs that have communal living elements or which primarily place TH residents who come through an initial emergency shelter stay. For programs that place survivors via emergency shelter stays, advocates report that the risks feel especially heightened. As one advocate shared, *"It already takes a leap of faith for a survivor to come to shelter. So they were literally afraid to seek safe harbor at a shelter because of the virus. So that increases danger in a huge way."* Another advocate highlighted the complex web of risks that survivor navigate, and how COVID is adding yet another factor to juggle. She shared:

Anybody fleeing is hurting financially. The abuse is worse. I've seen a lot of survivors go back to their abusers while waiting for housing because of Coronavirus in large part. Or if they have a child with special needs, I think a lot of times they're the first to go back. Unfortunately, but they are afraid. They're like, "How do I hedge my bets between possibly getting Coronavirus in the program or just that increased control that agencies have to put in place in order to prevent Coronavirus or hedge my bets with my abuser?"

Innovating & Collaborating to Meet the Moment

Survivors and advocates are always innovating to meet new challenges and strategizing to address changing circumstances. Their responses to the coronavirus pandemic have not been different. Several advocates talked about an increased ability to be flexible and provide direct supports to survivors due to sudden access to unrestricted funds made available via the COVID response, private donations, or fundraising. Several agencies have reported working to quickly move survivors through shelter and into transitional housing programs- both by expanding the availability of rapid rehousing or voucher style services within agencies and by partnering with local housing authorities to move survivors into their TH programs. This serves to allay survivors' and staffs' fears related to the spread of COVID in communal living situations and

means that survivors are moving into more stable housing faster than pre COVID. One advocate shared: *[Partnerships allow an increased] supply of affordable, quality, safe housing. That kind of thing. [Survivors] don't want shelters. Even pre-Coronavirus they didn't want to be in the shelters, the survivors.*

Comparatively in programs where increased access to TH hasn't been possible as a strategy for moving survivors through Shelter, and where shelter capacity issues due to COVID social distancing have reduced access, advocates have shared their efforts to support survivors who are staying put. One advocate shared, in relationship to the many survivors on her waiting list for TH: *I...work with them on safety planning so that they can feel better because this is another thing. Even though some of them leave their partner, they're in housing and housing isn't open like it normally is. And so it's taking longer for people to get the appointments for housing to then move.* Another advocate spoke of the new challenges of moving into or out of TH during a pandemic, noting that visiting a potential home ahead of time, and ensuring its cleanliness and appropriateness, is more difficult now. She said:

I know for one person she's been trying to move since the pandemic and can't move because housing is not doing that right now, or where she's going to move to. Because now you have to see, okay, where am I moving? Is it clean? Is everything set up or do I have to bring things to make sure I feel comfortable staying there? So that's another aspect that a lot of people aren't thinking of.

Along with the flexibility needed to support survivors and manage transitions in the midst of upheaval, programs have also been making specific adjustments to their policies and procedures to enhance the health and safety of staff and survivors alike. One advocate talked about the shelter and on-site TH quarantine process:

We have them come, and 14 days that there was no contact. We talked through the phone and take care of their needs. Of course, food and everything. But in the beginning, they were also not allowed to go out and work. Because it didn't make sense to quarantine if

they were going out and coming in and meeting people. So that was also a very frustrating part for some of our clients, because they didn't get money.

While another talked about staffing shifts in an effort to protect survivors and staff, sharing:

“We're actually trying to not have people go to [shelter & TH site] who don't work [there]. For example, a few weeks ago, around July 4, we had to do skeleton crew for our [site] shelter because we had an exposure.”

Along with changes in staffing and program tasks, agencies have also worked hard to adapt to sanitation and cleaning processes. For example, one advocate shared:

In our physical office, we installed hand sanitizing stations and kind of the plastic shields. We also have increased cleaning insanely. We don't usually have enough people to just need to clean as much, but we have volunteers that come in each week and clean on top of the cleaning that we do each day.

Agencies are working to meet cleaning, sanitation, and health recommendations, with unique barriers including challenges getting supplies and personal protective equipment. One staff member talked about the challenges of securing supplies, as well as managing cleanliness in an environment which combines shared facilities and each participant having their own space. She shared:

We were also really challenged with maintaining cleanliness to the CDC recommendations. That was a challenge because, of course, cleaning products were not available widely. So here when we're supposed to be as clean as possible, we couldn't get anything because we weren't a medical facility. At that stage, they were limiting quite a lot of things to medical providers only, and of course the local stores were out of many, many things. The other thing is, I know our organization is not unusual in that we're heavily reliant on state and federal grant funding. State and federal grant funding tend to really target those direct program services, case management, advocacy, crisis counseling, and don't consider administrative expenses like the maintenance of the operating facility. Sometimes they're just not approved expenses at all, sometimes there's just less available for that. Sometimes you got to fight and really justify why it's needed, and so was not a tremendous amount of resource directed there. We were doing a lot of the house cleaning ourselves or asking participants to maintain their own homes, their immediate space that they were occupying. Then of course, you're reliant on everybody's cleanliness standards, which were different.

Agencies often have had to patch together strategies for meeting health and safety needs during COVID-19. One staff member shared how their strategies ranged from the individual (with staff paying out of pocket for some supplies) to calling in outside administrative help from the State to obtain certain supplies. She shared:

So we had to come out of pocket with hiring some outside cleaning services to come in and do a deep clean of the facility. We worked with our partners at the Department of Children and Families... who [were] able to get us both the PPE that was still limited at the time and then also the cleaning products and supplies that were in short supply. Disinfectant products and wipes and so forth.

Technology During COVID-19

Like many other sectors of society, the coronavirus pandemic has also revolutionized the role of technology in the day to day work of IPV service agencies, including TH programs.

Several programs described major, unexpected monetary outlays associated with upgrading hardware and software to support this change. With one program leader sharing:

We have spent tens of thousands of dollars on that. Sadly, obviously housing is housing. You can't offer shelter virtually. We've been doing safety planning over the phone. We've been trying to be more flexible with the times to when they can call. We've been a little bit more flexible also with our criteria to help them get in because...we also understand that in the pandemic you may just need immediate help. So we've just been trying to work a little bit more with whoever is on the other side of the line or screen.

Summary

This project sought to understand the barriers and facilitators to housing stability for residents after their time in domestic violence transitional housing programs, and to ascertain if there are urban/rural differences. While the small sample size of survivors obtained prevents generalizing, the multiple data streams collected and ability to triangulate across survivor, advocate, and agency data does provide an opportunity to reflect on these questions and point to potential hypotheses for future evaluation. Consistent with observations in previous systematic

reviews of the extant transitional housing literature (e.g., Bassuk, DeCandia, Tsertsvadze, & Richard, 2014), limitations in follow up and drop out make drawing conclusions related to the effectiveness of TH programming impossible. However, many of the dynamics observed in previous studies are also identified by participants in the current investigation. Importantly, every participating survivor reported that their **exposure to physical violence was reduced** since their participation in TH, and this was maintained in the 3-24 months past TH program exit. Further, the majority of participants also experienced sustained reductions in their exposure to emotional or psychological abuse since their participation in TH services. This also provides significant evidence for the critical role of TH services in the post-violence process for many survivors.

Along with reduced exposure to violence, a key desired outcome for all TH programs is longer-term housing stability. For these participants, **all are currently housed** in a residence that they are at least **'somewhat' satisfied** with, with five of those in their own apartment with subsidy assistance, and three living in their own home without subsidy assistance. Participants pointed to several challenges with their current housing that, in their opinion, could create future housing instability, including issues with the size of space available for their family, and access to transportation in their area. Participants had a **strong sense of their short term housing stability**, with most believing it was extremely likely they would still be in their current home in three months. However, due to economic uncertainty and unmet needs in their current situations, fewer felt certain about their medium to long-term housing stability, with few feeling confident in their housing one to two years in the future. This likely reflects rising housing prices and a general lack of affordable housing, combined with survivors being aware of the barriers they face due to the reverberating economic impacts of violence.

Urban/rural differences are difficult to parse in the current data- but what stands out is the similarities expressed across contexts. For example, while the particular dynamics of comprises ‘transportation barriers’ may vary from urban or rural settings, these were consistently indicated. A program in an urban area may face challenges with transportation scheduling, access to key resources, and the wide geographic area that a survivor may need to cover to get their needs met, which could be met with the effective use of ride-hail services. Comparatively, a rural agency may highlight that ride-hail programs are inaccessible to them, as drivers are unwilling to do pick-ups in their area. However, for those agencies, a car-share or similar program may be more effective. Similarly, identifying and accessing affordable housing- both as survivors engage with scattered site/subsidy-based TH programs and in the transition out of project based housing, was a challenge cited across settings. The collapse of the oil industry in west Texas may shift these realities in the coming months.

As stated in the Texas State Plan for family violence services, “Without increases of comprehensive housing resources beyond emergency shelters, such as housing vouchers, transitional housing, and rental assistance, the denials due to lack of space will continue to rise at a perilous rate” (TCFV, 2019). This is only exacerbated by the dynamics of the coronavirus pandemic which has limited shelter capacities due to social distancing requirements, causing survivors to be moved through and out of programs even more quickly. Expanding the number and geographic diversity of TH units available statewide could both reduce shelter and violence recidivism for individual survivors and families, enhance program outcomes, and make the IPV service sector more robust against future shocks such as natural, public health, or human-created disasters.

An important emerging trend from this study is the **comparatively short period of time** that survivors spend in domestic violence TH programs. Although only one of the participating programs has a length-of-stay cap at 12 months (and none is under 12 months), most programs report an average length of client stay at 12 months. Survivors also talked about the short duration of their ‘transition,’ both positively (e.g., I wanted to get on with my life) and negatively (e.g., I wasn’t ‘ready to launch’ yet). Similarly, when asked about program goals, agencies are focused on temporal goals (stability at exit rather than stability post exit), and many agency survey participants marked questions about follow up care as ‘not applicable,’ a further indication of the temporality of TH services. It’s important to note that, given that only 2 of the participating programs reported that they can accept most or all of the survivors who need TH services into their program at a given moment, the drive for shorter service length could be a strategy for addressing capacity and ensuring as many survivors as possible can access TH. This could be resolved with increased funding and greater program/unit capacity. Programs were also overwhelmingly new, most established in the past 3 years, and thus lacking a long history of service and exited survivors to build a knowledge base around. Further, program funding was highly transient, with several programs losing funding (or gaining new funding) over the course of the study period. **Permanent and sufficient funding sources are needed** to make long-term gains in survivor safety and stability outcomes.

Barriers to sustainable housing for survivors exiting Transitional Housing

Community conditions, such as rapid growth experienced in many areas of Texas over the past decade, also contribute to a lack of affordable housing and the difficulties agencies as landlords opt out of participation in social programs, including TH and section 8 programs (Jayasundara, Legerski, Danis, & Ruddell, 2018). These community factors limit both access to

TH for programs that depend on scattered site and subsidy based services, and the sustainability of housing for survivors after TH. Interestingly, this barrier crosses both urban and rural settings in Texas, as booms in urban areas (e.g., North and Central Texas) contribute to decreasing affordable housing options with access to transit and jobs, just as oil boom communities in otherwise rural areas (e.g., the Permian Basin) are seeing a reduction in available affordable housing. When speaking about factors that increased the likelihood of future moves, survivors identified home size and access to transportation as important considerations. For TH program advocates engaged in exit planning, considering these factors and ensuring that survivors exit into (or remain in/initially choose) housing that meets current and future needs related to size and access is critical for survivor stability long term. For participants in scattered site, subsidy based programs, survivors shared a sense that they were moving into TH while still in a moment of crisis (often only 30 to 60 days post shelter entry). Survivors may not be consciously thinking about the unit they are selecting as a long-term home, and could benefit from advocate guidance to help set them up for a positive transition-in-place experience at the end of their TH period.

Survivors had a lot to say about the **perceived and/or actual rules** they were expected to follow while in the TH program. Importantly, this is one area which the difference between shelter and TH was less clear to survivors, and some participants were clearly under the impression that rules that had been in place in shelter were still in effect in their TH units, *even where programs did not endorse those rules in the provider survey*, and even where TH units were in a scattered site rather than center based configuration. Participants discussed required meetings with staff, limits on visitors, and curfew restrictions which are not reflected in staff endorsed program rules. Interestingly, while survivors consistently identified and spoke about program rules, many fewer rules were endorsed by program staff. It is possible that there is a

disconnect in communication between staff (who believe they are making recommendations or encouragements) and survivors (who hear that feedback as a ‘program rule,’ possibly based on their experiences with other social services over their life course). Because TH programs are operating in the context of survivors’ previous experiences with social services, being particularly explicit about these sorts of distinctions could enhance survivor centered practice, enhance trauma-informed care, and reduce the perception of rules where they don’t actually exist. Clear delineations between shelter and TH programs, including explicitly naming rules which are and are not transferred over, may also be helpful, as many survivors were under the impression that shelter rules still applied in TH.

Facilitators of sustainable housing for survivors exiting Transitional Housing

Survivor centered care is clearly central to promoting housing stability. Building rapport and trust, recognizing that survivors are managing a wide variety of challenges at once, and engaging in survivor led goal setting and planning are all critical components of survivor centered practice, and each aspect of this practice came through in the description of services provided by study participants (Davies & Lyon, 2014). This form of service is based in feminist, empowerment approach, and focuses on the individual needs of survivors, recognizing the multiplicity of batterer generated and life generated risks that each survivor faces (Davies & Lyon, 2014). This form of practice encourages a joint goal setting, with survivors in the driver seat, and an emphasis on partnership between the survivor and advocate (Goodman, et al., 2016). Given that the available research on advocacy models identifies survivor centered approaches as effective in both supporting the emotional and social needs of survivors, this finding is encouraging (Allen, Larsen, Trotter, & Sullivan, 2013; Bybee & Sullivan, 2002; Goodman et al., 2016).

A key companion to a survivor centered approach is a trauma-informed care (TIC) framework for services. Many advocates indicated an awareness of the basic components of TIC, with congruence around the role of rules reduction in increasing survivor empowerment and choice. One advocate specifically identified a recent TCFV toolkit as transformational for her understanding of TIC. TIC also underscores the importance of placing individual traumas in the context of historical and cultural oppression and trauma, naming the ways that intersecting identities, including gender, race/ethnicity, and sexual orientation influence individuals' meaning making around their own traumatic experiences (SAMHSA, 2014), are imperative. Further entrenching the principles of TIC, including prioritizing survivor and staff perceptions of safety within the TH program; enhancing organizational and program transparency; implementing peer support and survivor led programming; continuing to build collaborative and empowerment environments; and underscoring voice and choice in survivors' paths through services, will further enhance survivor outcomes post-TH (SAMHSA, 2014).

Both advocates and survivors identified **access to (other) subsidies** as an important factor in housing outcomes. Support in accessing housing subsidies, including Section 8 vouchers and other long-term housing supports, is an important function of TH and contributes to a sense of residential stability going forward. While programs may not have the ability to determine when subsidies or vouchers become available, being able to capitalize on windows of opportunity for as many survivors as possible is an important contribution. Being able to bridge differences between current and future subsidy access is also an important aspect of TH programming, ensuring that survivors and their families can maintain housing stability while waiting for future support. One program director in the focus group described how their agency quickly pivoted to a singular focus on getting clients onto the Section 8 list in the few weeks the

list is open in their community every several years. They have a system in place, and keep abreast of needed documentation and resources (e.g., each applicant needs a unique e-mail address, which they help clients set up specifically for this purpose) so that when a window opens, they can link as many client as possible with that resource during its availability in an ‘all hands on deck’ scramble.

Along with access to subsidies where available expanding access to **flexible funding** is a critical potential facilitator of survivors’ outcomes going forward. Survivors and advocates spoke to specific examples of short term emergencies that, if addressed, could be overcome with flexible funding, but which could turn into long-term barriers to housing stability without small, quick injections of cash support. Sullivan, Bomsta, & Hackaylo (2019) identified this as a promising practice for maintaining survivor housing in situations where survivors are not in need of more extensive supports. This could also be the case for survivors who have exited TH programming and are generally stable, but who can still experience short disruptions which have an outsized impact on their stability because of the precarity of their situations. Sullivan et al (p.1, 2019) argue:

While some IPV survivors require extensive and possibly long-term assistance to achieve safe and stable housing (especially if they are contending with multiple complex issues), others could avoid homelessness if provided with immediate, individualized, and flexible assistance. For these survivors, whose housing has been otherwise stable but who face homelessness because of a crisis related to IPV, a brief intervention that includes flexible funding can restore a family’s equilibrium and prevent the devastating repercussions associated with homelessness. A longitudinal evaluation of a flexible funding program in Washington, D.C., found that this brief, relatively inexpensive intervention may increase housing stability—94% of clients were housed 6 months after funding was received.

Increasing **access to services post-TH** is an important component of furthering the efficacy of TH services in supporting long-term housing and safety stability. This may partly be

a issues to be addressed through increased post-TH communication, as many more services expressed that they offered follow-up services than survivors reported being involved in or aware of follow up services. Many (but not all) programs offer continuing services- maintain links were critical for survivors who were still in contact with services, many others could benefit from follow up care, especially given the comparatively short time participants were engaged with services. Of particular importance is the fact that seven of the study programs provide **emergency financial assistance** during the TH period, while only 3 have follow up funds available to help bridge short term income losses or address crisis situations which might otherwise send a survivor back to shelter. One potential approach, if agencies are unable to support additional services, is for the state to combine financial resources for post TH families in country, region, or state level pools. Survivors identified a need for financial assistance post-TH to address short term barriers that could plunge them into housing precarity again. Small levels of assistance on the front end (and clear communication about how to access it quickly) could be a significant contributor to increasing stability for survivors going forward. Similarly, survivors identified help with **transportation** as a major support during and after TH, and agencies reported more availability of that support in the TH period than post TH. While some urban agencies had access to transportation support including ride-hail vouchers and public transportation assistance, rural survivors and staff reported serious challenges across the board with transportation, and few services were available post-TH. For survivors seeking to maintain support after the cessation of TH services, stable transportation is deeply needed.

In the short term, responding to COVID-19 and seeking to stabilize program staff, funding, and survivors will necessarily be a central component of IPV housing work. This project revealed that programs are quickly making changes to implement public health guidance,

including moving survivors into TH as soon as possible in order to maximize shelter capacity. It also revealed considerable occupational stress for advocates and agency employees. Programs seeking to address shelter capacity challenges through faster transition into TH programming should keep in mind that this should be paired with increased staffing to meet the needs of survivors while maximizing the well-being and efficacy of the IPV services workforce.

Implications for future research. First and foremost, this project highlights the challenges in doing work with survivors' post-services and indicates the importance of engagement prior to program exit for effective longitudinal outcomes evaluation. Going forward, enough time should be allocated to for evaluation that participants can be recruited into outcomes evaluations while they are still engaged in services, and then followed by the study team (using research engaged strategies including constant contact and mobile data collection) over time rather than asking agencies to recontact previous service recipients. The large number of potential contacts who were lost to follow up because their contact information at the agency was out of date points to the importance of this approach. This approach is time and funding intensive, requiring a fairly large team and considerable staff time, but the results- including those expected from upcoming work partly based on the preliminary findings of this project, will be incredibly valuable.⁵

Along with informing future research methods, this project highlighted several areas for future evaluation. Work should also seek to validate many of the barriers and facilitators identified by this research, including the potential of post-TH engagement and flexible funding to

⁵ A major contribution of this project is that its preliminary data provided pilot findings to justify the *Safe Transitions* project, which has been funded by the Office on Violence Against Women in the U.S. Department of Justice for a 5 year longitudinal study of TH survivor outcomes. *Safe Transitions* will launch in March 2021, and is funded at a level to allow the time and funding intensive follow-up and engagement strategies that will create a high quality data set with a difficult to follow population. This multi-state research project includes Texas as a key partner location, and will provide the first comprehensive, longitudinal look at IPV specific TH services across states and TH types (e.g., project based vs. scattered site).

increase housing stability in the long-term, the impact of survivor centered services on outcomes over time, and the role of affordability and transportation as major community level limiting factors for long-term stability. An important understudied aspect of TH services is the impact of TH on the children and youth dwelling in TH with their survivor-parents. Future work should investigate the role of TH on factors including child development, academic stability, physical and emotional safety, and mental health impacts for these children and youth, as well as the role of TH on survivor parenting self-efficacy and child welfare outcomes.

The majority of study participants followed a ‘traditional’ route into services- starting with emergency shelter, then moving into a TH program within a year of their shelter stay. Some went directly from shelter to TH, while others faced a period of time on a waiting list post-shelter, before a TH unit became available. The impact of different routes to and through IPV housing on survivor outcomes and needs deserves further attention, as does the development of strategies aimed at circumventing shelter altogether. Options that provide housing support without a required (or assumed required) shelter stay may make IPV housing a more attractive or ‘acceptable’ intervention and provide an important expansion to a survivor centered and voluntary service model. Future work should seek to understand any program modifications that would support survivors moving direction from living with an abusive partner to living in a TH unit (for example, enhanced safety measures, moving support that considers the unique dynamics of moving out of an abusive context, enhanced supports for children related to trauma or academic disruption).

Gaps identified between survivor and staff understanding or articulation of program rules and standards also highlights the importance of continuing process evaluation along with the evaluation of program outcomes. There are clearly aspects of TH program structures which are

not understood in the same way between advocates and program participants. As agencies continue to emphasize a voluntary and survivor driven model of services, ensuring that this translates into the day-to-day experiences and understandings of program participants is critical.

Housing services are a central component of any economic justice initiative, and economic justice can only exist in the context of racial and immigration justice. Addressing racialized discrimination within local rental markets is also critical to ensuring survivors have equitable access to safe housing. Future work should examine the extent to which BIPOC survivors and immigrant survivors in subsidy/scattered site model programs are facing unique barriers related to racialized discrimination in rental markets. As articulated in the Texas State Plan, “work with underserved communities should include their input in the planning, implementation, and evaluation of the program’s success [and] risk assessments should include culturally specific information.”

Given ongoing program shifts in response to the coronavirus pandemic, continued process and outcomes evaluation is clearly called for, as work one previously may miss many of these important innovations. Increased emphasis on virtual services means that specific attention should be paid to these innovations, especially given the potential safety risks inherent in virtual services. Future projects could examine organizational preparedness and needs related to virtual services, as well as the impact of virtual vs. in-person, as well as identify core fidelity indicators of efficacious IPV virtual services.

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APPENDIX A: Advocate Focus Group Protocol

Staff Focus Group Guide

Thanks for coming today. We are here to discuss the outcomes and challenges of transitional housing programs for survivors of domestic violence. Before we begin, I want to remind everyone that participating today is totally voluntary, and that choosing to participate or not will have no impact on you or your agency. This session is being audio recorded. We will be using these only for making the transcripts, which will not contain your names. After that, the audio files will be destroyed. Does anyone have any questions? I have a series of questions that I'd like you all to discuss together. Let me give you a few quick ground rules for the group. First, everyone's opinion is valued and it's OK to disagree with each other or with us. We are very interested in hearing about all points of view. I'd like to ask everyone to commit to maintaining the confidentiality of all group members after the group is over.

Does anyone have any questions?

What aspects of your approach or philosophy do you think are the most important in contributing to the program's success at helping survivors find permanent, safe, housing?

What services are used most by families while they are in your program?

What services are used most by families during the follow-up period after they leave your program?

How can transitional housing programs best balance the need for structure and expectations with survivor agency and autonomy?

Can you think of a time when that has gone well at your program?

What are the outcomes you see when this is going well?

Can you think of a time when it has not gone well?

What did you observe then?

If you could design a program from scratch without funding, regulatory, or administrative barriers, what would it look like?

So far, we have found <insert key aggregated findings from survivor interviews>. Does this align with your experience in the agencies that you work in? In hearing that, do you have anything to add?

APPENDIX B: Program Survey

Thank you for your agency's participation in this project! We are excited to be able to build knowledge that will benefit survivors of domestic violence and their families. We would like to know a little more about your program so we can more fully understand the experiences of survivors and their families. Please have someone at the agency who is familiar with the transitional housing program services complete this questionnaire (for example, the transitional housing program director or lead advocate). If your agency has more than one transitional housing program, please fill this questionnaire out individually for each program.

Program Profile

1. Agency Name:
2. What month and year did this TH program open? Month_____ Year_____
3. Total number of families currently served in the TH program:
4. Maximum number of families served at one time by the TH program:
5. (if applicable) Number of Units: Number of Beds:
6. Program Type (please indicate the description that is the CLOSEST match to your program):
 - a. Agency/Program Owned or Managed Units:
 - i. Scattered Site (no more than one or at most a few project units in a building; includes one-unit buildings)
 - ii. Clustered-scattered (project owns two or more small buildings, no more than 6-8 units, all units occupied by participants, buildings usually on different blocks).
 - iii. Single site, dedicated building (project operates in one building, with many units, all occupied by participants)
 1. Each family occupies a unit/apartment
 2. Two families share a unit/apartment
 3. More than two families occupy each living space (Please specify configuration, e.g. 'we have two four bedrooms': _____)
 - b. Non-agency/program owned or managed units:
 - i. Scattered site, participant identifies site (with support from agency), agency pays full rent for duration of program
 - ii. Scattered site, participant identifies site, agency pays fixed portion of rent for the duration of program (If yes: what percent does the survivor pay?)
 - iii. Scattered site, participant identifies site, agency pays portion of rent in step-down fashion (% 100, %75, %50, etc), over the duration of the program. (if yes: duration and scale:_____)
 - c. Other: please describe
7. Do families need to move to another residence once they finish your program, or can they take over the lease for the unit they lived in while in your program?
 - a. Need to Move
 - b. Transition in place (no need to move)
8. What criteria are in place to indicate who can be accepted into the program? Are there any groups that are prioritized for TH services (e.g., undocumented survivors, those with criminal justice history, etc.) (short answer box)

9. What are the most frequent sources of referral to the program? (short answer box)
10. Of the technically eligible people who approach or are referred to the program, about how many can the program actually accept?
 - a. We accept most or all
 - b. We accept about 3 out of 4
 - c. We accept about half (1 out of 2)
 - d. We accept 1 out of 3 or fewer
 - e. Don't know
11. What is the program's maximum length of stay? _____ Days or _____ months
12. What is the approximate average length of stay? _____ days or _____ months
13. What proportion of participants leave the program within:
 - a. 1-3 months of moving in
 - b. 4-6 months of moving in
 - c. 7-9 months of moving in
 - d. 10-12 months of moving in
 - e. 13-18 months of moving in
 - f. 19-24 months of moving in
14. What is your program's definition of a 'successful' exit?
15. Based on this definition, what proportion of families leave the program 'successfully'? _____%
16. Please indicate the program's staffing levels:
 - a. Number of full time staff
 - b. Number of part time staff
 - c. Number of FTE

Program Policies and Procedures

1. Please check all that are true for your program, Do participants...
 - a. Have a key to their own space
 - b. Have a written agreement stating their rights related to length of stay, and their obligations related to that stay
 - c. Have common space
 - d. Have staff people available 24/7 (If yes: Onsite or via phone?)
 - e. Have staff people available at least 9-5 during work days?
 - f. Access to entry at all times
 - g. Space for children to play
2. Please describe your expectations for tenants with regard to money. Check all the are true for your program
 - a. Tenants are charged a percentage of their income as rent or fees
 - b. Tenants are expected to pay back rent or fees over time
 - c. Tenants are not charged for rent
 - d. Tenants are encouraged to save a percentage of their income monthly
 - e. Tenants always manage their own money

- f. Tenants are expected to pay their own utilities
 - g. Tenants are expected to pay the following utilities_____
 - h. Other (please fill in:_____)
3. Please describe your program’s rules and expectations for participants (check all that apply):
- a. No use of alcohol on the premises/in their unit
 - b. No use of alcohol off the premises/out of their unit
 - c. No use of illegal substances on the premises/in their unit
 - d. Not use of illegal substances off the premises/out of their unit
 - e. No verbal abuse of other participants or staff
 - f. No physical violence or abuse of other participants or staff
 - g. No engaging in criminal or illegal activity on the premises
 - h. No engaging in criminal or illegal activity off the premises
 - i. Must not have visitors (family/friends who are not residing in the unit) on the premises/in the unit
 - j. Must return to the unit by curfew
 - k. Must not have an intimate partner on the premises/in the unit
 - l. Must not provide the location of the unit to friends/family not residing there
 - m. Must not provide the location of the unit to an intimate partner
 - n. Must be employed and/or looking for work
 - o. Must attend the following services:_____
 - p. Other rules/expectations for participants:_____
4. What would lead you to ask a family to leave this TH program before they had successfully completed the program?_____

Program Services

What services are available to participants during their time residing in program housing (some may be provided by the same individual or constitute a single ‘service’ within the agency)

	Within the TH Program	Offered at the Agency, not within the TH program	Offered at local partner agency	Not available in our context
Advocacy/Case Management (referrals, assistance with benefits)				
Build support systems (helping develop community within the program, engaging with external supports)				

Basic Needs (food, clothing, transport)				
Mental Health (counseling, therapy, medication/management)				
Physical health care (chronic and acute care)				
Substance Use Intervention				
Employment assistance (job search, resume, vocational training, job placement)				
Legal support (orders of protection, divorce, child custody, accompaniment)				
Help accessing benefits (TANF, CVC, Medicaid, etc.)				
Budgeting and money management				
Children's counseling or parent/child counseling				
Emergency financial assistance				
Childcare				
Immigration remedies				
Lifeskills Support				
Help with transportation				
Help with vehicle repair, maintenance, and/or learning to drive				

Does your program or agency provide continuing services after a family has left the TH program?

Is there a set length of time during which families receive TH follow up services after program exit?

If yes, how long _____ months

What services are available to participants after their time residing in program housing (some may be provided by the same individual or constitute a single 'service' within the agency)

	Within the TH Program (part of program follow up)	Offered at the Agency, not within the TH program	Offered at local partner agency	Not available in our context
Advocacy/Case Management)				

Build support systems (helping develop community within the program, engaging with external supports)				
Basic Needs (food, clothing, transport)				
Mental Health (counseling, therapy, medication/management)				
Physical health care (chronic and acute care)				
Substance Use Intervention				
Employment assistance (job search, resume, vocational training, job placement)				
Legal support (orders of protection, divorce, child custody, accompaniment)				
Help accessing benefits (TANF, CVC, Medicaid, etc.)				
Budgeting and money management				
Children's counseling or parent/child counseling				
Help identifying appropriate housing				
Housing stabilization fund (emergency assistance to maintain housing)				
Emergency financial assistance (other than to maintain housing)				
Childcare				
Immigration remedies				
Lifeskills Support				
Help with transportation				
Help with vehicle repair, maintenance, and/or learning to drive				

Short Answer Questions:

What aspects of your approach or philosophy do you think are the most important in contributing the program's success at helping survivors finding permanent, safe, housing solutions?

What three services or types of services are used most by families while they are in your program?

What three services, or types of services, are used most by families during the follow-up period after they leave your program?

If any, what other types of housing are provided at your agency (e.g., emergency shelter, transitional housing for other groups, etc.)?

Do any housing programs provided by your agency feed into or out of the transitional housing program (e.g., emergency shelter feeds into transitional housing?)

What other entities refer or link to this transitional housing program? (e.g., housing authorities, other community housing, other domestic violence service agencies?)

What elements are present in housing units to enhance survivor safety while they are participating in the transitional housing program?

What one service would you bring that you do not have?

What is a survivor's biggest barrier to long-term stability in housing?

APPENDIX C: Survivor Survey

<Consent Form as approved by UTA IRB with an option to accept or decline>

This is an anonymous survey aimed at understanding your experiences as a participant in a transitional housing program for survivors of domestic violence in Texas. This project is to help improve services for domestic violence survivors across Texas, and your input as someone who has participated in a program is a very important part of that process. Your personal information will never be shared with any programs as a result of this project.

First, we would like to ask a few questions about you.

Demographics

1. Age (in years)
2. How would you describe your gender?

Female	1
Male	2
Non-binary/third gender	3
Prefer to self-describe as:	4
Declined to answer	99

3. Do you identify as transgender?

Yes	1
No	0
Declined to answer	99

4. What is your primary language?

English	1
Spanish	2
Chinese	3
Urdu	4
Vietnamese	5
Arabic	6
French	7
Tagalog	8
Russian	9
Alaskan Native (Please specify: _____)	10
Other (Please specify: _____)	11
Declined to answer	99

5. What is your race or ethnic background? (Check all that apply)

African American/Black	1
African	2
Asian/Asian American	3
Cambodian	4
Chinese	5
Japanese	6
Korean	7
Filipin@	8
Indian/South Asian	9
Vietnamese	10
Hispanic/Latin@	11
Multiracial	12
Native American/American Indian	13
Native Alaskan	
Native Hawaiian/Pacific Islander	14
Middle Eastern	15
White/Anglo-American	16
Other: _____	17
Declined to answer	99

6. What is the highest level of school you have completed so far?

8th grade or less	1
Between 9th - 12th grade	2
High school graduate	3
GED	4
Vocational school/training certificate	5
Some college	6
Associate's degree	7
Bachelor's degree	8
Advanced degree	9
Declined to answer	99

7. Are you attending school or working on a degree right now?

Yes	1
No	0
Declined to answer	99

8. What is your employment status?

Employed, working 41 or more hours per week	1
Employed working 30-40 hours per week	2
Employed working less than 30 hours per week	3

Employed seasonally	4
Not employed, looking for work	5
Not employed, NOT looking for work	6
Retired	7
Disabled, not able to work	8
Declined to answer	99

9. How many children do you have?

(IF < 0, ages & do they reside with you)

10. How many times in your lifetime have you been homeless *due to domestic violence*?

Never	0
Once	1
Twice	2
Three times	3
Four times	4
Five or more times	5
Don't Know	77
Declined to Answer	99

11. How many times have you been homeless *in your lifetime for any reason*?

Never	0
Once	1
Twice	2
Three times	3
Four times	4
Five or more times	5
Don't Know	77
Declined to Answer	99

12. What is the name of the transitional housing program that you participated in most recently <drop down menu of participating programs>?

13. During what time period did you live in housing supported by that program?

<Participants will be given month/year calendars to fill in for program entry and exit>

14. Where do you currently live (town or city is your mail addressed to)? _____

15. How would you describe your sexual orientation?

Heterosexual	1
Lesbian/Gay	2
Bisexual/pansexual/queer	3
Questioning/unsure	4
None of these describe me accurately - I identify as:	5
Declined to answer	99

16. How long did you wait to get into the transitional housing program? ____ months

17. How did you get access to housing when you entered <program>? (check all that apply)

I found the place I wanted to live on my own (without help from <Program>	
I moved into a facility owned by <program>, where I was near other <program> participants (for example, my apartment was in a building with other <program> apartments).	
I moved into a facility owned by <program>, and I was not near other <program> participants (for example, my apartment was the only <program> apartment in the building)	
<Program> helped me find a place to live	
I was given a choice of <program> owned housing or finding my own housing	
<Program> found housing for me, I was not involved in picking it	
<Program> paid for my rent at a location they did not own	

18. As you were moving into your time in <program>, please indicate what services or supports you received to help with your transition (check all that apply):

Help affording deposits or utility connection fees	
Help with transporting furniture or belongings	
Help with other logistics (school enrollment for children, change of address, etc.)	
Help with legal issues (changing addresses on a protective order, changes to visitation or custody arrangements)	
Help with getting furniture and household items	

19. As you were ending your time in <program>, please indicate what services or supports you received to help with your transition (check all that apply):

Help locating new housing	
Help affording deposits or utility connection fees	
Help with transporting furniture or belongings	
Help with other logistics (school enrollment for children, change of address, etc.)	

Help with legal issues (changing addresses on a protective order, changes to visitation or custody arrangements)	
Help with getting furniture and household items	

20. Where are you currently living?:

1. Emergency shelter
2. Transitional housing
3. Foster care home or group home
4. Hospital (non-psychiatric)
5. Hotel/motel paid for without emergency shelter voucher
6. Owned by yourself
7. Permanent housing for formerly homeless persons (such as SHP, RRH, etc.)
8. Place not meant for habitation (i.e. vehicle, abandoned building, etc.)
9. Psychiatric hospital or other psychiatric facility
10. Rental by yourself, with housing subsidy
11. Rental by yourself, without subsidy
12. Staying/living with a family member
13. Staying/living with a friend
14. Substance abuse treatment facility or detox center
15. Other

21. How many people are currently living with you?

22. <if more than 0> What is your relationship with the people with whom you are living (check all that apply)?

Yes		How Many?
	Your children	
	Someone else's children	
	Your spouse	
	Your boyfriend/girlfriend/partner	
	Your parent	
	Other relative	
	Friend	
	Other (Specify) _____	

23. Have you and your family been living at the same place since ending your time in _____ transitional housing program?

Yes	1
No	2

IFYES: Skip to question # 27

IF NO:

24. How many different homes have you and your family lived in since ending your time in _____transitional housing program?

25. What types of housing arrangements have you lived in since ending your time in _____transitional housing program (check all)?

1. Emergency shelter
2. Transitional housing
3. Foster care home or group home
4. Hospital (non-psychiatric)
5. Hotel/motel paid for without emergency shelter voucher
6. Jail, prison, or juvenile detention facility
7. Owned by client
8. Permanent housing for formerly homeless persons (such as SHP, RRH, etc.)
9. Place not meant for habitation (i.e. vehicle, abandoned building, etc.)
10. Psychiatric hospital or other psychiatric facility
11. Rental by client, with housing subsidy
12. Rental by client, without subsidy
13. Staying/living with a family member
14. Staying/living with a friend
15. Substance abuse treatment facility or detox center
16. Other
17. Refused to answer

26. How satisfied are you with the place you are living now?

	Very dissatisfied	Dissatisfied	In between	Satisfied	Very satisfied
The amount of privacy you have here					
The condition or state of repair of your home					
The amount of living space you have					
How safe your neighborhood is					
The safety and security of where you live					
The opportunities you have to socialize where you live					
How affordable your home is					
Overall, how satisfied do you feel about living here					
Your ability to get to places you need to go from your home					
<If they have indicated previously that they have children> How well the space works for my children					

Housing Affordability

27. Do you currently have income from any of the following sources (please check all that apply)

Wages	
Tips	
Childcare Subsidies	
Housing Subsidies	
SSDI	
SSI	
Child Support	
Spousal Support	
SNAP	
TANF	
WIC	
Investment Income	
Pension	
Other (source:_____)	

- 28. IF ANY ARE ENDROSED:** What is your approximate monthly income?

IF No: Skip to number 33

29. About what percentage of your family's monthly income (from all sources) do you spend (out of pocket) to pay for rent or mortgage at your current home?

0-20%	1
21%-40%	2
41%-60%	3
61-80%	4
81%-100%	5

30. Housing security scale

Frederick, T., Chawalek, M., Hughes, J., Karabanow, J., & Kidd, S. (2014). How stable is stable? Defining and measuring housing stability. *Journal of Community Psychology*, 42(8), 964-979.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My current accommodation is only temporary, even if I wanted to stay					
I get along with the people I live with and they are reliable when it comes to paying bills and meeting expectations (choose 5 if you live alone)					
Where I live has subsidies, workers, or specific policies that help me to maintain my housing					
In the last 6 months, I have had a history of maintaining my accommodation and I have not been evicted					
I am settled in my place, and know what to expect about living here					
I follow my landlord's rules (choose 5 if you do not have a landlord)					
I feel confident about being able to pay my housing bills on time					
I have been performing to a satisfactory level at work, home and/or school					
Drugs and alcohol are a source of conflict in my personal relationships					
I have legal troubles that may interfere with my ability to adequately maintain my housing or fulfill my personal responsibilities over the next 6 months					
I am satisfied with my current housing					
Overall, my life feels stable to me.					

31. Since ending your time in the ____ transitional housing program, have you lived in overcrowded housing (doubled up, living with more than one family?)

Yes	1
No	2

32. Since ending your time in the ____ transitional housing program, has there been a time when you/your family were/was unable to pay rent/mortgage, or had to forego paying another bill to prioritize paying the rent/mortgage?

Yes	1
NO	2

33. Since ending your time in the ____ transitional housing program, has there been a time when you/your family were/was unable to pay for utilities such as electricity, heat, or water?

Yes	1
NO	2

34. <IF YES to either of the last 2> Did you get any help when you were not able to pay your bills?

Yes<if yes, from where>	1
NO	2

How much more money a month would alleviate your stress and allow you to comfortably pay your bills?_____

IF YES: From what sources have you received help?

Family or Friends	1
Church or religious group	2
The TH program or the agency that supports it	3
Another DV program	4
Another housing program	5
TANF/Welfare	6
Utility assistance	7
Crime Victims Compensation	8
Other (list:)	9

35. How likely do you think it is that you will stay here (at your current home) for the next...

	Not likely at all	Somewhat unlikely	Unsure	Somewhat Likely	Very Likely
3 months					
6 months					

12 months					
24 months					

One

	Never (0)	Hardly ever (1)	Sometimes (2)	Often (3)	Quite Often (4)	Not Applicable (88)
Do things to keep you from going to your job. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things to keep you from having money of your own. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having the money you needed to buy food, clothes or other necessities. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having access to your bank accounts. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay bills late or not pay bills that were in your name or in both of your names. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build up debt under your name by doing things like use your credit card or run up the phone bill. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

goal of our study is to understand how experiences people have and how that might impact their experiences in housing programs. To help us understand, we are going to ask about some past experiences with the partner/former partner who used violence. This is person who lead you to be involved with the transitional housing program.

36. Now I am going to go through a list of things some people do to hurt their partner or ex-partner financially, because these can impact people’s needs. Could you tell me, to the best of your recollection, **in the last 6 months**, how frequently your partner (or former partner) did any of these things to you?

	Never (0)	Hardly ever (1)	Sometimes (2)	Often (3)	Quite Often (4)	Not Applicable (88)
Do things to keep you from going to your job. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things to keep you from having money of your own. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having the money you needed to buy food, clothes or other necessities. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having access to your bank accounts. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay bills late or not pay bills that were in your name or in both of your names. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build up debt under your name by doing things like use your credit card or run up the phone bill. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. In the twelve months before you entered <program name>, how often did your partner...

	Never (0)	Hardly ever (1)	Sometimes (2)	Often (3)	Quite Often (4)	Not Applicable (88)
Do things to keep you from going to your job. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things to keep you from having money of your own. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having the money you needed to buy food, clothes or other necessities. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep you from having access to your bank accounts. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay bills late or not pay bills that were in your name or in both of your names. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build up debt under your name by doing things like use your credit card or run up the phone bill. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. **During your time in the <program name>** program, how often did your partner...

39. Are you still in contact with your partner who used violence against you?

Yes / No

40. If Yes: Can you describe how?

- a. We are still together
- b. We see each other during visitations or exchanges of children;
- c. We are living together for economic reasons
- d. I see them in social situations – at parties; have mutual friends
- e. We are both members of the same church or cultural community
- f. Other

41. Is your partner who used violence against you an alcoholic or problem drinker?

Yes	1
No	0
Don't know	77
Declined to answer	99

42. Does your partner who used violence against you also use illegal drugs or prescription drugs not prescribed to them? (i.e. "heroin" "uppers" or amphetamines, "meth," speed, cocaine, "crack," street drugs or mixtures)?

Yes	1
No	0
Don't know	77
Declined to answer	99

43. Does your partner who used violence against you have in their possession or have access to a firearm or other weapon?

Yes	1
No	0
Don't know	77
Declined to answer	99

44. In your time since you began at ____program, has the physical abuse against you gotten...

Better	2
Worse	0
No change	1
Never experienced	8
Declined to answer	99

45. In your time since you began at ____program, has the stalking gotten...

Better	2
Worse	0
No change	1
Never experienced	8
Declined to answer	99

46. In your time since you began at ___ program, has the psychological/emotional abuse gotten...

Better	2
Worse	0
No change	1
Never experienced	8
Declined to answer	99

We are also interested in what sorts of services or supports you received during your time at <program>, and how you feel about them.

Services Experiences

47. Are you still receiving any services from <Program X>?

IF YES: What services are you receiving? _____

IF YES: For approximately how long have you been receiving services at <program>?

IF NO: When did you last receive any services from <program?>

IF NO: For how long did you receive services from <program?>

48. FOR ALL: Over the course of your time receiving support from <program>, what sorts of help have you received?

Checklist of Services specific to what is provided at each agency, tailored to the agency they indicate working with	

49. During your time in <program's> transitional housing services, have you gotten support (from this agency or another agency) with:

		Didn't Need (88)	Needed but DIDN'T get (0)	Needed & got (1)
a.	Looking for housing			
b.	Keeping current housing			
c.	Emergency shelter			
d.	Medical care			
e.	Employment issues			
	Government benefits or assistance			
f.	Education			
g.	Getting more money			
h.	Financial Barriers such as back utility debt or eviction			

i.	Help with law enforcement			
j.	Help with CPS case			
k.	Legal assistance			
l.	Childcare			
m.	Counseling			
n.	Transportation			
o.	Healthcare			
p.	Issues for children (besides childcare)			
q.	Staying or getting safe			
r.	Immigration issues			
s.	Emotional support			
T	Child support			
U	Help with budgeting			
V	Developing a savings account			
W	Anything else? (specify): _____			

50. After your exit from <program's> transitional housing program, have you gotten support from this or another agency with:

		Didn't Need (88)	Needed but DIDN'T get (0)	Needed & got (1)
a.	Looking for housing			
b.	Keeping current housing			
c.	Emergency shelter			
d.	Medical care			
e.	Employment issues			
	Government benefits or assistance			
f.	Education			
g.	Getting more money			
h.	Financial Barriers such as back utility debt or eviction			
i.	Help with law enforcement			
j.	Help with CPS case			
k.	Legal assistance			
l.	Childcare			
m.	Counseling			
n.	Transportation			
o.	Healthcare			
p.	Issues for children (besides childcare)			
q.	Staying or getting safe			
r.	Immigration issues			
s.	Emotional support			
T	Child support			
U	Help with budgeting			

V	Developing a savings account			
.w	Anything else? (specify): _____			

51. During your time in <program>, did you receive support in the form of direct client assistance (e.g., cash or other financial supports? Please indicate approximately how much you received during your time in the program in...

Type of assistance	Approximate total amount
Cash assistance	
Rental assistance (rent payments)	
Utility assistance	
Child Care subsidies	
Crime victim compensation assistance	
Support with deposits or first months rent	
Support for transportation needs (car repair, gas money, bus voucher, etc.)	
Other type of direct assistance (please specify)	

52. Please think of the primary staff member or staff members who helped you while you were participating in <program>. They might be your advocate, case worker, or other staff member who was the most involved with you.

These questions are about how things have gone with them. Anything you say will be held in strictest of confidence. They will not know what you say.

- a. While you were in the transitional housing program, on average, how many hours a week would you say they spent with you in person?
(NUMBER OF HOURS)_____
- b. _____
While you were in the transitional housing program, how many times a week did they meet with you on average?
(NUMBER OF VISITS)_____
- c. While you were in the transitional housing program, on average, how many times a week would you say they talked to you on the phone?
(NUMBER OF CALLS)_____
- d. How easy was it to get in touch with your primary staff member?

Very easy – I could talk to them whenever I need to	1
Pretty easy – most times I could talk to them when I need to	2
Mixed – sometimes I could reach them, sometimes I couldn't	3
Pretty difficult – most time I cannot talk to them when I needed to	4

Very difficult – I rarely or never talked to them when I needed to	5
--	---

- e. Overall, how satisfied are you with the amount of effort your primary staff person put in toward working on these things with you?

Very dissatisfied	0
Somewhat dissatisfied	1
Somewhat satisfied	2
Very satisfied	3
Not applicable	8
Declined to answer	99

- f. Who decided *what* you worked on?

I did, completely	1
I did, mostly	2
We did, equally	3
My advocate did, mostly	4
My advocate did, completely	5
Declined to answer	99

- g. Who decided *how* you would get where you needed to go?

I did, completely	1
I did, mostly	2
We did, equally	3
My advocate did, mostly	4
My advocate did, completely	5

- h. How connected did you feel to your advocate/primary staff member since you have been receiving services at this agency? By connected I mean feeling like there was a bond between the two of you?

NOT AT ALL	0
A LITTLE	1
SOMEWHAT	2
A LOT	3
DOES NOT APPLY TO ME	8

- i. Since you have finished the <program> program, have you been in contact with your advocate/primary staff member? YES/NO
- j. If Yes: About how many times per month would you say you have been in contact with your primary staff member since you have finished <program>?
- k. If NO: Since you finished the <program>, have you been in contact with anyone else from <agency?>YES/NO

SOURCE: TIPS (GOODMAN, ET AL, 2016)]

Now I would like to ask you some questions about your interactions with staff at ____program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies.

53. Please tell me how true the following statements are **as you think about your interactions with all of the staff overall at _____** so far on a scale for 0 to 3, using this card [#3]. You may feel different ways about different staff members. Please respond with your overall impression of the staff.

0	Not at all true
1	A little true
2	Somewhat true
3	Very true
77	I don't know
99	Declined to answer

a.	Staff respected my privacy.	
b.	Staff were supportive when I was feeling stressed out or overwhelmed	
c.	I decided what I wanted to work on in this program.	
d.	I had the opportunity to learn how abuse and other difficulties affect responses in the body.	
e.	I had the opportunity to learn how abuse and other difficulties affect peoples' mental health.	
f.	Staff treated me with dignity.	
g.	Staff respected the strengths I have gained through my life experiences.	
h.	Staff respected the strengths I get from my culture or family ties.	
i.	Staff understood that I know what's best for me.	
j.	In this program, I had the opportunity to connect with others.	

k.	I had opportunities to help other survivors of abuse in this program.	
l.	This program created opportunities for me to learn how abuse and other hardships affect peoples' relationships.	
m.	The strengths I brought to my relationships with my children, my family, or others were recognized in this program.	
n.	Staff respected the choices that I made.	
o.	In this program, I could share things about my life on my own terms and at my own pace.	
p.	This program gave me opportunities to learn how abuse, and other difficulties, affect peoples' ability to think clearly and remember things.	
q.	I had the option to get support from peers or others who have had experiences similar to my own.	
r.	Staff could handle difficult situations.	
s.	I learned more about how to handle unexpected reminders of the abuse and difficulties I have endured.	
t.	I could trust staff.	
u.	Peoples' cultural backgrounds are respected in this program.	
v.	Peoples' religious or spiritual beliefs are respected in this program.	
w.	Staff respect peoples' sexual orientations and gender expressions.	
x.	Staff understand what it means to be in my financial situation.	
y.	Staff understand the challenges faced by people who are immigrants.	
z.	Staff understand how discrimination impacts peoples' everyday experience.	
aa.	Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.	
bb.	This program treats people who face physical or mental health challenges with compassion.	

54. [ASK IF SURVIVOR RESPONDED '> 0' TO CH1.]

Parenting Subscale (5 items)		
a.	I learned more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.	
b.	Staff helped me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties.	
c.	I learned more about how my own experience of abuse can influence my relationships with my children.	
d.	The program provided opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.	
e.	Staff supported me to strengthen my relationships with my children	

55. During your time at <program>, were you able to speak with staff in the language you preferred?

Yes, multiple staff	2
Yes, but w only 1-2 people	1
No	0
Declined to Answer	99

Safety Mental Health and Wellness

You may be facing a variety of different challenges to safety. When I use the word *safety* in the next set of statements, I mean safety from physical, sexual, or emotional abuse by another person. Using this card if it helps (#8), how true are each of the statements below regarding how you think about your safety and your family's safety **RIGHT NOW**.

56. When you are responding to these statements, it is fine to think about your family's safety along with your own if that is what you usually do.

Not at all true	0
A little true	1
Somewhat true	2
Very true	3
Declined to Answer	99

a.	I can cope with whatever challenges come at me as I work to keep safe.	
b.	I have to give up too much to keep safe.	
c.	I know what to do in response to threats to my safety.	
d.	I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.)	
e.	I know what my next steps are on the path to keeping safe.	
f.	Working to keep safe creates (or will create) new problems for me.	
g.	When something doesn't work to keep safe, I can try something else.	
h.	I feel comfortable asking for help to keep safe.	
i.	When I think about keeping safe, I have a clear sense of my goals for the next few years.	
j.	Working to keep safe creates (or will create) new problems for people I care about.	
k.	I feel confident in the decisions I make to keep safe.	
l.	I have a good idea about what kinds of support for safety I can get from community programs and services.	

m.	Community programs and services provide support I need to keep safe.	
----	--	--

57. Do you have any mental health issues or have you been diagnosed with any mental health issues, such as depression, anxiety, or post-traumatic stress disorder?

GO TO H7a & b →	Yes	1
SKIP TO S14→	No	0
SKIP TO S14→	Declined to answer	99

58. If YES, what is or are these mental health issues? [INTERVIEWER: please check all that apply]

	Yes (1)	No (0)	Declined to answer (99)
Depression			
Anxiety			
PTSD			
Bipolar disorder			
Schizophrenia			
Autism spectrum disorder			
Other, please specify: _____			

59. Do you consider yourself to have a disability or disabling condition?

GO TO H6a. & b. →	Yes	1
SKIP TO H7 →	No	0
SKIP TO H7 →	Declined to answer	99

60. If YES, what is or are your disabilities? [INTERVIEWER: Do not read the options and please check all that apply]

	Yes (1)	No (0)	De- clined (99)
Developmental Disability			
Intellectual Disability			
Traumatic Brain Injury (TBI)			
Blind or Visually Impaired			
Deaf or hard of Hearing			

Physical or Mobility Disability			
Chronic Medical Condition			
Environmental/Chemical Sensitivity			
Other, please specify: _____			

61. Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?

Not at all	0
A little	1
Somewhat	2
Very much	3
Declined to answer	99

62. Now I'd like to ask you a few questions about your health and how you're doing. In general, how would you rate your current overall physical health? [INTERVIEWERS, READ THE RESPONSE OPTIONS ALOUD.] Would you say:

Poor	0
Fair	1
Good	2
Very Good	3
Excellent	4
Declined to answer	99

63. Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?

Not at all	0
A little	1
Somewhat	2
Very much	3
Declined to answer	99

64. [CESDR] Below is a list of some of the ways you might have felt or behaved. Please indicate how often you've felt this way during the past week.

CODE		Rarely or none of the time (less than 1 day) (0)	Some of the time or a little 1-2 days (1)	Occasionally or a moderate amount of time 3-4 days (2)	All of the time 5-7 days (3)

1	I was bothered by things that usually don't bother me.				
2	I had trouble keeping my mind on what I was doing.				
3	I felt depressed				
4	I felt that everything I did was an effort				
5	I felt hopeful about the future				
6	I felt fearful				
7	My sleep was restless				
8	I was happy				
9	I felt lonely				
10	I could not get going.				

65. PTSD Scale:

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).

In the past month, have you...

- a. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES / NO
- b. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES / NO
- c. Been constantly on guard, watchful, or easily startled?
YES / NO
- d. Felt numb or detached from people, activities, or your surroundings?
YES / NO
- e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES / NO

Substance Use (CAGE INVENTORY)

66. Do you drink alcohol?

GO TO a →	Yes	1
	No	0
SKIP TO __ →	Declined to answer	99

a.

	Yes (1)	No (0)	Declined to answer (99)
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you felt you ought to cut down on your drinking?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have people annoyed you by criticizing your drinking?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you felt bad or guilty about your drinking?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?			

67. Do you use drugs other than prescription medications and over-the-counter medicine?

	Yes	1
	No	0
	Declined to answer	99

68. Do you ever use prescription drugs more than in the prescribed amount or frequency?

IF YES TO Q_ or Q_, go to Q_- Q_ →	Yes	1
SKIP TO Q_ →	No	0
	Declined to answer	99

69. Does this include any opioid use (Such as oxy, cotton, Percocet, hydrocodone, Vicodin, oxycotin, morphine, codeine, diaudid, Demerol, heroin, or something similar to these)?

	Yes	1
	No	0
	Declined to answer	99

70.

	Yes (1)	No (0)	Declined to answer (99)
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you felt you ought to cut down on your drug use?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have people annoyed you by criticizing your drug use?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you felt bad or guilty about your drug use?			
In the last [NUMBER OF MONTHS SINCE LAST INTERVIEW] months, have you ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?			

Social Supports

71. How much of the time would you say you CURRENTLY have someone in your life who could:

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)	Declined to answer (99)
Help if confined to bed						
Take you to the doctor						
Share your most private worries and fears						
Turn to for suggestions about problems						
Do something enjoyable with						
Love and make you feel wanted						
Provide childcare in an emergency (select "declined to answer" if you do not have children)						
Take you somewhere you need to go in a pinch						

Short Answers:

72. What was the most helpful aspect of the program?

73. What was the least helpful aspect of the program?
74. What service did you need most that you did not receive as part of the program?
75. How could the program improve their services to people like you?

Follow Up: Would you be willing to participate in an interview to discuss your experiences with the TH program in more detail? As outlined in the consent document, you will be provided with a \$25 gift card, and the interview will be scheduled at your convenience. If so, and/or to provide information needed for us to process your gift card for completing the current survey, please click on <THIS LINK>, which will take you to a new anonymized web-site to enter your information.

<Links out to new qualtrics form using anonymized link- asks for safe contact information to allow for processing gift card and to check a box if they are willing to be contacted re: follow up interview>

APPENDIX D: Survivor Interview Protocol

Thanks for agreeing to participate in this interview. We are hoping to learn more about your experience in the transitional housing program at <program>, and how things have been going since you have left. We can skip any question you would like to skip. Please be assured that we will not share your information with the program, nor will what you say have any impact on current or future services you might receive from them or any other agency.

Background

1. Can you tell me a little about how you came to be a participant in <program name>'s transitional housing program? <Prompts: When did you first join the program, how did you hear about it, what was going on at that time>
2. Where were you living right before coming to <program>?
 - a. For how long?
 - b. And before that/ How long?

Services

1. Along with providing a place to live, what if anything, other services or supports did you receive from <program>?
 - a. What was the most helpful?
2. During your time at <program> and since then, have you gotten help for housing or other challenges from any other programs? <Prompts: what programs, what services?>
3. Were there services that you did not get that would have made a big difference?
4. During your time at the program, did you have a primary staff person (sometimes called an advocate) who you worked with most closely?
 - a. Can you tell me a little about working with that person?
 - i. What did you work on together?
 - ii. Who decided what your goals were together?
 - iii. How did you contact each other (in person, phone, email, text?) How often were you in contact?
 - b. Did the two of you work together well? In what ways?
 - c. Did the two of you have challenges? How was that?

Housing and Home

5. Please describe your home during the time you were part of the <program>.
 - a. How did you feel when you were in that space?

- b. What did you like about the space? What didn't you like about the space?
- 6. What was it like being part of the <program>?
- 7. What are the expectations or rules at <name> program?
 - c. How did they work for you?
 - d. Were there things about the expectations or rules that were hard for you?
- 8. Please describe your current home.
 - e. How do you feel when you are in that space?
 - f. What do you like about the space?
 - g. What don't you like about the space?
 - h. How long have you been staying there?
 - i. Are you planning on staying in your current home for the foreseeable future? (if they intend to move, why? If they intend to stay, why?)

Effectiveness

- 9. What do you think were the most important parts about <program> in helping you and other families? <prompts: people, resources, activities, services>
- 10. When you think about your time at <program>, what do you think they have been able to help you with, or what things have you been able to do because you participated in <program>?
- 11. What are things that you or your family have needed, but <program> was not able to help with, or things for which being at <program> did not make any difference?
- 12. What are three things you liked most about <program>?
- 13. What are three things you liked least about <program>?
- 14. Are you still receiving services at <TH agency?> (IF YES: What, for how long?)

Outcomes

- 15. Can you take me through where you have been living after leaving <program>?
- 16. How do you feel about your housing now? <Prompt: current situation, expectations for the future, cost- gap between cost and their current income>
- 17. <FOR THOSE WHO FEEL COMFORTABLE WITH THEIR HOUSING> Do you feel confident that you will be able to maintain your living situation? (Why, why not?)
- 18. <FOR THOSE WHO ARE NOT COMFORTABLE WITH HOUSING> Do you feel confident that you will be able to make the changes you hope for in your living situation?
- 19. How do you think <program> affected your housing situation now?
- 20. How do you think <program> affected other parts of your life now? PROMPTS: economic situation, mental well-being, parenting, social/relationships

Anything else you'd like to tell us?

