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A Descriptive Analysis of Transitional Housing Programs for Survivors of Intimate Partner Violence in the United States

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The Violence Against Women Act (VAWA) of 2005 focuses on safe and independent housing for survivors of intimate partner violence (IPV). The focus on housing in the latest version of VAWA suggests recognition by Congress that removing barriers and increasing access to safe housing is critical to our nation's response to IPV, and that this type of systems-level response is necessary to reduce the link between IPV and subsequent homelessness. This study examines the current state of transitional housing programs (THPs) and discusses future program considerations, including the need for evaluation studies that consider the possible impact that transitional housing programs have on the rates of violence toward women and their children, and on women's ability to achieve economic stability after separating from their abusive partners.

Keywords: *intimate partner violence; transitional housing programs; Violence Against Women Act (VAWA)*

Domestic violence is among the leading causes of homelessness nationally for women (U.S. Conference of Mayors-Sodexo, 2005). In attempts to prevent victimization or revictimization, women may be forced to leave their abusive partners, an act that is usually linked to leaving their homes. Herein lies the dilemma: To increase their safety, women also increase their risk of homelessness because housing options away from their abusers may be limited. This risk may be even more

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pronounced for low-income women (Menard, 2001). Each year fewer low-income housing units are available (Choi & Snyder, 1999). In addition, federal housing programs (e.g., Section 8), developed to assist women by paying a portion of their rent, have waiting lists of more than 2 years (Choi & Snyder, 1999), whereas other housing lists have simply been closed to new applicants (Hammel-Urban & Davies, 1999). Survivors of domestic violence may be given preference for housing, although only about 35% of public housing authorities maintain this preference (Martin & Stern, 2005). Women's inability to access housing may increase the likelihood that they will return to their partners (Davies, Lyon, & Monti-Catania, 1998).

Housing options for women who leave their abusive partners are largely separated into two types: informal and formal. Informal options include moving in with friends or family or staying at weekly motels (Baker, Cook, & Norris, 2003). However, these options may not be feasible for women who do not have enough money to stay at a motel for long or for those whose abusers may have isolated them from family and friends. Women who have been isolated often lack the informal support necessary to avoid having to access formal options for help (Riger, Raja, & Camacho, 2002). Formal options for housing include emergency shelter, transitional housing, and permanent housing programs. Previous research has shown that formal housing options may not be available at the time women need them, or they may have specific eligibility criteria that women do not meet.

Data on the characteristics of these formal options, specifically transitional housing programs (THPs), are lacking in the literature (e.g., we know little about how long survivors can stay in these programs, how admission decisions are made, and what types of services are provided to women and children in addition to housing). Therefore, the goal of the current study was to describe a national sample of THPs in terms of their general characteristics, funding sources, eligibility and exclusionary criteria, services provided, and whether programs mandated services for their residents.

Although the focus of this article is on THPs, it will be useful to describe how these programs fit with other formal housing options used by women fleeing abusive relationships. On one end of a continuum that ranges from short-term to permanent housing is emergency shelter. Examples of emergency shelters include homeless and domestic violence shelters. Homeless shelters may be somewhat easier to get into due to limited beds in domestic violence shelters, but they often do not provide the same services or safety options as domestic violence shelters (McChesney, 1995). The locations of homeless shelters are often public knowledge, making it easy for an abusive partner to locate a woman and her children. Further, some homeless shelters require that residents vacate the shelter during the day, making a woman and her children more vulnerable to stalking and attack from an abusive partner if they have no safe place to go. By contrast, domestic violence shelters offer a 24-hr safe haven for women; their locations are often confidential, making it more difficult for abusive partners to locate women; and they rarely require that women vacate the shelter during the day. Typically a domestic violence shelter allows women to stay from 30 to 60 days.

Transitional housing for domestic violence survivors offers women more stability by allowing them to stay for a longer period of time, typically 1 to 2 years. Some of these programs offer temporary vouchers that help women pay their rent wherever they find a house or apartment, whereas others rent or own specific housing units that are made available for women to live in temporarily. Most programs offer services such as counseling, job search programs, and case management. Some of these services are mandated; that is, women must participate in services as a condition of being allowed to stay in the housing units.

On the opposite end of the continuum are permanent housing programs, where a portion or all of a woman's rent is paid and she is allowed to stay in the unit as long as she can pay the other portion or meet eligibility requirements to have all of her rent paid. The types of permanent housing range from subsidized (e.g., housing choice voucher program – formerly Section 8; public or project-based housing) to unsubsidized (e.g., private housing). With the housing voucher program, women are given a voucher that can be taken to any rental unit as long as the landlord accepts the voucher. In contrast, public or project-based housing is restricted to certain housing developments or units (Correia & Rubin, 2001). Women with the financial resources to do so may access private housing and rent or purchase their own homes without any subsidy.

However, most women leaving abusive relationships are not immediately able to pay all of their own rent; therefore, private housing is often not a viable option. In addition, permanent subsidized housing options are difficult to access because of the limited number of units available. Consequently, women may be left with trying to find a temporary solution to their housing needs with the hope of finding permanent housing in the future.

One route women take is to stay at an emergency shelter and then apply for longer-term transitional housing. THPs have begun to fill a critical gap as many women are unable to secure permanent housing in the 30-to-60-day time frame allotted by emergency shelters (Roofless Women's Action Research Mobilization, 1997). In fact, many transitional programs for battered women are run by organizations that also operate emergency domestic violence shelters. One reason for this relationship may be fiscal in nature; it allows organizations to access more diversified funding to support their overall mission and programs.

Some might also propose that by offering transitional housing to women, emergency shelters are broadening their umbrella of support to women. In this way, women can continue attending services that are beneficial for their recovery from the physical and psychological effects of the abuse. THPs also help women work toward becoming self-sufficient and allow them a safe place from which to do so. Past research has shown that battered women appreciate the safety that THPs afford, even though they may disagree with other aspects of the programs (Melbin, Sullivan, & Cain, 2003).

Although there are many benefits to transitional housing, there are also criticisms of these programs. One criticism is that THPs often require that women sever ties

with their husbands or partners, an action that some battered women may not want to take. Another criticism is that some groups of women have been excluded from shelters and, therefore, may be left out of THPs if the program is connected to the emergency shelter. For example, women of color may not feel comfortable seeking assistance from shelters or transitional programs because of language barriers and other issues, including rules that may contradict their cultural values and limited access to culturally appropriate food. In addition, many shelters exclude male children who are older than 13 years, thereby requiring women to separate from their sons to be allowed into shelters. It remains to be seen whether THPs for battered women, many of which are run in tandem with shelters, use similar criteria for admitting women. Finally, THPs offer a temporary solution, and in some cases women may only be able to stay for 6 months, though typically the stay can be up to 2 years. The temporary nature of these programs may be problematic for some women. In fact, evidence suggests that when homeless individuals receive access to a permanent housing subsidy rather than transitional housing, they are more likely to sustain that housing and less likely to return to an emergency shelter (Shinn et al., 1998).

Although there is debate about the best way to help battered women secure long-term stable housing, there is widespread agreement that temporary housing options are valuable. The other area of agreement is that more transitional housing units are needed, so that the supply begins to meet demand for housing (Correia & Rubin, 2001; Menard, 2001). Answering the call from advocates and service providers, the Violence Against Women Act (VAWA) of 2005 continued housing provisions for existing programs (approximately 160 THPs received funding as a result of the VAWA 2000 statute), and created new provisions to increase women's access to transitional housing options (Violence Against Women and Department of Justice Reauthorization Act, 2006). For example, VAWA 2005 substantially increased the THP's annual authorization, from \$30 to \$40 million. The funding, of course, is subject to annual appropriations from Congress; funding was appropriated at \$15 million for VAWA 2000 (when \$30 million was authorized). The President's budget for fiscal year 2007 included only \$14.9 million out of the \$40 million authorized.

One new provision in VAWA 2005 is that services offered to women as part of a THP must be voluntary rather than mandatory, and that participation in such services cannot be required as a condition of entering or remaining in a THP. In the past, services were often mandated, and many battered women were not supportive of these requirements (see Melbin et al., 2003, for battered women's responses).

VAWA 2005 also made several amendments to current federal housing policies to protect victims of IPV. These amendments include, but are not limited to (1) specifying that victims cannot be denied access to Section 8 voucher-funded public housing for being a victim of IPV, (2) establishing an exception to the one-strike criminal activity rule for victims of domestic violence who are tenants of Section 8 voucher and project-based housing. This exception states that (a) women cannot be evicted

for criminal activity taking place in their homes if the criminal activity is related to intimate partner violence (IPV) or stalking of which they are the victims; and (b) that the landlord can bifurcate a lease to evict or terminate assistance to the abuser while allowing the victim to stay in her housing; and (3) clarifying that if a victim vacates a Section 8 property before the termination of her lease because of the need to escape IPV, then she is not automatically disqualified from voucher portability.

These new provisions seem to indicate that Congress is making longer-term formal housing options for victims a high priority and a critical part of our national response to IPV. Because of the additional focus and resources that are being allocated to formal housing, it is helpful to document the current status of these programs so that we have a starting point from which to examine changes to housing policies over time and their effect on reducing rates of revictimization and increasing women's abilities to achieve economic stability.

Although several articles speak to the benefits of and services provided by emergency shelters for survivors of domestic violence (see, for example, Berk, Newton, & Berk, 1986; Krishnan, Hilbert, McNeil, & Newman, 2004; Sullivan, 2006), few data exist about THPs nationally, specifically for battered women and their children. For the current article, we will begin to fill this gap in the literature by describing a sample of THPs. We should note that we originally intended to describe both transitional and permanent housing programs, but we were not able to identify enough permanent housing programs designed specifically for IPV victims to include them. Therefore, we will describe THPs only, discuss regional similarities and differences in these programs, and conclude with program recommendations and suggestions for future research to evaluate programs for their effectiveness in helping women remain safe from abuse and maintain stable housing over time.

Method

Sampling Procedures

We collected data from THPs in 15 states and the District of Columbia using two methods: archival data collection from state Web sites and telephone interviews with executive directors of the THPs (see Table 1 for a list of states by region that were selected for the study). Because of limited resources we could not include every state in our study. To identify a sample of states, we first searched for programs that were highlighted in the literature (e.g., THPs in Iowa and Michigan; see Correia, 1999; Melbin et al., 2003). We included these states for convenience as information about their THPs was readily available through published articles. We then selected from states that were used as primary sampling areas by the National Survey of Homeless Assistance Providers and Clients (<http://www.huduser.org/publications/homeless/homelessness/contents.html>; Burt et al., 1999). States were selected based on their designation as

Table 1
Sample by Region

South	Northeast	Midwest	West
Georgia (9)	Maine (9)	Michigan (17)	New Mexico (6)
Florida (17)	New York (16)	Illinois (18)	California (51)
Arkansas (5)	Pennsylvania (22)	Minnesota (10)	Wyoming (2)
North Carolina (21)	Washington, DC (2)	Iowa (9)	Washington State (22)

Note: Number of programs interviewed in each state is in parentheses.

having large metropolitan areas, smaller metropolitan areas, and rural areas. Four states from each region of the country were selected. We followed the U.S. Census Bureau definitions of geographic regions of the U.S. Additionally, from the states that fit into the categories above, we chose those that had greater versus fewer numbers of immigrants residing in them. We used this selection criterion because of previous research that suggests differential rates of domestic violence among immigrants, as well as barriers (both actual and perceived) in accessing services for these populations, including housing (Raj & Silverman, 2002). By using multiple criteria, we tried to ensure that we could capture a range of programs in states with diverse contexts (e.g., rural and urban) and populations (e.g., immigrant vs. non-immigrant).

We used several methods for identifying existing THPs in the selected states. We searched national and state domestic violence coalition Web sites and created a list of long-term housing programs (i.e., greater than 6 months) that served battered women and their children. We also contacted state coalitions to obtain a current list of housing programs in that state. The two lists (from the Web search and coalition contacts) were cross-referenced to create the list of THPs to be included in the sample. In addition, during interviews with executive directors of THPs, we used snowball sampling techniques and asked for names of other THPs in their state to ensure that we had a comprehensive and updated list for each state.

To be included in the sample, THPs had to meet the following criteria: (1) Programs had to be either exclusively for survivors of domestic violence or must at least serve survivors among others, and (2) Programs had to allow for a minimum length of stay of 6 months.

Measures

A data abstraction form was created to capture four types of information: general characteristics of the housing program, funding sources and percentages of funding from each source, eligibility requirements, and services offered to the woman and her children.

General characteristics. These characteristics included whether the housing was temporary or permanent; maximum length of stay if housing was temporary; whether the community served was urban, suburban, or rural; how many families the program could accommodate; whether women were given a choice on where to live; and number of years the program had been in existence.

Funding sources. Programs usually receive funding from multiple sources. For this study, we were interested not only in the sources but the percentage of funding from each source. Sources included funding from the Federal government, state governments, private foundations, corporate/individual donations, and other sources.

Eligibility requirements. Information was also gathered as to whether the program had formal and informal eligibility requirements that women needed to meet to be allowed into housing. We asked about the types of formal criteria used by programs such as (1) having dependent children, (2) history of IPV, and (3) being currently homeless. We also asked about informal criteria, including (1) desire to terminate the abusive relationship, (2) able/willing to work toward economic self-sufficiency, and (3) motivated/ready to change. In addition, we gathered information on whether there were specific exclusionary criteria that would cause women to be denied housing such as the existence of a criminal record, substance abuse problem, or mental health issue. We included an "Other" category for each to ensure that we captured the complete list of eligibility and exclusionary criteria used by programs in the sample. Our categories of formal and informal requirements were guided by Melbin et al. (2003) in their work with transitional supportive housing programs in Michigan.

Services offered to women and children. Information was gathered about the types of services offered to women and their children, and whether these services were mandatory. If any of the services were mandatory, follow-up open-ended questions were posed to executive directors during the interview to gauge (in the executive director's opinion) women's responses to the mandated services, and their reasons for mandating services. Directors' responses to the question about women's reactions to mandated services were coded using a set of codes that was developed by the second author with assistance from the first author. After the first and second authors developed the coding system, the third author was then trained on the coding system. The second and third authors conducted two rounds of reliability coding; the first round resulted in 75% agreement between the two coders before discussion, and 100% after the two discussed discrepant codes. After the first round, the coding system was refined, and a second round of reliability coding was conducted. The second round resulted in 92% agreement between the two coders.

Procedures

Study data were collected by conducting Web searches and telephone interviews with executive directors of the THPs. In some cases, information provided by the program's Web site was sufficient to answer several questions on the abstraction form. For example, Web sites often contained information on services provided to women and children, eligibility requirements, and funding sources. The remaining questions were then posed to executive directors in telephone interviews. Executive directors were contacted by the third author, who explained that she was calling from the Centers for Disease Control and Prevention, Division of Violence Prevention, and was interested in learning more about the characteristics of THPs. She elaborated further to say that the study was being conducted to gather information about the kinds of housing services that were available to women who are survivors of domestic violence. The response rate for executive directors was 100%. The average call time was approximately 15 to 20 min.

Data Analysis

Data were analyzed using chi-square tests and analysis of variance (ANOVA). For significant overall chi-square tests, pairwise comparisons to assess the effect of region on variables were conducted. To adjust for multiple comparisons (four regions = six comparisons), we applied a Bonferroni correction, so that tests with a p value less than .008 were considered significant. We did not attempt to correct for the total number of tests.

Results

The goal of this study was to describe a national sample of THPs, including their general characteristics, funding sources, eligibility and exclusionary criteria, and services provided. In addition, the current article examined whether services were mandatory and how women responded to these program requirements (as reported by the executive director of each program). Significant regional differences among THPs are described.

Descriptive Information

The sample was comprised of 236 THPs. The sample of housing programs within each state were combined according to region with 47 programs in the Northeast, 54 programs in the South, 81 programs in the West, and 54 programs in the Midwest (see Table 2). The majority of programs offered only temporary housing (91%) with

Table 2
Sample Characteristics by Region

	Total (N = 236)	South (n = 54)	Northeast (n = 47)	Midwest (n = 54)	West (n = 81)
Maximum length of stay					
One year or less	27.1	31.5	29.8	20.4	27.2
Type of community					
Urban	40.3	37.0	38.3	30.2	49.4
Suburban	22.9	25.9	29.8	16.7	21.0
Rural	36.9	37.0	31.9	51.9	29.6
Capacity					
Less than 5 units	24.3	27.8	27.7	31.5	15.0
5–9 units	25.1	20.4	27.7	27.8	25.0
10–19 units	26.8	33.3	27.7	22.2	25.0
20 units and more	23.8	18.5	17.0	18.5	35.0
Choice in temporary housing					
None	41.1	44.4	46.7	19.2	50.0
Choice—agency or government defined	54.6	46.3	51.1	53.8	47.6
Complete freedom	4.3	9.3	2.2	3.8	2.5
Average years in existence	8.9	7.6	9.5	7.4	10.3
Standard deviation	6.2	6.2	6.9	4.7	6.4
Average state/federal funding	63.9	52.5 ^a	67.5 ^b	72.2 ^b	63.9 ^b
Standard deviation	23.4	27.4	18.8	18.7	23.2

Note: Superscripts represent significant regional differences at the $p < .001$ level. Percentages that do not share the same superscripts (for example, ^{a,b}) are different from one another.

most of those programs (73%) allowing women to stay between 1 and 2 years. Approximately 40% of the programs were located in urban settings, with a similar percentage (37%) in rural settings. Capacity was split equally, with approximately 50% reporting 9 units or less, and 50% reporting 10 units and up (the range was 1-375 units). There were no regional differences on these variables.

There was some variability on whether programs offered women a choice on where to live. Over 40% did not offer a choice, and 55% offered a choice within an agency- or government-defined area. Choice within an agency-defined area usually meant that the THP owned or rented several locations (e.g., apartment complexes in different locations). Choice within a government-defined area referred to scattered site apartments within county lines. These apartment complexes have specific units that have been designated for low-income residents and are referred to as building-based housing. Complete freedom to choose (only offered by 4% of programs) meant that women were given vouchers that could be taken to apartments or houses anywhere in the county (and some could be taken to different counties).

A chi-square analysis could not be conducted on this variable as expected cell counts were less than 5.

In terms of length of existence, 61% of programs had been in operation less than 10 years. The average length of existence was 8.9 ($SD = 6.2$) years. There were no regional differences in age of THPs. As for funding, directors were asked to give percentages for each of the following funding sources: state/federal, nonprofit/foundation, corporate/private donations, and other. The majority of program funding came from state and federal sources (63.9%). However, separate percentages for state and federal sources were difficult for executive directors to distinguish because in many states federal funds are routed through state agencies. For example, the most frequently mentioned federal sources were U.S. Department of Housing and Urban Development (HUD), funds from the VAWA, and the Victims of Crime Act (VOCA), and Department of Justice (DOJ). However, often directors stated that these funds were distributed through state agencies, such as the Department of Human Services or, as an example in the case of Michigan, through the state's Domestic Violence Prevention and Treatment Board.

Programs received almost 20% of their funding through corporate and/or private donations. Almost 15% received funds through other sources such as thrift shop sales, county/local fees, batterer's program participant fees, and fees from a portion of the rent paid by women (in many cases women were asked to pay some rent and this was based on a sliding scale or a percentage of their income). Finally, 13% of program funds came from nonprofit and/or foundation sources in the form of donations or competitive grants. Regional differences showed that the South received less of its funding through state and federal sources than other regions $F(3, 231) = 7.44, p < .001$.

Eligibility and Exclusionary Criteria

A range of eligibility criteria was used by programs to determine who would be accepted into the housing program. Originally, we asked executive directors about their use of formal and informal criteria separately. Formal criteria were those linked to specific funding sources that programs used (e.g., HUD, and Temporary Assistance for Needy Families [TANF]), including having a history of IPV, being homeless, and having dependent children. Informal criteria were those developed by programs and varied from program to program, including being able to work toward economic self-sufficiency, being motivated, and having a desire to terminate the relationship. We also asked directors to describe any other formal and informal criteria they used to admit women. After coding these open-ended responses, we noticed that some programs described criteria as formal, whereas others described the same practices as informal (e.g., application/interview process). Therefore, because the distinction between formal and informal was inconsistent among programs, we chose to combine them and instead present, in general, the types of eligibility requirements used by programs (see Table 3).

Table 3
Eligibility Criteria by Region

	Total (N = 236)	South (n = 54)	Northeast (n = 47)	Midwest (n = 54)	West (n = 81)
History of intimate partner violence	88.6	83.3	93.6	83.3	92.6
Able/willing to work toward self-sufficiency	80.1	87.0	78.7	75.9	79.0
Motivated/ready to change	46.6	46.3	44.7	44.4	49.4
Being homeless	44.5	53.7	51.1	42.6	35.8
Desire to terminate abusive relationship	40.3	38.9 ^{a,b}	63.8 ^a	25.9 ^b	37.0 ^b
<i>Employed or have some income</i>	33.1	48.1 ^c	25.5 ^{a,b}	40.7 ^{a,c}	22.2 ^b
<i>Complete shelter</i>	33.1	29.6 ^{a,b}	34.0 ^{a,b}	14.8 ^a	46.9 ^b
Have dependent children	23.3	24.1 ^{a,b}	10.6 ^b	37.0 ^a	21.0 ^{a,b}
<i>Specific subpopulation</i>	14.4	7.4	21.3	14.8	14.8
<i>Application/interview process</i>	13.1	5.6 ^a	6.4 ^{a,b}	22.2 ^b	16.0 ^{a,b}
<i>Eligible for TANF or HUD</i>	11.4	3.7 ^a	14.9 ^{a,b}	20.4 ^b	3.7 ^a

Note: HUD = U.S. Department of Housing and Urban Development; TANF = Temporary Assistance for Needy Families. *Items in italics* are categories coded from qualitative responses to the question, “Are there any other criteria that you use to admit women to your program?” Superscripts represent significant regional differences at the $p < .008$ level. Percentages that do not share the same superscripts (e.g., ^{a,b}) are different from one another.

Because of our inclusion criteria (to be included in the sample, the housing program must serve victims of IPV), it is not surprising that almost 90% of programs required that women be survivors of IPV (others served survivors, but did not require women to be survivors to receive housing). About 80% of programs screened women for their ability to work toward economic self-sufficiency (e.g., finding employment or going back to school for specific training). Almost 50% assessed whether women were motivated, 45% required that women be homeless, and 40% evaluated women’s desire to terminate their abusive relationships. Similar percentages (33%) were found for women being employed or having some income, and completing a shelter stay before applying to transitional housing. Smaller percentages of executive directors listed having dependent children, being from a specific subpopulation (e.g., undocumented, sexual assault survivors, or single women without children), successfully completing the program’s screening process (directors mentioned an extensive process whereby women, and their children, are individually assessed and interviewed before being accepted into the transitional program), or being eligible for TANF or HUD, as criteria used by programs to inform admission decisions.

Regional differences emerged for the following eligibility criteria: desire to terminate the abusive relationship, $\chi^2(3, N = 236) = 15.86, p < .001$; being employed or having some income, $\chi^2(3, N = 236) = 12.50, p < .001$; completed shelter, $\chi^2(3, N = 236) = 12.46, p < .001$; have dependent children, $\chi^2(3, N = 236) = 9.84, p < .05$; application/interview process, $\chi^2(3, N = 236) = 9.11, p < .05$; and TANF or HUD

eligible, $\chi^2(3, N = 236) = 8.62, p < .05$. Pairwise comparisons showed that the Northeast assessed women's desire to terminate the abusive relationship more often than the West and Midwest. The West used shelter completion as an eligibility criterion more often than the Midwest. The South, more often than the West and Northeast, required that women be employed or have some income to qualify for housing. In addition, the Midwest more than the West used employment/income as a criterion. Having dependent children was more often a requirement in the Midwest compared to the Northeast. Finally, the Midwest used going through an application/interview process more often than the South, and being eligible for TANF or HUD more often than the South and West.

In terms of exclusionary criteria, even if women met all the eligibility criteria outlined above, there were still situations in which women were not allowed into THPs. The most frequently cited reason given by directors was the presence of substance abuse (32%). Some directors did stipulate that they excluded women only in cases where women were currently abusing substances. Smaller percentages listed mental health issues and criminal records as exclusionary criteria (15% and 12%, respectively). Directors were also asked an open-ended question to elicit any other reason for excluding women. Almost 10% of directors reported that their program would not accept women with male children over a specific age, usually 12 years old. Equal percentages of directors mentioned excluding single women and undocumented women from their housing programs (4.2%), mainly because of restrictions by funding agencies. Expected cell counts were too small for regional comparisons on the last two exclusionary criteria. There were no significant regional differences for the other exclusionary criteria.

Services Offered

The majority of programs offered case management services (where women were assigned an advocate or counselor with whom to check in on a weekly or biweekly basis), support groups, job/education assistance, and legal services (e.g., help getting a temporary protection order or filing for divorce; Table 4). In addition to the services that were listed on the abstraction form, we also asked directors whether there were other services that were offered to women. The most often mentioned qualitative responses were coded and led to the inclusion of four additional services in Table 4 (these are in italics): housing-related assistance (helping women with the transition from long-term temporary to permanent housing), medical assistance, life skills classes, and safety planning. Less frequently mentioned responses included providing translation services and referrals to other services.

Regional differences were found for offering transportation assistance, $\chi^2(3, N = 236) = 17.39, p < .001$; help applying for public assistance, $\chi^2(3, N = 236) = 17.97, p < .001$; substance abuse services, $\chi^2(3, N = 236) = 12.44, p < .01$; parenting classes, $\chi^2(3, N = 236) = 12.80, p < .01$; medical services, $\chi^2(3, N = 236) = 10.33, p < .05$;

Table 4
Services Offered by Region

	Total (N = 236)	South (n = 54)	Northeast (n = 47)	Midwest (n = 54)	West (n = 81)
<i>Self-sufficiency services</i>					
Job/education assistance	76.3	74.1	76.6	77.8	76.5
Transportation assistance	53.0	51.9 ^{a,b}	31.9 ^b	48.1 ^{a,b}	69.1 ^a
Money management	51.3	50.0	48.9	53.7	51.9
Child care assistance	39.0	48.1	36.2	37.0	35.8
Public assistance	38.6	35.2 ^b	63.8 ^a	24.1 ^b	35.8 ^b
<i>Housing-related assistance</i>	16.9	24.1	8.5	22.2	13.6 [†]
<i>Personal services</i>					
Case management	95.3	90.7	97.9	100.0	93.8 [†]
Support groups	93.6	90.7	97.9	90.7	95.1 [†]
Legal services	70.8	53.7 ^b	80.9 ^{a,c}	59.3 ^{b,c}	84.0 ^a
Parenting class/workshops	50.8	38.9 ^b	44.7 ^{a,b}	44.4 ^{a,b}	66.7 ^a
Formal counseling services	38.1	31.5	27.7	35.2	50.6
Substance abuse	25.0	11.1 ^b	25.5 ^{a,b}	20.4 ^{a,b}	37.0 ^a
<i>Medical assistance</i>	18.2	5.6 ^b	21.3 ^{a,b}	16.7 ^{a,b}	25.9 ^a
<i>Life skills</i>	12.3	14.8	10.6	9.3	13.6 [†]
<i>Safety planning</i>	10.6	3.7	12.8	13.0	12.3 [†]
Recreational activities	9.7	13.0	6.4	11.1	8.6 [†]

Note: Items in italics are services coded in response to the question, “Are there any other services you offer to women in your program?” Superscripts ‘a’ and ‘b’ represent significant regional differences at the $p < .008$ level. Percentages that do not share the same superscripts (e.g., ^{a,b}) are different from one another.

†Chi-square tests could not be conducted as cell counts were less than 5.

and legal services, $\chi^2 (3, N = 236) = 20.17, p < .001$. Pairwise comparisons showed that more programs in the West offered transportation services compared to the Northeast, and more programs in the Northeast offered help in applying for public assistance compared to any other region. In addition, the West was more likely to offer substance abuse treatment, parenting classes, and medical services compared to programs in the South, and more likely to offer legal services than programs in the South and Midwest. The Northeast was also more likely to offer legal services than the South. Chi-square tests could not be conducted for housing-related assistance, case management, support groups, life skills classes, safety planning, and recreational activities because expected cell counts were less than 5.

Women’s Responses to Mandatory Services

After documenting the types of services offered, we asked directors which of these services were mandatory for women. The majority of programs mandated at least one service; that is, 86% of programs required women to take part in one or more services offered. The services that were most often mandated by programs

(among programs that offered that specific service) were case management (75%), job/education assistance (41%), money management (36%), life skills classes (31%), and support groups (30%). For example, even though life skills classes were only offered by 12% of programs, 31% of those programs mandated this service for women. We did not ask directors whether transportation or child care services were mandatory because of the nature of these services.

According to executive directors, women had a range of responses to being required to participate in program services. We only asked 140 programs about women's responses, because 32 programs did not mandate services and 64 had missing data on this item. (This question was added later after directors spontaneously mentioned women's reactions in the first sets of conversations.) Qualitative responses from the directors were coded into four core categories (*very positive*, *mostly positive*, *mixed*, and *did not specify*). Of these, 33% responded that women were very positive about participating in mandatory services. Examples of executive directors' statements about women's reactions that were coded as *very positive* include the following:

Women respond very well. We are flexible and count anything that can be seen as leading to self-sufficiency or healthy living.

We created these services in collaboration with residents so we haven't really had a problem with women not wanting to participate.

Very positive; women sign agreements before entering the program and they set their own goals. All women have participated and have been supportive.

Approximately 21% of executive directors indicated that women's responses were mostly positive; that is, they reported that women were generally positive, but also mentioned some negative responses, often that mandating services did cause some women not to participate and that there were consequences for women who did not participate. For instance,

It is a love/hate relationship; sometimes women feel rules are too controlling, but most women appreciate the support.

Women are generally pleased, but there are a few women who don't want to abide by our rules.

Most women are positive; they know going into the program; we have had women in shelter apply and then decline because the rules are too rigid.

Approximately 27% of executive directors mentioned mixed responses from women. In general, this category depicted women's responses as somewhat balanced between positive and negative. In some cases, the directors mentioned that women were positive in the beginning and then became more negative over time. In other instances, directors indicated that women were more hesitant at first and then became more positive over time. For example,

Some women are extremely receptive in the beginning but by the end they are not very grateful.

Women are usually not happy at first but become accustomed to the services and then begin to appreciate them.

Mixed – some appreciate and like structure; others who don't like the rules leave.

Almost 19% of programs did not specify whether women's responses were positive or negative. Rather, they reported more on the specifics of their program requirements, for example, "Women know what they have to do to get into the program," and did not expand on women's opinions about these requirements.

Initially women do whatever they have to do not to become homeless; coordinator will meet with new clients; women know during the interview process what is expected of them.

Women have to commit to services to become eligible. They are required to go to 4 services on-site or off-site per week. We give them 3 verbal warnings, 3 written, and then if they don't comply they will be asked to leave.

Women know beforehand and staff look for women who seek services in the shelter. If women's work schedule does not permit them to participate in services or they have no transportation then we will work with them.

To gauge the relationship between the number of services required of women and executive directors' reports of women's responses to mandatory services, we conducted a chi-square test and found a significant relationship, $\chi^2 (N = 114) = 6.00$, $p < .05$. The sample size is less than the 140 programs that mandated services because we subtracted out the responses that did not specify what women's reactions were and just simply described the programs ($n = 26$). Pairwise comparisons approached significance ($p = .01$) with results showing that women's responses were more likely to be very positive in programs that only mandated one service than in those programs that mandated multiple services (60% vs. 40%). By contrast, women's responses were more often in the *mixed* category among programs that mandated more than one service (68% vs. 32%).

Finally, directors were asked their reasons for requiring specific services. There was a range of responses. Of the 134 who gave responses, approximately 30% said that they believed the services were helpful to women. Another 30% reported that funding agencies required them to mandate particular services (mostly that women meet income and employment requirements). A few directors reported both responses, that is, that it was part of their requirements for funding, but also felt the services were helpful to women (2.2%). Almost 27% reported that their programs had always had these guidelines (in some instances, the directors were new and actively trying to change the guidelines so as to not mandate services). Almost 8% reported that they had researched other transitional programs and modeled their programs after them. In all,

3% reported that they had surveyed women about what they would like to see in a THP and only mandated those services that women mentioned as being helpful to them.

Discussion

THPs are critical to women's ability to achieve economic independence after separating from their partners (Melbin, 2001). However, there is little descriptive data on THPs nationally. Most studies have focused on programs in one state (e.g., Michigan; Melbin et al., 2003). The current study is the first to provide a snapshot of THPs across the United States for battered women and their children. Our goal was to describe programs as they are now, to provide a reference point for any changes that might occur from new and expanded housing programs and policies authorized by VAWA 2005.

THPs in our sample shared many attributes, including limited choices for women on where to live, and similarities in funding sources, eligibility requirements, and services offered. In general, women were not given a choice on where to live, primarily because programs had only one building or only specific units designated for transitional housing. Regarding funding sources, almost two thirds of program funding came through state and federal agencies.

As for the eligibility criteria, most programs required women to have a history of IPV and be willing to work toward economic self-sufficiency. The prevalence of the first criterion is not surprising given that we limited our sample to programs that were either exclusively for women with IPV histories or at least served battered women and their children. The second criterion may have to do with directors' desires to ensure that program goals are met. Many of the directors mentioned that they believe if women are not willing or able to work or go back to school, they are more likely to have housing problems later and may be forced to return to an abusive relationship. As a result, many directors noted that they began screening women for their willingness to work toward self-sufficiency as a way to informally weed out those who would not make it. Given the short supply of affordable housing, directors were comfortable giving housing to those whom they felt were more likely to be able to remain on their own and secure permanent housing after their stay in temporary housing.

Finally, most programs tended to offer similar services to women, including case management, support groups, job and education assistance, and legal services. In this way, it appears that programs are trying to balance their resources to encourage women's personal recovery and economic independence.

Just as there were similarities, there were also differences among programs in the four regions in the eligibility criteria used in admission decisions and the types of services offered by programs. With the limited scope of our data it will be difficult to say with any certainty the reasons behind these differences. For example, funding

sources may dictate program policies and procedures. We did analyze the data by funding source, but did not find any significant differences on the key variables (e.g., eligibility requirements, exclusionary criteria, services offered). Most likely it was due to our funding variable, which was too broad. Programs received their funds from such varied sources that it was difficult to separate federal from state sources, for example. In this study, we did not ask executive directors for specific budget information; such information will be helpful in future research to examine reasons for differences in eligibility requirements and the numbers and types of services offered to women in THPs.

Future Considerations for THPs

Findings from this study suggest future areas of consideration for THPs. First, as new THPs develop, it will be important to understand who has access and who is excluded from them. Our data show that there were disparities within the broad category of IPV victims in terms of who was left out of THPs. For example, 33% of programs required that women complete a shelter stay before being admitted into the THP. Therefore, women who may not go to emergency shelters (e.g., immigrant women, women with disabilities, women with older male children) are automatically not eligible for those transitional housing services. Some agencies are beginning to fill these gaps by creating THPs that serve only specific subpopulations of survivors; however, more programs are needed.

Second, our data indicate that there is some benefit for these programs to examine the types of services offered and whether those services should be mandatory for women. Most programs tended to offer similar types of services, although few programs had structures in place to examine whether these services were beneficial to women. Further, 86% of programs mandated at least one service. According to our study, among programs mandating services, women's responses (as reported by executive directors) were more likely to be positive in programs where they were required to participate in only one service compared to more than one. Under VAWA 2005, programs receiving VAWA transitional housing grant money are not allowed to mandate any services. This restriction was written largely because of the anecdotal evidence from women who were dissatisfied with this aspect of housing programs. Also, programs that do not mandate services have reported that many women attend services even if they are not mandated to do so. To this end, programs have tried to survey women and to offer services that women want, which is likely to affect their attendance and satisfaction with the services. Staff also note that attendance is often related to convenience (e.g., transportation, child care); therefore, mandating the service may not always result in greater attendance. Rather, these services, because of the requirements linked to attendance, may increase stress in women's lives rather than decrease it (Allison Randall, personal communication).

It remains to be seen whether the new legislation will actually lead to changes in the implementation of services provided by THPs or the funding sources that programs use. For example, if programs disagree with the new VAWA requirements and feel strongly that mandatory services are what women need, they may try different strategies to convince women to participate or begin to apply for other types of funding that do not place restrictions on their ability to mandate services.

Future Research With THPs

The findings from this study suggest several lines of future research. First, regional differences in transitional programs found in this study warrant further attention from researchers and policy makers. Future studies might gather additional data related to contextual variables in each state (e.g., attitudes about IPV, community historical events, local and state-level domestic violence policies), so that we can begin to understand how these variables cluster together to affect housing program structure, eligibility criteria, services, and goals. It may be that region of the country is merely a proxy and that it is these contextual variables, which may differ by state or region, that affect THP's structure, content, and goals.

Second, it will be important to continue tracking THPs to examine whether there are changes in structure, content, and goals as a result of VAWA 2005. VAWA 2005 expands supports for collaborative relationships between housing, homelessness, and domestic violence service providers to develop new transitional and permanent housing options, but there is flexibility in what these relationships might look like and the types of housing programs that may result from them. These relationships may lead to innovative approaches to addressing domestic violence, but may also pose difficulties as agencies with no previous knowledge of how to work with victims of domestic violence may be forced to formally deal with this intersection. One solution is to provide domestic violence training and technical assistance to service providers at housing assistance programs (Menard, 2001). By contrast, domestic violence agencies may also face challenges in their new role as a landlord/property owner. In the short term, the learning curve could be steep for both types of agencies and differences of opinion could arise. In the long-term, however, such collaboration could lead to real social change among agencies as they begin to discuss the importance of integrating housing and domestic violence services.

In light of the new provisions of VAWA 2005, research will also need to consider how programs maneuver through funding sources that have different requirements attached to their funding. It may be that programs offer (and mandate) services because the funds used to support that particular housing unit dictate these conditions. Although VAWA 2005 requires that programs *not* mandate services as a condition of admission and retention to the program, other funding sources might require a different set of conditions that are in direct conflict with VAWA 2005. Discrepancies

among funding requirements place an undue burden on programs to try to place women who meet some, but not all of the requirements for any particular unit that is available. For example, for women to be eligible for housing funded through HUD, they must be homeless on the streets or staying at shelters; those who are staying with others temporarily would not qualify. If a woman was doubling up with someone temporarily and needed to get into a HUD-funded THP, she would be denied even though she might also meet the program's other requirements (e.g., fleeing an abusive relationship, has dependent children).

Therefore, it would be beneficial for advocates, researchers, and funding agencies to come to an agreement on a consistent set of eligibility requirements and service options. An added benefit to such an agreement is that it may provide an opportunity to share evidence about the types and content of services that are related to women's successes in achieving their personal goals and their ability to achieve program goals (e.g., securing permanent housing after leaving transitional housing).

Another directive for future research is the need to differentiate between mandatory services and rules. In the current study, many directors mentioned that women did not like to follow the rules of the program. These rules may or may not be confined to mandating services. Programs may have additional requirements not necessarily linked to services, eligibility, or exclusionary criteria. For example, programs may have evening curfews, stipulate that there can be no overnight guests or alcohol on the premises, and require that women submit to housing inspections (Melbin et al., 2003). Therefore, it will be important to discern the meaning of program references to rules and how these overlap with or are different from eligibility and exclusionary criteria, and mandatory services. It will also be important to understand the nature and rationale of each from the program's perspective and to understand, from the women's perspective, the impact of each on their lives and the lives of their children. Our data offer a step in this direction by describing executive directors' reasons for mandating services.

Finally, with the call for increases in funding for THPs under VAWA 2005, there is a need for evaluation to ensure that these funds are being used in ways that have a positive impact on women's lives. Outcome research in this area is very limited; more research is needed to determine whether women who receive transitional housing are protected from revictimization and whether they are more likely to become self-sufficient and move into permanent housing.

Limitations

As with any study, this one is not without limitations. First, all of the data were collected either through Web searching or from interviews with executive directors of THPs. It is possible that other staff at different levels of the organization would have answered questions differently. Interviewing battered women directly about their experiences would have brought forth yet another perspective. Previous

research has found very different opinions when interviewing staff and residents of housing programs (Melbin et al., 2003). For example, it is conceivable that women might feel compelled to give only positive feedback to program staff as they are afraid of losing their housing otherwise. In this way, asking executive directors about women's responses may have resulted in an overrepresentation of positive responses.

Second, the data in this study were cross-sectional and, therefore, did not capture the history of programs. A few directors noted that they were unsure of how their programs came to require specific services as these discussions happened before they were hired. Compiling a program history could be helpful in illustrating to new staff the reasons behind decisions as well as in providing feedback on whether changes to current policies and procedures are necessary. In fact, some directors were currently advocating a change in agency protocols to discontinue mandating services when we spoke to them.

Third, our data on services offered by programs may be somewhat biased as we did not operationally define each service to executive directors when we talked with them. During interviews with directors, we simply asked whether they offered X service (e.g., legal services, parenting services) to women without providing them with definitions to ensure that there was a consistent interpretation for each service. For example, case management may not always mean the same thing; some programs offered weekly check-ins with advocates, whereas others simply suggested that women see a counselor or advocate when necessary, but both were referred to as case management. In future research, it would be helpful to include definitions (e.g., case management is defined as . . .) to provide a more detailed understanding of the specific components provided within each broad service type. This level of detail will be beneficial when conducting program evaluations. For example, if two different programs list the same set of services but one program is associated with an increased rate of women securing permanent housing and the other is not, it may be difficult to determine the reason for the difference. With more detail comes the ability to understand why differences exist, which in turn allows directors to make more informed decisions about programmatic changes.

Finally, our selection of states presents an inherent limitation in the study. Although we tried to carefully select states for our study that would loosely represent THPs nationally, it is very possible that the states we chose were not necessarily representative of their region, which would affect the interpretability of our regional comparisons. Similarly, it is possible that data from the larger states (e.g., California) may be influencing the results for a particular region. Future research may choose to select states with similar numbers of programs within a region to ensure adequate representation. Other options would be to try to construct a national random sample of states or to include all states in the study. Also, gathering additional information about the policies in each state will be helpful in determining whether there are other variables that are contributing to the regional differences found in this study.

Conclusion

Ultimately, one of the main goals in providing women with access to transitional housing is to increase their ability to live safely and achieve economic stability. Currently, in addition to actual housing, THPs offer many services for women to accomplish these goals. VAWA 2005 is an attempt to increase access to housing for more women and to bring agencies with diverse perspectives together to reduce the impacts associated with the intersection of domestic violence and homelessness. The current study provides a snapshot of existing THPs and their characteristics before the implementation of VAWA 2005 and, therefore, is a useful reference from which to examine potential programmatic changes resulting from VAWA 2005 statutes.

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