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## “Having Housing Made Everything Else Possible”: Affordable, Safe and Stable Housing for Women Survivors of Violence

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### Abstract

Research indicates that the need for safe housing and the economic resources to maintain safe housing are two of the most pressing concerns among abused women who are planning to or have recently left abusers. Intimate partner violence (IPV) is frequently an immediate cause or precursor to homelessness and housing instability. The aim of the study is to explore abused women’s experiences accessing affordable, safe, and stable housing. To achieve the aim, adult female IPV survivors answered questions about: 1) steps that were taken to secure housing; 2) safety issues after leaving the abuser; 3) barriers to obtaining housing; and 4) responses from housing and domestic violence advocacy systems related to survivors’ housing needs. Four major themes emerged from the in-depth interviews: 1) stable, affordable housing is critical in increasing safety; 2) survivors face multiple systemic or individual barriers; 3) survivors develop and utilize an array of creative and resourceful strategies; and 4) survivors identified a variety of supportive services tailored to address their needs. The findings inform practice, policy and research for both the housing and domestic violence service systems with an emphasis on collaboration to meet the complex safety and stable housing needs of survivors and their families, particularly following the impact on housing of the 2008 U.S. economic crisis and subsequent recession.

### Keywords

Domestic Violence; housing; advocacy; social services; women; safety; economic crisis

## The Extensive Effects of Intimate Partner Violence

Intimate partner violence (IPV) is a significant global public health and human rights issue (Garcia-Moreno et al., 2006). IPV results in an estimated 1,200 deaths and 2 million injuries among women in the United States annually (Black and Breiding, 2008). More than 35% of U.S. women report a lifetime history of IPV and 40–50% of female homicides are attributed to IPV (Campbell et al., 2003; Centers for Disease Control and Prevention, 2011; Koziol-McLain et al., 2006; Mercy and Saltzman, 1989). It is well known that IPV results in significant and long-term negative health and social consequences (Campbell, 2002). The aftermath of injuries, fear, and stress associated with IPV can result in chronic physical and mental health problems that often interfere with daily functioning, employment and quality of life (Macy et al., 2009; Gorde et al., 2004; Weaver and Clum, 1996).

Multiple, complex and inter-relating factors influence women's decisions to remain in an abusive relationship (Edwards et al., 2012; Lacey et al., 2011). These factors range from fear of reprisal or re-assault by the abusive partner to financial or resource barriers that limit her ability to support herself and her children after leaving the relationship (Dutton and Goodman, 2005). Specifically, domestic violence advocates, policy makers, and survivors frequently report IPV as an immediate cause of—or precursor to—housing instability and subsequent homelessness (Tischler et al., 2004; Rollins et al., 2001). Among US city mayors surveyed in 2005, 50% identified IPV as a primary cause of homelessness in their city (US Conference of Mayors-Sedexho, 2005; Byrne et al., 1999). The need for safe housing, and the economic resources to maintain housing, are often the most pressing concerns among abused women who are planning to leave, or have recently left, abusers (Anderson and Saunders, 2003; Centers for Disease Control and Prevention, 2011).

### IPV and Housing Instability

Few studies examine the interaction between IPV and housing instability (Burman and Chantler, 2005; Pavao et al., 2007; Rollins et al., 2012). Housing instability is different from “literal” homelessness. Housing instability indicators include difficulty paying rent or a mortgage; being denied housing because of past credit or rental history problems; eviction threats or notices; moving frequently; living in over-crowded conditions, or “doubling-up” residence with family or friends (Kushel et al., 2006). An IPV-survivor may currently occupy a home, but can face multiple difficulties, both individual (e.g. loss of job) and systemic (e.g. high unemployment rates, increases in cost of rent), to maintain that residence.

Housing assistance available to survivors of IPV differs not only by state but also from community to community. Assistance ranges from short-term crisis intervention to permanent housing for survivors and their children (Baker et al., 2009). Options include emergency shelters, site-based transitional housing—with a usual stay of 6 months to one year—rent assistance and subsidized permanent housing (Niolon et al., 2009). To date, there is no centralized clearinghouse that tracks these housing services. There is also limited partnership and communication between affordable housing systems and domestic violence

advocacy programs about the continuum of available housing programs, services and needs of IPV survivors (Baker et al., 2009).

IPV survivors may not know about housing assistance options or the assistance most appropriate to their current situation. Nor is there enough affordable housing in the community for women who may need it (National Network to End Domestic Violence, 2010). These limitations are likely more pronounced since the U.S. 2008 economic crisis. To our knowledge, there are no published studies about the effects of the economic crisis and ensuing recession on IPV survivors' access to housing. However, decreases in affordable housing stock, increases in rental costs, higher unemployment rates and falling incomes have had a major impact on available housing options (Collinson, 2011; Steffen et al., 2011; Joint Center for Housing Studies, 2012).

Therefore, the study explores abused women's experiences accessing affordable, safe, and stable housing. These findings will advance social service professionals' practice in both housing and domestic violence advocacy systems to meet the complex challenges to safety and stable housing for survivors and their families.

## Methodology

This qualitative research study stems from a sub-sample of the parent Centers for Disease Control and Prevention (CDC) funded Safe Housing and Rent Evaluation (SHARE) study (Niolon et al., 2009; Rollins et al., 2012). The SHARE study is a longitudinal, quasi-experimental effectiveness trial examining safety, housing stability, service utilization and health outcomes for abused women and their children who have accessed housing and domestic violence programs after leaving an abusive relationship in a medium-sized metropolitan area.

The research questions of the qualitative portion of the study explored abused women's range of experiences in accessing affordable, safe and stable housing, including: (a) what steps they took to secure housing, (b) safety issues after leaving abusers, (c) barriers to obtaining housing, and (d) responses from housing and domestic violence advocacy systems related to their housing needs.

## Participants

Eligibility for the SHARE study included women reporting: (a) physical and/or sexual violence by an intimate or ex-intimate partner in the previous six months; (b) accessing services through a partner community-based housing and/or domestic violence advocacy program; (c) housing as a primary need, defined as living in a dangerous situation (e.g. at a location known to abuser), at risk for losing current safe housing (e.g. eviction notice, in temporary housing) and/or currently being homeless; and (d) planning to reside in study catchment area for two-years (Niolon et al., 2009; Rollins et al., 2012).

Participants were eligible if they completed the baseline interview in the parent study at least 3-months previously and consented to be re-contacted for qualitative interviews. The research team selectively sampled eligible participants based on differences in the following

four characteristics from baseline interviews to maximize theoretical variation of the data collected (Drauker et al., 2007):

1. Racial/ethnic diversity;
2. Housing stability: dichotomized as high or low;
3. IPV experienced: dichotomized as high or not high on the Danger Assessment, a validated measure for severity of violence in abusive relationships (Campbell, et al., 2003); and
4. Mental health issues as reported on validated measures of symptoms consistent with Post Traumatic Stress Disorder (PTSD) and depression – operationalized as a range of scores on the Center for Epidemiological Studies Depression Scale (CES-D) and PTSD Checklist.

## Procedures

Eligible women were contacted by trained research assistants (RAs) using the safe contact methods supplied by participants upon enrollment in the parent study. Participants were invited to complete a face-to-face in-depth interview. For those who consented, the RA arranged a time and location deemed safe by the participant for the interview. Participants were compensated \$20 for their time and expertise.

Based on preliminary data from quantitative interviews with the SHARE sample ( $n=278$ ), the research team—including staff from partner domestic violence and housing providers—determined key categories of interest and developed the qualitative interview questions (Rollins et al., 2012). The interview domains were: (a) current housing stability; (b) twelve month history of housing stability; (c) challenges experienced in securing housing; and (d) services received. Institutional approval was obtained from the CDC, Oregon Health and Science University and Johns Hopkins University.

## Analytic Process

Each qualitative interview was digitally recorded and transcribed. Interviews with Spanish-speaking participants were transcribed in Spanish and transcripts were translated into English by a professional translation service. Transcripts were reviewed for accuracy prior to analysis by the investigators and RAs who conducted the interviews.

Using a qualitative descriptive thematic analysis based in both interpretive description (Thorne, et al., 1997) and naturalistic inquiry (Aronson, 1994), the authors first conducted a systematic reading of all transcribed narratives in order to gain a global understanding of the content and context of each narrative (Thorne et al., 1997). The team read each narrative line-by-line making general comments and identifying potential themes related to the research questions (Rodgers and Cowles, 1993; Sandelowski, 1993; Thorne, 2008). This initial reading allowed the team members to gain a comprehensive view of the women's reports of housing stability and experiences accessing, and securing and maintaining affordable, safe and stable housing (Thorne, et al., 1997). The team members used open coding during the next reading to identify themes within and across the narratives (Cohen et al., 2000; Corbin and Strauss, 2008). Themes bring together components or fragments of

ideas or experiences, which often are meaningless when viewed alone (Leininger, 1985). These themes were explored within and across narrative cases for interactions and relationships relevant to the research questions and overarching research aim (Thorne, 2008). The entire team collaboratively reviewed and compared all themes and suggested exemplars to the research questions and came to consensus regarding theme relevance and appropriateness prior to proceeding. The final step of analysis included all authors examining the remaining themes for fit with the overarching research aim. Based on this final step of analysis, these themes were then categorized and collapsed into a final set of four revised themes.

### **Authenticity and trustworthiness of qualitative data and analysis**

Qualitative interpretation requires implementation of safeguards to assure confirmability, auditability, and credibility or authenticity (Miles and Huberman, 1994; Tobin and Begley, 2004). Confirmability: The methodology, procedures, and analysis are described here so others may confirm our findings with a different sample. Auditability: During the analytic process, narratives were first read individually and conclusions recorded. All authors participated in coding checks and discussions of theme groupings during the analysis process and production of final results (Miles and Huberman, 1994). Peer review of memos and analytical decision notes and verbal debriefing took place during the analysis process as a qualitative mechanism that serves a similar function to inter-rater reliability in quantitative research (Creswell, 2003; Miles and Huberman, 1994; Thorne, 2008). Credibility or authenticity: Credible interpretation must be a good ‘fit’ between the participants’ views and experiences and the researcher’s interpretation of them (Tobin and Begley, 2004; Thorne, 2008). The developing interpretation must be sound and relatively free of bias during the research process. While member checking was not an available tool in this analysis, two of the authors completed interviews with qualitative study participants, and also conducted baseline, 6-, 12- and 18-month interviews in the parent study. Therefore, they were well versed in the study and able to provide context and assurance that themes and exemplars developed represented the women’s situations and experiences. After each read of the transcripts, the authors discussed their findings, checking for accuracy of interpretation.

## **Results**

### **Participant Demographic Characteristics with Profiles**

Eleven women from the SHARE study completed qualitative in-depth interviews. Mean age of the participants was 32.82 (SD = 8.12). Two women (18.2%) were employed at the time of the interview. Five (45.5%) women had some college education, but all women were living on limited incomes, on average between \$500 and \$1500 a month. During the past 12-month period, the average number of moves by participants was 3.9 (SD = 4.93) and ranged from 0 – 14 moves. Table 1 presents detailed information on participant demographics. Additionally, brief profiles of selected participants are presented below. These profiles are provided to demonstrate the complexity and interrelationships of IPV and factors—such as poverty—influencing housing stability. All participants’ names and identifying characteristics have been changed to safeguard privacy.

**Participant #1**—Carol is a 40-year-old woman with three children. Carol’s abusive husband violated her restraining order, was subsequently arrested, but later released from jail. At the time of interview, Carol was employed and renting a 4-bedroom house she secured with help provided through an emergency state grant for domestic violence victims to assist with costs related to safety. Carol reported having difficulty locating information about housing services in her community. She considers moving because her abusive husband has come to the rented house on more than one occasion to threaten her and the children. However her dog, which helps her feel safe in the home, limits her options as many rentals will not accept pets.

**Participant #2**—Rosie is a 42-year old Spanish-speaking woman living with her one child in a rented room in a house. She reported trying to leave her husband multiple times, but with no other place to go she would return to their shared residence. At times, she would park the car and sleep in it because she did not want to go home. A neighbor called the police during one of her husband’s assaults and she left to stay with her mother for safety. Rosie then moved in with a neighbor for 2 months until she received support from a domestic violence rent assistance program. She moved into an apartment with a roommate with the support of the rental program. The living situation did not go well as the roommate disclosed information about Rosie to Rosie’s abusive husband. She moved again to a rented room in a home where she currently resides. Rosie has a restraining order, but her abusive husband continues to harass and threaten her at her home. Rosie does not feel safe but does not have the financial ability to move.

**Participant #3**—Elizabeth is 22 years old, with three children. After 8 months of searching for housing, she is living in an apartment with support from the Federal Section 8 housing program. She is pleased with the rental complex as the neighborhood is safe for her children. Prior to obtaining the apartment, she moved frequently between family and friends while she searched for employment and housing. At times she slept with her three children in her car. She had been turned down by several rental properties because her rental applications showed a previous assault charge filed against her by her ex-partner. The authorities subsequently dropped the assault charges allowing Elizabeth’s rental applications to be approved.

## Themes

Four major themes emerged from the in-depth interviews and are detailed below:

**1. Stable, affordable housing is critical in increasing safety for the survivor and her children**—Participants reported they could not afford housing payments without additional financial resources. This forced women to make difficult housing decisions impacting their safety. Some women reported they could not make housing payments without their abusive partners’ incomes and thus had few alternatives than to continue living in an abusive situation. Many participants also discussed feeling unsafe after moving to sub-optimal housing and/or undesirable neighborhoods due to the lack of affordable housing options in areas of their choice. Limited housing options jeopardized the safety of survivors and their children. As Kelly explained:

“They [the kids] don’t feel safe here anymore. They want to move too. But the whole thing is, it’s all financial, everything’s financial. If I had the money to do so, I would be gone, you know, that’s one of the things you lose is choices and we either have to move to somewhere less, in a bad neighborhood, or we have to stay where we are.”

Additionally, limited availability of affordable and safe housing in the rental market combined with on-going financial hardship sometimes became an insurmountable barrier. Thus some participants were forced to return to the abuser’s home with their children after they had attempted to leave. This is reflected in Ellen’s story:

“We left and I couldn’t find a single place to sleep or anything and I went back. I couldn’t find anywhere to go. I didn’t know about the help that there was. Once I left at night, walking, and my two children say let’s go, mommy, let’s go [away from the home]. They were very little. I left and went walking. I didn’t have money for the bus and I didn’t even know where I was going but, right then, I told them it was best for us to go back.”

**2. Survivors face multiple systemic or individual barriers to housing**—During the process of looking for housing, women encountered multiple barriers. These included landlords who were disrespectful or who tried to take advantage of participants’ urgent housing situation by requiring additional fees. Women also reported their own rental, credit and/or criminal histories excluded them from housing services. These barriers sometimes resulted directly from their abusive partners’ behavior, such as destroying previous rental properties or survivors’ credit ratings. Participants also observed that service providers working in housing, social service or domestic violence agencies were often under-resourced, uninformed or were unable to respond effectively to the safety and housing needs of survivors. Participants reported they sometimes felt re-victimized by agencies that they thought were there to help women secure resources to increase their safety. Kelly reported:

“The way they set it up, is you’re at everybody’s mercy and that’s really aggravating, you know. So the people who are supposed to help you make sure you know, you’re at my mercy and then the people who abuse you, make sure you know, you’re at my mercy. So what’s the difference, aren’t they both abuse?”

Additionally, participants often felt overwhelmed by the social service agency bureaucracy. Women reported having to visit multiple offices and with each visit they were required to repeat and validate their history of IPV. Kelly’s statement captures the feelings expressed by participants:

“If you really don’t believe somebody’s been battered...that’s one thing, but if you know it and you have proof, they shouldn’t have to tell each person their story. They shouldn’t have to go through the same thing a million times at a different agency and then after they listen to your story, write it all down, then they have you verify it, then they say I can’t help you, or we’ll give you a long list with people on it that might be able to do something.”



These housing programs often required additional commitments from a woman in order for her to access financial resources. For example, one participant was required to attend job skills classes at the same time that she was expected to look for a rental property for herself and children. Elizabeth explained:

“I would have found work even more quickly but they wouldn’t pay for daycare unless I was in an employment training program. So I only could look, like, actually go out and look and go to [housing] interviews if I had a babysitter. I had to find somebody that had time and would do it for free. Yeah, so I had to do it completely on my own. I didn’t even get the daycare help or anything because I did not want to go to their stupid class.”

Women who reported individual histories of rental, credit or criminal problems had even more difficulty. Elizabeth reported:

“At first I was told because they wouldn’t let me have it [housing] when I had that assault charge and I was homeless. Then that whole domestic violence thing happened and somebody said they were going to push it through - and then somebody else said no we can’t do that. You have to wait a month or two just like everyone else and blah, blah, blah. I’m like what the heck am I suppose to do?”

These and other barriers often require a tailored or personalized approach by service providers to assist survivors in overcoming their specific barriers rather than employing a “one-size fits all” method that likely does not address these complex issues. As Carol stated:

“If they could have helped me how I needed help, I would have been gone [from the abusive partner] by now.”

### **3. Survivors develop and utilize an array of creative and resourceful strategies when access to housing is limited—**

Women used whatever means available to maintain as safe an environment as possible for themselves and their children as they looked for stable housing. Many women developed and utilized a wide range of carefully thought out strategies to manage difficult situations and reduce levels of stress and trauma, particularly for their children. For example, after Jane left her abuser she stayed with friends and family for brief periods of time to lessen the likelihood they would refuse to accommodate her and her children if she needed a place to stay later. Jane explained:

“I was living out of my car and I had the big Rubbermaid totes. I had one for my daughter’s clothes, one for my son’s clothes, one for my clothes, and one for all our socks and underwear. And, I would have some select toys in my car that we would take with us everywhere. We lived in about five different places so that’s why I had to have those tubs; because it wasn’t like we were staying in any one place. We would stay somewhere maybe for a couple of days, stay somewhere else for a week.”

Participants demonstrated their perseverance through adversity by using whatever resources surfaced. Cecilia explained:

“I couldn’t have humanly done this by myself completely but I did have to work really, really hard and I did have to pursue and I did have to wait and I had to wait



my turn and you know I had to utilize whatever resources whether it's an abandoned house or a transitional housing program. There's something to be said about persevering."

**4. Survivors identified a variety of supportive services specifically tailored to address their needs**—Women reported specific services or assistance they needed as well as the importance of trained, compassionate and persistent providers at housing and/or domestic violence agencies. Participants stated that having someone listen to them with respect and assist with finding housing resources, while also sticking with them through setbacks, was important to participants' ultimate success in achieving stability. Marie stated:

"I think that just the individual attention that she [the advocate] was able to give to me which was to find out what my needs were, what I was looking for and then she just, she just stayed on it. She just didn't give up. They helped me get in and pay for the first two months rent and they still continue to help me. And she tells me how I'm going to prepare myself, so when the day they stop helping me how am I going to do it. And they help me with whatever I need."

Cecilia added:

"The opportunities that I have gotten have been essential. I mean they are so wide spread they do so many different things and ah I mean that's where the advocate got involved and the child counselor got involved... the housing piece, there was assistance and then the advocacy. You know she [advocate] would do everything... would do everything from helping me with finding a place on the internet to finding places on Craigslist, so literally she did everything she could. So that was so huge just everything that they did, and having housing made everything else possible."

## Discussion

IPV survivors in this study identified the lack of housing resources in their community as impacting their ability to leave or stay safe from their abusive partners. This lack placed women, and their children, at risk for further exposure to IPV. Previous research has reported similar findings: Dichter and Rhodes (2011) found high levels of needed housing and economic support services among domestic violence victims who called the police, and that women felt those resources were directly linked to their safety. Baker and colleagues' (2009) national analysis of currently available temporary housing programs reported few programs addressing IPV survivors' unique safety needs when leaving an abusive relationship.

Unfortunately, in the past two decades, the supply of affordable housing has not grown to match the demand in communities (Rice and Sard, 2007). This was further compounded by the U.S. 2008 economic crisis and subsequent recession. The interviews for this study were conducted between May of 2007 and August of 2008 and give insight into the context for IPV survivors' with housing needs at that time. However, the economic downturn has significantly impacted the availability and affordability of rental housing across the country

over the past 4 years in a number of interrelated ways. The rental market became strained as homeownership rates declined during the crisis, and in 2011 homeownership was at the lowest rate since 1998 (Joint Center for Housing Studies, 2011). With a surge of renters, low vacancy rates meant rising rents in nearly every housing market across the country (Joint Center for Housing Studies, 2012). Additionally, the supply of low-cost rental units declined leaving people to compete for fewer affordable units. According to recent American Community Survey data, between 2007 and 2010 the number of housing units renting for \$500 or less had decreased by one million (National Low Income Housing Coalition, 2011). A 2011 Housing and Urban Development report indicated that there were only 32 units of adequate, affordable rental housing available for every 100 low income renters (Steffen et al., 2011). This is critical given the women in this study reported low monthly incomes: between \$500 and \$1500 monthly. Inadequate federal response has also been a contributing factor in the availability of affordable housing. Housing subsidies post recession have not increased to meet the growing number of people struggling to afford housing (Joint Center for Housing Studies, 2012).

A devastating consequence of the recession also impacting housing affordability was skyrocketing national unemployment rates, which doubled from December 2007 to a peak of 10% in October 2009 (U.S. Department Of Labor: Bureau of Labor Statistics, 2012). Though unemployment rates among men were higher than women throughout the recession, the rate for single mothers (like the women in this study) continues to be twice that of married men or women (English et al., 2009). Additionally, the lack of employment opportunities contributed to falling household incomes. From 2007 to 2009, the median income for renters, adjusted for inflation, decreased by almost \$1000 (Collinson, 2011). Rising unemployment and falling wages can mean severe housing cost burdens for low-income families, such as the families in this study. Housing is categorized as affordable if a household pays less than 30 percent of its income on housing. Between 2007 and 2010, the number of households in the U.S. paying more than half of their incomes for housing increased by 2.3 million, bringing the total number to an astonishing 20.2 million households (Joint Center for Housing Studies, 2012). This combination of factors has contributed to a housing market that has likely impacted IPV survivors' ability to secure and maintain affordable housing when attempting to escape domestic violence.

In addition to inadequate income and increased competition for dwindling affordable housing stock, IPV survivors in this study faced a variety of additional systemic or individual barriers to obtaining housing. Women reported that they did not know where to go or whom to ask about assistance. When women were able to access services, they discussed a range of experiences while interacting with social service professionals. Some women reported feeling overwhelmed and re-victimized, while others felt supported and linked with needed and appropriate resources. Studies have documented the need for social service professionals to build supportive, respectful, non-controlling relationships with clients affected by IPV and to work together to identify individualized needs instead of prescribing a set service regimen (Postmus et al., 2009; Ponc et al., 2011; Keeling and van Wormer, 2012; Zweig and Burt, 2007; Johnson and Sullivan, 2008). Researchers and advocates have also urged systems to work collaboratively, including capacity building and

inter-agency training, in efforts to improve care to survivors by providing a coordinated community response (Haeseler, 2013; Zweig and Burt, 2007; Eastman et al., 2007).

Many women demonstrated creativity, resourcefulness and incredible persistence to assure the safety and well-being of themselves and their children. They implemented a variety of strategies: carefully scheduling “couch-surfing” with friends and families, organizing children’s belongings for normalcy and portability, as well as working with multiple service providers often with competing demands to access emergency funds to pay for a deposit in order to move away from an abusive partner. Many housing decisions made by women were based on perceptions of what was best for their children. Similar to results from Irwin, Thorne, and Varcoe’s (2002) study of survivors of IPV and their protective roles, many of the decisions made by participants were made in the hopes of minimizing the effects of violence and instability on their children’s lives.

Women in our study identified housing services as a need, but indicated that there are many steps before actually receiving resources. They also identified housing considerations needed beyond rental assistance. Survivors also needed well-maintained homes, in safe neighborhoods unknown to their abusers, which were located near their children’s schools and their own social networks. As one woman who was successful in securing safe housing described, the ability to have housing is key to achieving safety and stability for IPV survivors and their children: “Having housing made everything else possible”.

### **Implications for Policy, Practice and Future Research**

The results of this study provide in-depth information to improve understanding of the barriers faced by survivors in obtaining safe and affordable housing. In addition, these findings highlight the helpful social services received by survivors when faced with limited financial resources and ongoing safety concerns. The availability of affordable housing, employment opportunities, and social services has declined due to the 2008 U.S. economic crisis and likely resulted in additional barriers for survivors. As this study was conducted before the 2008 U.S economic crisis, the specific impact on IPV survivors is not yet known.

The findings represent the experience of a small sample of IPV survivors participating in the SHARE longitudinal study on housing stability. Thus, the findings are not generalizable to all female survivors of IPV with housing as a primary need. However, the voices of the women in this study emphasize the need for collaboration between housing and domestic violence advocacy systems including funding, policy and practice considerations that utilize tailored or personalized strategies for safety rather than a one-size fits all approach. Experiences of survivors in this study with caring, knowledgeable and persistent social service professionals underscores the importance of well-trained professionals working in diverse community and clinical settings. Additionally, this study highlights the need for research on the unmet safe, affordable, and stable housing needs of IPV survivors and their children. This is particularly important given the potential long-term health and social effects of IPV and the continued impact of the economic crisis and recession on affordable housing and employment.

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Table 1

## Participant Characteristics (N=11)

Name	Age	Race/Ethnicity	Children	Moves in 12 months	Ongoing IPV	Narrative Notes
Cecelia	35	W	2, very young	6	No	After a violent attack, partner in jail and participant was evicted from apartment. Children placed in foster care due to the violence. After moving multiple times was able to access rent assistance and her children were returned to her.
Suzy	45	W, NA	1, adult	5	No	Disabled, many chronic health issues, lifetime trauma history. After leaving abuser and moving multiple times to find stable housing, able to get subsidized housing for people with disabilities.
Carol	40	AA	3, school aged	0	Yes	Partner has been harassing her at home; contemplating move; has chronic health issues. Went to Legal Aid for help in navigating housing services.
Shelley	35	Lat	2, school-aged	3	No	Partner was an alcoholic and controlled all finances. When she left him was able to get into shelter, but had difficulty navigating housing services. Did find subsidized housing but struggles financially
Elizabeth	22	W, Lat	2, very young	12	No	Had charges filed against her by ex-partner, made it difficult to find housing. 'Couch-surfed' at friends' and family's homes, once charge was dropped was able to attain safe housing.
Marie	26	AA	3, very young	1	No	Though participant had eviction and credit issues related to abuser, was able to access Section 8 housing, but is concerned about her children living in the neighborhood because of drugs and crime.
Jane	24	W, AA	3, school-aged and very young	1	Yes	Abuser is in jail but participant is being threatened by his new girlfriend. Is receiving rent assistance, but knows won't be able to afford her housing when the assistance ends.
Rosie	42	Lat	1, school-aged	14	Yes	Tried to leave abusive partner 10 times. After an assault where police were called, she stayed with multiple people before accessing a rent assistance program. Abuser has violated the restraining order multiple times. Does not feel safe in her home but cannot afford to move.
Kelly	28	Lat	2, school-aged	2	Yes	Jumped off a balcony with her daughter to escape abuser. She lived in her car, the park, and friends' houses while trying to get stable housing. Got into housing from coordinating assistance with several services. Very afraid abuser will find her as he has in the past.
Megan	25	Lat	4, school-aged	3	Yes	After leaving abuser, he took one of their children and continued to stalk and threaten her, forcing her to move multiple times to hide. Struggles with depression but feels safe for now in her current housing.
Ellen	39	W	2 school aged, 2 adult	0	Yes	Participant was able to access a one time grant for DV survivors in order to move into stable housing. Struggles with PTSD.