

*“Housing Made Everything Else Possible...”*

## The SHARE Study

Chiquita Rollins, PhD  
[cmrollins@q.com](mailto:cmrollins@q.com)

Kris Billhardt, MEd, EdS  
[kbillhardt@voaor.org](mailto:kbillhardt@voaor.org)

# Today's Aims

- Present information about impact of housing instability on survivors and their children
- Describe findings of SHARE Project, including 18-month outcomes
- Discuss lessons learned and practice implications for homeless families programs and domestic violence programs

# DV and Housing Instability

- 38% of all DV survivors become homeless at some point
- 46% of homeless women stayed in an abusive relationship because they had nowhere else to go
- Poor women experience DV at higher rates and have fewer resources with which to seek/maintain safe and stable housing
- DV impacts many areas of survivors' lives that can increase risk (physical & mental health, employment, education, social supports)

# Home Free's Evolution

- Roots: Shelter for homeless women and children (1926)
- Incorporated DV services in early 1970's
- Added non-residential services in 1998, including pilot of housing services
- 2003: Closed shelter to expand non-residential services
- 2005: Home Free's housing program included in CDC-funded study (SHARE)
- 2010: Home Free's housing program designated as best practice by NAEH, used as model program/consultant for Gates Foundation and WSCADV

"It absolutely devastated me and my family being homeless"

- Domestic Violence Survivor

# Impetus Behind Our Change: Advancing Housing Options is Part of Ending DV

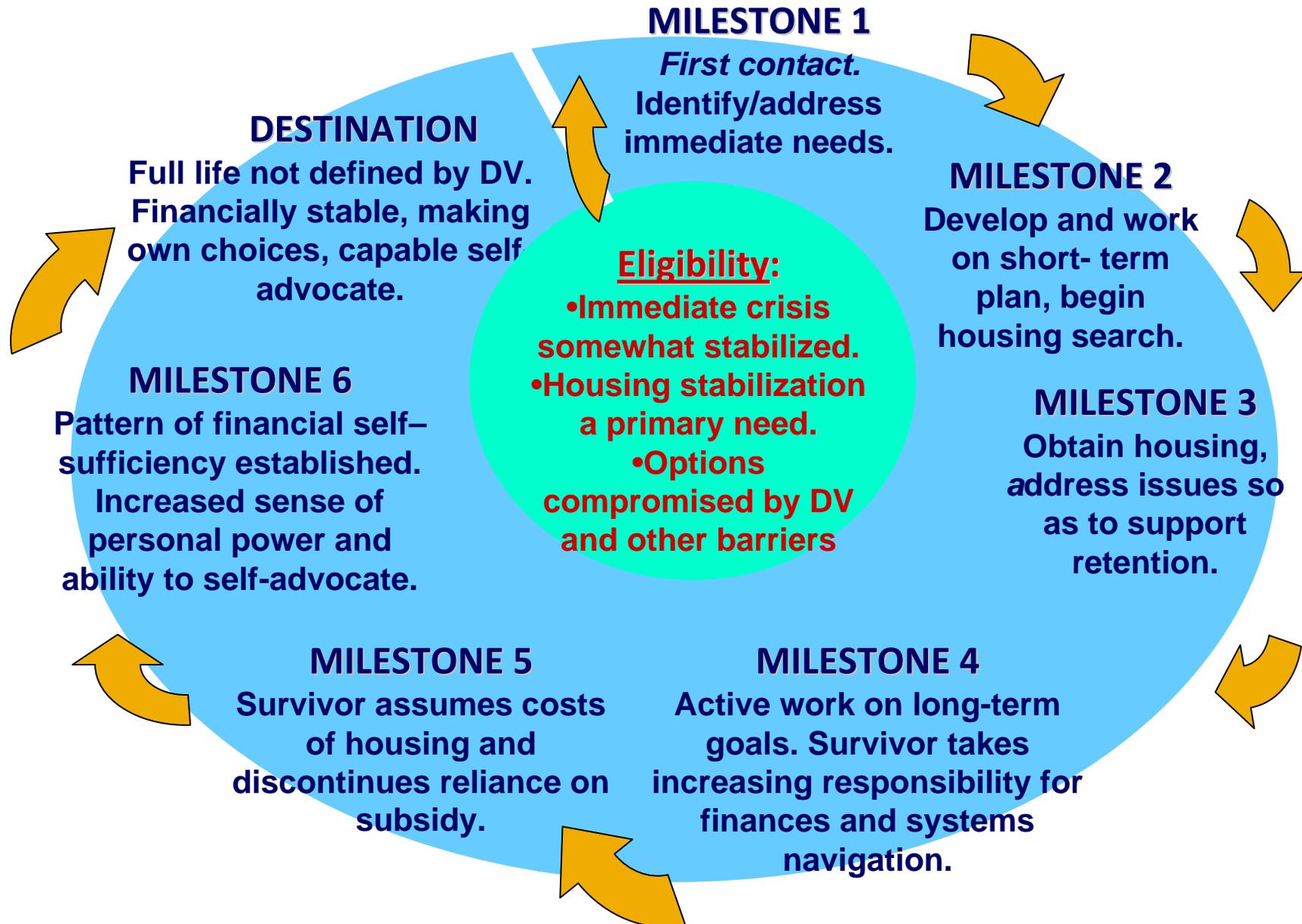
- Finding and keeping housing one of greatest barriers faced by women who leave (or try to leave) abuse
- The DV shelter system immensely strained because families can't access housing after a shelter stay
- Racism and inequity results in disproportionate number of survivors of color among the homeless
- Women who secure housing and stay connected to DV advocates reduce chances of re-victimization and report higher quality of life

# Home Free's Approach

- Broad eligibility with minimal program requirements
- Tailored services driven by survivors' needs
- Outreach, mobile advocacy and home visits increase accessibility of services
- Strong emphasis on working across systems to address barriers
- All service components (emergency, transitional child/youth, and outstationed) access flexible funds for wide range of participant needs
- Non-facility-based, scattered site model

# Flow Through Housing Services

Rolling Annual  
March 2012



# SHARE Study

- Collaborative Community Based Research
  - What's the role of housing stability in preventing re-victimization and reducing negative health outcomes of DV survivors and their children?
  - Effectiveness of housing-first model for DV survivors
  - Cost of services

Quasi-experimental longitudinal study funded by CDC (U49CE000520-01)

# Demographics of Study Participants

- **Race and Ethnicity:** Over half of the sample (59%) were women of color
- **Education:** About half of the sample (49%) had a GED, high school diploma or less
- **Employment:** Participants had high rates of unemployment (70%) and poverty (90%)
- **Children:** Most participants (83%) had children

# Baseline Findings

- **Health:** High rates of PTSD and depression
- **Severity of Violence:** Extreme levels of danger
- **Employment:** Ability to work highly compromised
- **Service Utilization:** High use of public services
- **Children:** High rates of pediatric symptoms, missed school, and functioning outside of normal ranges
- Low levels of “**literal**” homelessness, but high **housing instability**

“They were stressed out and so they weren't acting how they normally would - - because they're very good -- but during this time they weren't and we just kept moving along staying here or there and everywhere.”

- Domestic Violence Survivor  
(referring to her children)

# Importance of a Housing Instability Measure for DV Survivors

- Most women and DV survivors are not “literally” homeless
- Interplay of housing instability, danger and poverty
- Impact of housing instability on survivors and children has not been well measured

# HII Findings at Baseline

## Higher Housing Instability correlated with

- Higher PTSD
- Higher danger levels
- Higher depression levels
- More absences from work/school
- Higher use of emergency medical care
- Poorer quality of life

# What Happened to Housing Instability Over Time?

- On average, women reported 4.65 risk factors at baseline (higher number indicating greater risk, possible scores 1-10).
- At study's end, housing stability had improved significantly; the mean HII decreased to 2.41.
- 82% of the women who were stably housed at 6 months remained stably housed at the 18-month interview.

“It doesn't feel temporary and that's something that's very positive when you're living under a lot of stress.”

- SHARE Study Participant  
(referring to her stable housing)

# Dramatic Positive Changes for Women and their Children Over 18 Months

- Women and children were safer:  
Number of women reporting extreme danger dropped from 237 to 24.
- Their housing stability improved significantly:  
Nearly 80% fewer moves. Number of days in emergency housing dropped by 78%.
- For most measures, improvements most notable in first six months, more gradual improvement thereafter

# There Were Dramatic Positive Changes Over 18 Months

- Women had better quality of life and were better able to succeed in day-to-day-life
  - Missed fewer days of work
  - Greater job stability, improved income
  - Decrease in problematic alcohol/drug use
- Women had improved health and mental health
  - 25% fewer met criterion for clinical depression
  - 22% fewer had symptoms of PTSD
  - General health improved slightly (4.2%)

# There Were Dramatic Positive Changes Over 18 Months for Children

- Children's school attendance improved
  - Fewer missed days of school overall
  - Nearly 30% drop in missing school due to DV
- Children were more likely to be maintaining their school performance
- Children exhibited fewer behavior problems

## Women continued to face long-term health, mental health, and economic constraints

- 73% of women still experienced symptoms consistent with PTSD
- 58% of women still met the criteria for clinical depression
- 74% of women lived on less than \$1,500 per month
- 60% still had difficulty meeting basic needs
- 40% were still accessing food boxes

“I thought I would be closer to normal by now but I have flashbacks... and when somebody knocks at the door, I freak out and ...it doesn't occur to me that this is part of the domestic violence until I'm by myself.”

- SHARE Study Participant

## Women Sought and Used Wide Variety of Supports and Services, Depending on Specific Needs

- Domestic violence victim services
- Housing
- Public assistance
- Health care
- Police
- Restraining orders
- Training and education
- Employment services
- Parenting classes
- Services for children
- Childcare
- Counseling
- Alcohol or drug treatment

# What Made the Biggest Difference Overall?

*By Frequency of Selection as Most Important*

1. Having Housing
2. Support from advocate/agency
3. Myself/my own determination/faith
4. Strategies to distance perpetrator
5. Support from family and friends
6. SHARE Project

# What Did Agencies do that Was Most Helpful?

*By Frequency of Selection as Most Important*

1. Having housing services
2. Having resources
3. Providing support and treating me with respect
4. Having services that were easy to access
5. Advocacy

# What Did Agencies Do That Was Least Helpful?

*By Frequency of Selection as Most Important*

1. Services Were Difficult to Access
2. I was unsupported/disrespected
3. No resources/housing assistance available

"I have to take two buses to go to the welfare office when I really should only have to take one because when I get off the bus to wait for the other bus at the bus mall, I'm sitting in front of a welfare office."

- SHARE Participant

“You shouldn’t have to tell each person your story, you shouldn’t have to go through the same thing a million times at a different agency and then after they listen to your story and then they write it all down then they have you verify it then they say I can’t help you.”

- SHARE Participant

# Reduced Utilization of Justice System Emergency Response

- 9-1-1 calls dropped from 339 to 146
- Police assists decreased from 412 to 136
- Fewer abusers jailed (112 to 9 times)
- Number of Restraining Orders sought decreased (85 to 12)
- Decreased use of low cost/free legal assistance related to restraining orders or evictions (17 to 2)

# Reduced Utilization of Emergency Medical Services

- Decreased need for ambulance or paramedic care (67 vs. 27 incidents)
- Fewer trips to emergency department/urgent care (401 visits vs. 243)
- Use of these services less likely to be due to domestic violence

# Reduced Utilization of Financial and Other Safety Net Services

- Calls to a DV crisis line dropped from 1,552 to 319
- Applications for emergency DV TANF funds decreased from 187 to 26
- Stays at domestic violence or homeless shelters decreased from 3,500 to 565 days
- Use of emergency motel vouchers decreased from 549 instances to 70

# Cost Implications of Reduced Utilization of Emergency Services

*(Estimates Only)*

- Savings in emergency services:
  - Justice system emergency response (\$125,000)
  - Emergency medical care (\$43,000)
  - Safety net services (\$367,000)
- Total savings based on estimated costs across emergency services = \$535,000

# SHARE Findings Point to Need for Funding, Policy and Programmatic Improvements

- Funding, policy, and practice should embrace housing instability as a critical aspect of ending DV
- Flexible funding is essential to ensure that a wide range of needs can be addressed
- Services need to change over time to address the longer-term health, mental health, and economic concerns
- Housing Stability can help survivors make large changes in their lives and reduce the cost of emergency services

# What Can Be Done: DV Providers

- Embrace long-term housing support as part of DV advocacy
- Explore ways extend length of time advocates are available to survivors
- Acquire specialized knowledge regarding housing and get to know your local housing authority
- Develop relationships with landlords; advocate to reduce barriers due to credit, criminal or eviction history
- Form partnerships with anti-poverty and homeless services providers
- Be a voice in your community's Ten-Year Plan to End Homelessness

# What Can Be Done: Homeless Service Providers

## Embrace effective response to DV as part of anti-poverty work, including:

- Form partnerships with DV agencies
- Acquire specialized knowledge regarding DV, including how to counter implicit bias and victim-blaming
- Screen for and be prepared to address DV
- Develop safety planning and strong confidentiality protocols
- Incorporate awareness of batterers' on-going stalking, harassment and assault into policy and practice
- Link to other community resources vital for safety (law enforcement, civil legal, courts, protection orders)
- Screen for and respond to needs of children exposed to batterers

# Assessing for DV

- **Abuse Assessment Screen: Brief, easy to conduct**
  - Have you ever been emotionally or physically abused by your partner or someone important to you?
  - Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? If YES, by whom?
  - (If applicable): Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone? If YES, by whom?
  - Within the last year, has anyone forced you to have sexual activities? If YES, by whom?
  - Are you afraid of your partner or anyone you listed above?

**Developer:** Judith McFarlane, Barbara Parker, Karen Soeken, and Linda Bulloc . *Copyright (c) 1992, American Medical Association. All rights reserved. Journal of the American Medical Association, 1992, 267, 3176-78.*

# Contact Information:

Chiquita Rollins, [cmrollins@q.com](mailto:cmrollins@q.com)

Kris Billhardt, [kbillhardt@voaor.org](mailto:kbillhardt@voaor.org)