

**Transitional Housing Policy and Practices:  
Battered Women's and Service Providers' Perspectives**

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While still few in number, there are currently transitional housing programs for battered women in every state in the union. All of these programs offer women some form of housing in which they can live for a set period of time or until they can obtain permanent housing. Women often pay a percentage of their income for rent, and typically can stay in the housing for 12 to 24 months. Most transitional housing programs include other support services such as counseling, housing assistance, and employment assistance (National Council of Juvenile and Family Court Judges, 1998). Some of these services are mandated as a condition of receiving help, and others are voluntary.

In contrast to original shelters for domestic violence survivors, which were often formed through grassroots strategies by the collective efforts of battered women themselves (Reinelt, 1995), most transitional housing programs have been created without the input of domestic violence survivors (Melbin, 2001). This absence of consumer-driven services in transitional housing programs for battered women is significant, given the plethora of research available that supports the benefits of using consumer needs to guide service delivery.

Consumer-centered practices are founded on the principle that "...resource and support mobilization should be consumer driven rather than service provider-driven or professionally prescribed." (Dunst et al., 1991, p. 117) This model requires that consumers guide the services they receive, and that clients' natural support networks be involved in the advocacy process. The effectiveness of this model has been established across many different service domains (Marcenko and Smith, 1992; Scannapieco, 1994; Sullivan, 2000; Trivette, Dunst, and Hamby, 1996; Weiss and Jacobs, 1988; Weissbourd and Kagan, 1989). This research has led Dunst and Trivette (1994) to conclude, "It is not just an issue of whether problems are solved or needs are met, but rather the manner in which mobilization of resources occurs that is a major determinant of the empowerment of individuals and groups" (p. 170; emphasis added).

In response to the fairly rapid expansion of transitional housing efforts nationally, the Michigan Domestic Violence Prevention and Treatment Board sought information from advocates, coalitions, and resource centers from across the country to determine best practices and policies being implemented. The most common response we heard back was that there were few standardized protocols or practices in place. Advocates were eager for this information, however, and asked us to share with them any materials we might find. As it became clear that such materials did not yet exist, we decided to conduct a study that would include the perspectives of both battered women and service providers. The purpose of the study was to explore their perspectives about guiding principles, eligibility issues, rules and regulations, safety protocols, and services that should or could be provided through transitional supportive housing programs.

### Method

In-depth, semi-structured qualitative interviews were conducted with a total of fifty-five women across six transitional supportive housing (TSH) programs in one midwestern state. The sample included twelve women currently residing in a battered women's shelter, twenty women currently participating in a TSH program for battered women, four women who had formerly been in a TSH program, and nineteen direct service staff working in TSH programs for battered women. All of the women in shelter and those currently and formerly in TSH had dependent children and were income-eligible for Temporary Assistance for Needy Families (TANF; Schott, Lazere, Goldberg, & Sweeney, 1999; TANF Final Rule, 1999), though not every woman was currently receiving financial public assistance. Two female interviewers, both of whom were trained in issues of domestic violence, interviewing techniques, and crisis-intervention, carried out the interviews.

The six sites represented different geographic regions within the state, had been in place for different lengths of time, and varied across program size, structure, and services offered.

Four of the six sites were located in areas with populations over 25,000 people. One program was located in a suburban-like setting and one was in a rural area. Program capacity ranged from three to fifteen families.

The TSH units were primarily in scattered sites, where the agency rented market-rate apartments and sublet them to TSH clients. Other agencies offered scattered site units that they owned, and one agency operated a two-tier program in which a certain number of shelter rooms were designated as TSH. Women could stay up to two years in four of the programs, and up to one year in two of the programs.

All women currently in TSH or in shelter at each agency were given the opportunity to participate in the study. All direct service TSH staff were invited to participate as well. Interviews with staff were conducted on the program premises. Interviews with shelter residents were conducted in shelters, and interviews with TSH clients and former clients were conducted wherever the participant felt most comfortable, based on their perceived level of safety and confidentiality (generally in their homes). An extensive protocol was developed to ensure voluntary participation and to maximize safety and confidentiality of respondents.

Each interview took about an hour and a half to complete, and included discussions about program services, women's perceived level of safety, women's contact with their assailants, program policies and rules, and recommendations. Interview questions were open-ended and encouraged the women to formulate their own narratives of their experiences with TSH.

## Results

Due to the nature of the governmental funding for TSH programs in this state, all of the programs required that women meet TANF eligibility requirements with regard to income and being legally responsible for dependent children. All of the programs also imposed informal eligibility requirements, which varied across sites. Most staff gave clear preference to women who were deemed "motivated" (a word that came up frequently across many staff interviews)

and who demonstrated a willingness and ability to identify and work on specific goals aimed at becoming self-sufficient. Other common requirements identified by staff included: having a history of domestic violence; being homeless; having no felonies on record; and having a desire to terminate the abusive relationship.

Some staff suggested that preference was given to women who were in the most danger from their assailants. However, two programs refused entry to women in the most dangerous of situations out of fear of endangering other women in the housing units. Most programs also actively denied entry to women with current substance abuse or severe mental health problems, regardless of how much danger they might be in.

The application process itself varied across sites but was often quite lengthy. Four programs required applicants to provide their criminal history, rental history, and documentation of past history of domestic violence. One program required a credit report. In three of the programs women went through multiple interviews with staff members including case managers, property managers, and employment specialists, and in one program, applicants interviewed before a “review board.”

### Services Offered

In addition to housing, all of the programs offered counseling, support groups, safety planning, and various forms of practical assistance (including transportation vouchers, telephones, referrals to other agencies, and limited advocacy). All of the programs also provided “case management” services, where the TSH staff work with clients to determine and meet goals. Some programs offered additional assistance such as discretionary funds available to meet women’s individual needs (e.g., to fix a car or to pay for prescriptions); workshops (e.g., educational, employment, budget, parenting, nutrition); recreational activities (e.g., tickets to community events, social gathering, field trips for children); and partnerships with community agencies, businesses and/or housing resources (e.g., free services for TSH clients).

## Rules and Regulations

There was variability among programs with regard to rules and regulations for program participants. Some tried to create and enforce a minimal set of rules that related primarily to safety and confidentiality. One program mandated that the women refrain from engaging in illegal activities and prohibited assailants from being on the property, but did not regulate the alcohol consumption of women over 21 or ban women from having overnight guests. This program also expected women to participate in case management and goal setting with staff, but did not impose a specific number of appointments or hours that must be met. Staff in this program were available to the women upon request without setting a pre-determined schedule for appointments which women had to meet or risk receiving consequences.

Other programs were less flexible and required women to participate in program services to the same degree, regardless of their individual situation. One program expected women to document, in writing, how they spent at least 30 hours per week on “program activities.” Women in that program were also expected to meet with a case manager weekly, to meet with an employment specialist, and were “strongly encouraged” (according to more than one staff member) to participate in counseling. While the staff of this program insisted that these requirements were not mandated, there were negative consequences for women who did not comply. For example, women’s rent each month was put in escrow and women received that money back at the end of their participation, but only for those months in which they participated in the program at least 75 percent of the month. Further, women who did not think they needed counseling were pressured by staff to reconsider. As one staff member said, “Staff feel that all of the women need counseling but not all of them are ready.” Women were also required to fill out weekly logs of their program activities, including the amount of time spent engaged in each activity, weekly or monthly budget plans, and weekly goal plans. Finally, this particular program had the most restrictions on women’s individual freedoms. Women could have no

alcoholic containers on site, even empty, regardless of whether they were over 21 years of age, and they could have no overnight guests without prior permission from staff.

Despite these variations, there were some clear similarities across the sites. All of the programs expected women to pay rent, house only themselves and their children in the unit, maintain confidentiality of the other women, maintain the property as they would any apartment, and refrain from illegal behavior. In addition to these basic requirements, some TSH programs also mandated that women submit to regular housing inspections (three programs); have no alcohol or alcohol containers on the premises (four programs); properly care for their children (e.g., getting them to school, properly feeding and clothing them; two programs); and complete weekly goals/activity forms, demonstrating progress toward goal achievement (four programs). In addition to the regulations mentioned by staff, women mentioned additional rules, such as no pets; having to get prior permission for their children's friends to spend the night; anyone who is in the apartment who is not on the lease needs to be out by midnight; can't baby-sit other people's children in the apartment; children can't be in the apartment by themselves, regardless of age; and can't have other people watch the woman's children in the apartment.

Most women accepted the regulations as being part of a program they were extremely grateful for, but also found the rules too restrictive. While all of the women praised the rule prohibiting assailants on the property, many found the rule about not having people watch their children in the apartment to be especially inconvenient. Having to pack up the children and either drop them off somewhere or take them around while running errands seemed an unnecessary and difficult frustration for most women. It would have been easier for these women to have a friend or relative come to their apartment, and women did not understand why this rule existed. Some women also mentioned the housing inspections as a source of stress for them because they felt that no matter how clean their apartment was it was never clean enough. Most women felt that the rules were too restrictive and made them feel like this was not their

home, even on a temporary basis. To some women, it felt as though they were still in the shelter and not in their own apartments.

### Importance of Addressing Safety Issues

One of the key components of transitional supportive housing, as mentioned repeatedly during staff and participant interviews, was that women's safety was paramount. Having a security system, rules prohibiting assailants from the property, and ongoing safety planning with staff were mentioned as ways of helping women feel safe, sometimes for the first time in years. Some programs provided telephones for all of the units as an extra safety measure.

Most of the shelter residents interviewed believed that they would be safer from their assailants if they entered transitional supportive housing. As one woman noted:

“I think my assailant would not be as inclined to contact me, knowing someone was there, standing behind me, helping me. I wouldn't be on my own. That would make him standoffish, because he'd be afraid of being caught.”

The majority of the women currently and formerly in TSH programs stated that they felt safer while in the program. Most of the women said they felt safer because of the confidentiality and anonymity of the program. A number of programs worked closely with local law enforcement to patrol the area and watch for particular men who were known stalkers. Some agencies retained the apartment lease and/or the utilities in the agency's, rather than the woman's, name. Many women believed this helped reduce the risk of their assailants finding them. They also said they felt safer because, with the support and help of the program, they were able to regain some of their internal strength. They felt that they had a place to go or someone to talk to if they did not feel safe.

## Relationship Between Staff and Program Participants

The type of relationship that existed between the advocate and program participant was directly related to program participants' overall satisfaction with the transitional supportive housing program. Women who mentioned their advocates as being empathic, flexible, and helpful with practical assistance were the most likely to rave about the program's effectiveness.

“The staff is not judgmental, just helpful.”

“I feel trusted.”

Other advocates, unfortunately, were viewed as patronizing and authoritarian. Women who felt this way about their advocates were less likely to want to seek services from the program and were more interested in leaving as soon as possible.

“It's their whole attitude, it's like I'm bothering them.”

“I walk on eggshells...They [staff] strike me as my mother...

where, you know, you're not good enough.”

Interviews with staff confirmed these findings. Most staff members talked about the importance of listening to women non-judgmentally, offering many services but letting women choose which services to accept, and treating women with respect.

“The key is the individual support because everyone's needs are so different.”

“We should find creative ways to have accountability present without seeming so punishing...It's almost like being called down to the principal's office and these are adult women and definitely need to be treated with as much dignity and respect as possible.”

“...there needs to be a way to somehow incorporate a way to be helpful and empowering without having to literally mandate something.”

Condescension did come through during some interviews, however. Some staff indicated that the women in the program were in need of strict guidance and supervision.

“When they enter this program they should understand why they’re here and that it’s not just a free two years. There’s a lot of work to be done and they’re [staff] going to monitor them and hold them accountable to their commitment to the program.... There needs to be more structure, stricter policies, and less guesswork.”

“We have to allow them to make their mistakes and be there when they need us and if they fall...just like parents and children.”

Many women mentioned wanting staff to offer specific help more often, rather than expecting women to ask for everything. A number of women spoke of the humiliation they felt when having to ask for help directly. For example, one woman remembered being in the shelter and having a shelter staff member say that there were extra tickets available to a community event for the woman’s sons if she wanted. Having this type of help offered was beneficial and felt respectful, but the woman noted that she just had too much pride to come out and ask for things for herself or her children. Another woman echoed this sentiment: she recounted how she had no money to pay the rent one month but was too embarrassed to go to staff and ask for help since she already felt so grateful for all she had been given. Ultimately, she was written up by staff for failing to pay rent, but felt this was still preferable to the humiliation she would have felt by “begging.”

### Women’s Recommendations

Women were asked which services provided by the TSH program they found to be most helpful. Answers were quite varied, with responses ranging from housing to safety planning to “undesignated funds” for women’s unique needs. The majority of women mentioned the housing unit itself, complete with security mechanisms, as being the most important component of transitional supportive housing. As some women noted:

“The best part is having the apartment and feeling safe.”

“Being able to come home and feel safe.”

“It’s a home, my first home.”

Over half of the women also noted that individual counseling and help from staff identifying goals were the most important services:

“Counseling helps by allowing me the option not to go back [to assailant].”

The vast majority of the women mentioned the supportiveness of staff and/or other women as being the most important component of transitional/supportive housing. Whether through support groups or individual interactions, it was the emotional support of others that helped keep women going:

“The advocate is really nice, so it makes working on things easier.”

Other services mentioned by women as being the “most helpful” included the safety protocols that were in place, rent subsidies, childcare, educational workshops, transportation, and referrals to agencies. Interestingly, some of the services mentioned by some women as being the most helpful were also rated the “least helpful” by other women (e.g., support groups, educational workshops, clothing and food resources, contact with staff). This speaks to the unique and varied needs of the individual women utilizing transitional supportive housing and suggests that a multitude of services be made available to women, but on a voluntary basis. The greatest strength of transitional supportive housing is that it can meet the individual needs of women over an extended period of time, maximizing the likelihood of women successfully meeting their own goals. Results of this study suggest that there is no one component of transitional supportive housing that is most helpful or important to all women. On the contrary, it appears to be the combination of a safe home and supportive services, provided by staff in the context of a respectful and flexible relationship, which results in women feeling they have the ability to get back on their feet.

“The program fulfills my needs. It heals, it supports, it’s a place to live in a way

where there is minimal stress. This has given me the opportunity to grow  
and spread my wings and be free and not be afraid.”

“The rent is low and I have bad credit, so I can repair my credit and learn  
how to budget my money and be able to save money. If I was out on my own,  
paying full rent and all the bills, I couldn’t do it. This [TSH program]  
will help me work towards becoming independent,  
so I won’t have to depend on anyone.”

“Being given a chance to get on my feet, to achieve things on my own,  
but still get support while I do it.”

“I have depended on a man my whole life and depending on myself is hard.  
It’s [TSH] kind of like having a friend to help you.”

All of the women who had participated in a TSH program in the past were grateful for having had the opportunity to participate, and all mentioned that staff had tried to be helpful to them. They all agreed, however, that they had participated in a number of activities only because the program mandated them, and not because they were useful. One woman found the support group to be unhelpful, another woman found case management to be unnecessary, one woman found working with the employment specialist to have been a waste of time, and most of the women resented all the paperwork they had to complete, and having their homes inspected for cleanliness. Again a strong recommendation was to have many services and programs available but not mandated.

When women were asked to give a minimum amount of time they would like to spend with staff, there was a great deal of variability. One woman saw no need to meet with staff at all, wanting only to attend support groups. Another woman wanted to meet with staff daily. Most women, however, mentioned wanting to meet with staff once a week or once every other week.

Most of the women currently receiving TSH services reported being satisfied with the amount of time they currently spend with staff. Eight women specifically noted that staff were flexible about where and how often they met, which women appreciated.

“Life is very hectic; my schedule is very busy and I don’t have a lot of time...

If I need them [staff] they are available.”

Overwhelmingly, women mentioned wanting to be treated like competent adults. Women who were satisfied with staff often spoke of the degree to which staff offered support and options but left decisions up to the women themselves. Less satisfied women tended to mention staff as being judgmental, paternalistic, or “on power trips.”

There was also a great deal of variability regarding which rules women approved of and which they did not. The only rule that received unanimous approval was the one prohibiting assailants from the premises. Women agreed this rule was necessary to keep all women and their children safe from harm.

Although women did not want abusive men on the property, some did mention that staff should help with visitation and exchange issues (helping mothers go to a secure and convenient location to drop off and pick up children from visitation).

“If the woman has children and the assailant has visitation, the staff should make sure there is a safe meeting place for this, away from the apartment, so he doesn’t know where she lives.”

Women were unanimous in their dislike for the rule prohibiting others from babysitting their children in their apartments. As mentioned earlier, this rule was extremely inconvenient for women and their children, and women did not understand why the rule existed. Rules that were more controversial, however, included the rule prohibiting alcohol from the premises and the rule prohibiting overnight guests. Some women approved of these rules while others found them

overly proscriptive. Interestingly, those who approved of the rules spoke of them as being necessary “for other women” but not for themselves.

Overall, women spoke of wanting input into rule-making, and keeping rules to a minimum. Some women found many of the rules to be patronizing:

“The rules indicate the program doesn’t trust your judgment...”

“It should be like a small community with internal rules.

The women should be involved in decision making

and in keeping the area clean and invested in

improving their own situation. It would prove to other people that

just because you’re in a certain situation, doesn’t mean you can’t succeed.”

“Each household should establish its own rules with the help of staff

and have to stick to them. Everybody is in a different situation

and the rules should reflect those differences.

One rule doesn’t apply to every person.”

Another concern, although brought up by staff more often than clients, was the issue of substandard housing. When asked how the program could improve, or what the respondent would do if they could create a TSH program with unlimited resources, some staff discussed the need for the housing to be of higher quality.

“Some of the places are rodent and insect ridden, the screens are ripped,

windows don’t open. Things that a reasonable person wouldn’t expect

from a reasonable program.”

Two staff members from two different programs suggested that stricter minimum standards for quality of housing units were needed. Interestingly, none of the clients complained directly about the quality of the housing units. This could be due to the level of gratitude women felt at having a safe place to stay, regardless of physical condition. Some women did, however,

offer a number of suggestions for the structure of new transitional supportive housing programs: (1) have houses, not just apartments, available for families; (2) offer some housing in rural settings; (3) have units in close proximity to each other, such as in an apartment complex or in a neighborhood, as opposed to scattered sites or sites based within a shelter; (4) every building and individual unit should have a security system and bullet-proof glass; (5) apartment complexes should have secure playgrounds; (6) pets should be allowed in some units; and (7) provide transitional supportive housing for women without minor children.

### What Women Would Have Done if Transitional Housing Had Not Been Available

Women who were currently in the TSH programs and those who had used the programs in the past were asked what they would have done had the TSH program not been available. A majority of the women mentioned that they would have likely gone back to their assailants, and some women believed they would have been homeless.

“If you’re leaving shelter and don’t have a support system or anywhere to go, 9 out of 10 times you’re going to go back because you don’t want your kids living on the streets.

You’re going to do what it takes not to do that.

If it means grin and bear another ass whipping, most women will do that.”

“I wouldn’t have had a choice, I would’ve had to go back.

Or stay with friends or family, but probably I would’ve gone back.

Financially and emotionally, I wouldn’t have been able to deal with it. This program really helped with that.

I wouldn’t have been able to stay gone without the program.

Either that or I wouldn’t be alive, because he would’ve been able to find me. I feel so lucky to be here, this program has really changed my life.”

Some women talked of needing the extra time and support, provided by the TSH program, to gain the strength to stand up against the pressure from the assailant (and sometimes the children) to return home. They spoke of 60 days in shelter as not being long enough, especially for women with bad credit or who were from other cities. Some women simply had no idea what they would have done if the TSH program had not been available. One woman said she had seriously considered killing her assailant as the only way of getting free of him. She noted that without the TSH program she would either be in prison for murder or prostituting to feed her children. Responses to this question, probably more than any other, highlight the importance of providing transitional supportive housing in as many communities as possible.

### Summary and Conclusions

Results of this study suggest that TSH programs for battered women are providing a critical service that should be further expanded across the country. Many women spoke of having few alternatives to TSH programs, believing they would have either returned to their assailants against their own wishes or been homeless had the program not been available to them. For some women, TSH programs may literally mean the difference between life and death.

Most women were also very satisfied with their experiences with the TSH programs as a whole. They especially appreciated having a safe home with supportive people around them, providing them the time and assistance necessary to rebuild their lives. It is noteworthy that women's situations and needs varied considerably, with different women needing different services from TSH programs. This speaks to the importance of providing a variety of services, in a flexible manner, to meet women's individual needs. As one example of this, a number of women mentioned that support groups and/or counseling services had been useful to them at the beginning of their time with the TSH program, but were less valuable as time went on. Unfortunately, some women were mandated, as a requirement of staying in the program, to

participate in these services whether they were helpful or not. This seems wasteful of both scarce program resources and women's time.

Congruent with the findings of Dunst and Trivette (1994), women's relationships with their direct service providers (whether referred to as case managers, counselors or advocates) were directly and strongly related to their satisfaction with the program itself. Women who found their advocates to be responsive and supportive were more likely to speak highly of the program's usefulness to them. Women who disliked their advocates were unsurprisingly less likely to avail themselves of any services that might bring them into contact with the advocate. Interestingly, in the program with the most prescriptive and proscriptive rules and expectations of clients, every client mentioned at least one incident of feeling disrespected by staff. Correspondingly, in the one program where staff spoke of the importance of being flexible with rules and where staff's opinions of the TSH program corresponded most highly with the women's opinions of the program (both what was most helpful and what could be improved), no client could think of one instance where they ever felt disrespected by staff. This suggests that positive staff-client relationships are related to the degree to which staff are seen as authoritative versus supportive in their interactions with the women.

A prevailing assumption of most staff was that battered women are in need of skill building and extensive case management and support. This belief influenced the types of services provided to women as well as the types of rules imposed on them. When discussing the likelihood of women remaining safe over time and rebuilding their lives, staff's focus was predominantly on the women's personal abilities and behaviors. In talking with the women, on the other hand, there was a great deal more variability in the types of services they wanted and needed from programs, with some appreciating a great deal of structure and others wanting more flexibility from staff. Women participating in the TSH programs were also more likely to talk

about structural issues impacting their ability to stay safe and rebuild their lives -- such as whether they could find safe and affordable housing, or whether the police would protect them.

Our service-delivery programs are built on our beliefs and attitudes regarding the root causes of domestic violence. A challenge we continually face, then, is to examine the suppositions behind our policies and services. How, for example, are women “chosen” for entry into transitional housing? Why are certain services mandated (e.g., counseling) while other services are not (e.g., financial help)? What message is sent when a staff member goes into a woman’s home to check for cleanliness or alcohol containers? And how do these policies relate to our overall goal of helping women be safe from abusive partners?

All TSH programs are operating with limited resources. It is critical, therefore, for funds and staff time to be devoted to providing assistance that will be most helpful to the women using the programs. Some staff were aware of this issue, and mentioned the need to modify services continually:

“Everything we do has been as a result of surveys asking clients what they want.”

“Staff have monthly case reviews and they look at the services they provide  
and if they find something is useless, they stop providing it.”

“There used to be parenting classes, child support groups, and tutoring  
but they don’t anymore. The women didn’t seem to want those services,  
so they discontinued them.”

Simultaneously, it is important to recognize the limits that funding sources may impose upon programs. Some of the TSH programs included in this study first began offering transitional housing services in the 1980s and were initially dependent on specific HUD contracts for funding. As a result, these programs were faced with meeting funder-requirements, such as service delivery outcomes related to the financial independence and employability of clients, in order to sustain economic viability.

The nature of this work is difficult, with no definitive answers or solutions to service delivery issues readily available. Programs continuously face the challenge of complying with funders' directives, while adapting to meet the changing and unique needs of each battered woman they serve. Staff in TSH programs must be cognizant of the fine line between being helpful and offering services proactively, and being too controlling or rigid in their expectations.

It is clear that many battered women need both short and long-term housing resources if they are going to successfully live independently of abusive partners (Mullins, 1994; Roofless Women's Action Research Mobilization, 1997; Perry & Zorza, 1999). Transitional supportive housing programs provide an important service that should be expanded into additional communities. However, it is critical that the design of such programs involve the input of women with abusive partners themselves. Services offered, and rules implemented, should be informed by a respect for the autonomy of domestic violence survivors. It is only by acknowledging the individuality of each woman's experience that we will create effective solutions to the complex housing needs of battered women.

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## **In Brief:**

### **Transitional Housing Policy and Practices:**

#### **Battered Women's and Service Providers' Perspectives**

In-depth interviews were conducted with 55 women across six transitional supportive housing (TSH) programs in one midwestern state. The sample included 12 women currently residing in a battered women's shelter, 20 women currently participating in a TSH program for battered women, 4 women who had formerly been in a TSH program, and 19 direct service staff working in TSH programs for battered women. The six sites represented different geographic regions within the state, had been in place for different lengths of time, and varied across program size, structure, and services offered.

#### Women's Recommendations

- (1) services should be offered but not mandated
- (2) offer some housing in rural settings
- (3) have units in close proximity to each other, such as in an apartment complex or in a neighborhood, as opposed to scattered sites or sites based within a shelter
- (4) every building and individual unit should have a security system and bullet-proof glass
- (5) apartment complexes should have secure playgrounds
- (6) pets should be allowed in some units
- (7) provide transitional supportive housing for women without minor children
- (8) have houses, not just apartments, available for families

#### Study Conclusions

- The greatest strength of transitional supportive housing is that it has the potential to meet the individual needs of women over an extended period of time, maximizing the likelihood of women successfully meeting their own goals.

- It is the combination of a safe home and supportive services, provided by staff in the context of a respectful and flexible relationship, which results in women feeling they have the ability to get back on their feet.
- Staff should be trained to be respectful and empathic, and services should be offered but not mandated.
- More TSH programs are needed; many women mentioned that if the program had not been available they would have been homeless, abused again, in prison for killing their assailants, prostituting, or dead.