Safe and Stable Housing for Intimate Partner Violence Survivors, Maryland, 2019–2020

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House of Ruth Maryland is a comprehensive intimate partner violence (IPV) service provider. Our academic–practitioner partnership conducted a prospective, quasi-experimental evaluation (n = 70) of on-site transitional housing and community-based rapid rehousing to meet the safety and stability needs of individuals made homeless because of IPV. By 6-month follow-up, both IPV revictimization and housing instability significantly improved ($P < .001$). Housing supports through an IPV service provider advanced the dual goals of safety and housing stability for IPV survivors. Safe, affordable housing is an IPV prevention strategy. (*Am J Public Health*. 2022;112(6):865–870. https://doi.org/10.2105/AJPH.2022.306728)

Individuals made homeless because of intimate partner violence (IPV) have unique needs for safe, affordable housing.

INTERVENTION

Leading programmatic approaches for housing IPV survivors include transitional housing (TH)[1] and, more recently, rapid rehousing (RRH).[1,2] House of Ruth Maryland (HRM) embeds TH and RRH within comprehensive IPV supports including hotline; advocacy, including legal advocacy; health services; counseling; abusive partner intervention; and crisis emergency housing.

Transitional Housing

On-site TH apartments provide 9 to 15 months of safety and security near core services, enabling skill building and self-sufficiency. Participants have access to on-site services and advocacy, including workforce development, safety planning, trauma therapy, health care, childcare, and legal support. TH participants enter following crisis shelter stays (~30–90 days), based on service coordinator referral. Selection is based on long-term safety (IPV severity) and health needs (including mental health and children's health) that impede economic and housing stability. The TH location is concealed for safety.

Rapid Rehousing

RRH follows "housing first" principles[2]; participants receive graduated rental assistance for community-based housing, after which they assume full rent payments. HRM's Safe Homes Strong Communities program provides an average of 6 months of rental assistance, adjusted to client needs. Rent checks are intentionally provided directly to the client, who pays the landlord, to build relationships, skill, and confidence in being the primary leaseholder. Move-in assistance is available for security deposits, rental applications, and other expenses. Clients can receive household supplies, furniture referrals, and transportation assistance. Safe Homes Strong Communities participants enter the program through crisis shelter, TH, or external referral. A housing specialist assists in housing identification, rent reasonableness (relative to comparable housing), housing preinspection, and confirmation of property registration and lead certificate; the housing unit must pass city inspection. Service coordinators provide ongoing support and advocacy in clients' new homes to build stability and support for long-term safety.

PLACE AND TIME

This academic–practitioner partnership is based in Baltimore, Maryland. Study

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enrollment ran from June 2019 to December 2020.

PERSONS

During the study enrollment period, female RRH and TH participants were recruited for and consented to evaluation; eligibility was limited to ages 18 years and older, with physical or sexual IPV or IPV fear in the year before programming, and ability to complete study activities in English. Receipt of RRH services was defined as being actively housed and receiving rental assistance. We enrolled 70 participants (59 RRH, 11 TH), of whom 81.4% were retained at 6-month follow-up; attrition analyses found no significant differences between women who were retained and those lost to follow-up at 6 months. Qualitative interviews (n = 20) contextualized quantitative results (not reported).

PURPOSE

Comprehensive IPV programs have long provided safe housing spanning the spectrum of emergency crisis to short- and medium-term supports in response to survivors' needs for safe housing. Yet, the efficacy of TH and RRH specifically in preventing IPV revictimization and reducing housing instability among individuals made homeless because of IPV is underdeveloped[3] relative to the public health burden of IPV[4,5] and its mutually reinforcing, escalating dynamics with homelessness.[6] Lack of safe, affordable housing is a barrier to leaving an abusive relationship, and IPV is a leading risk factor for homelessness and housing instability among women.[6] Housing instability can prompt a hazardous cycle of revictimization and increasing IPV severity, creating opportunities for abusive partners to re-engage. Homicide risk peaks at the time of separation.[7] Women overall and women of color disproportionately experience IPV and IPV-related homicide,[4] the gender and gender–race wage gaps[8] undercut their economic leverage to secure housing, and intersectional racial–gender discrimination exacerbates housing disparities.[9,10]

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing Act expanded the homelessness definition to include individuals fleeing or attempting to flee domestic violence. This change prompted an expansion of housing supports to homeless IPV survivors by the US Department of Housing and Urban Development and a critical need for high-quality evidence on effective intervention approaches to support the unique safety and housing needs of this population.

IMPLEMENTATION

Our quasi-experimental, community-based participatory evaluation examined the impact of TH and RRH supports on safety and housing stability outcomes over 6 months among IPV survivors.

EVALUATION

Survey data were collected at baseline and 3-month intervals through 6-month follow-up via a secure, Web-based application. Participant demographics at baseline are presented in Table 1. Participants received gift card stipends, modest household items, and resource information at each data collection point.

Linear and logistic mixed effects models estimated changes over time; indicator variables for time since baseline at 3-month and 6-month intervals served as the primary independent variables. Analyses were stratified by type of housing program (RRH vs TH) to explore heterogeneity of effects.

Recent IPV decreased significantly by 6-month follow-up both in any experience of IPV (12.3% from 56.1% baseline; adjusted odds ratio $[AOR]_{6m} = 0.06$; 95% confidence interval [CI] = 0.02, 0.21; $P < .001$; Table 2), and average Revised Conflict Tactics Scale (CTS) score (0.47 from 3.35 baseline; adjusted mean $difference_{6m} = -2.88$; 95% CI = −3.91, −1.84; $P < .001$). Average Women's Experience with Battering scale score decreased from 36.63 at baseline to 22.61 (adjusted mean $difference_{6m} = -14.06$; 95% CI = −18.14, −9.98; $P < .001$). These reductions were evident and statistically significant by 3-month follow-up, specifically any IPV ($AOR_{3m} = 0.06$; 95% CI = 0.02, 0.22; $P < .001$), CTS score (mean $difference_{3m} = -2.57$; 95% CI = −3.61, −1.52; $P < .001$), and Women's Experience with Battering score (mean $difference_{3m} = -14.37$; 95% CI = −18.47, −10.28; $P < .001$).

Average housing instability score[11] decreased significantly to 2.31 at 6-month follow-up, from 3.23 baseline (adjusted mean $difference_{6m} = -0.87$; 95% CI = −1.41, −0.34; $P = .001$).

During this time, economic dependence on partners decreased significantly ($AOR_{6m} = 0.32$; 95% CI = 0.12, 0.86; $P = .024$). Related economic indicators specific to both housing and food stress significantly improved ($P < .05$). IPV-related self-blame decreased (adjusted mean $difference_{6m} = -1.88$; 95% CI = −3.14, −0.62; $P = .004$).

In stratified models, the reductions in IPV and housing instability at 6-month follow-up were evident among both RRH and TH participants (not shown).

ADVERSE EFFECTS

No unintended consequences were reported among evaluation participants.

TABLE 1— Sample Demographics of Recent Intimate Partner Violence Survivors in Rapid Rehousing or Transitional Housing: Baltimore, MD, Enrolled June 2019–December 2020

	Total, No. (%), Mean ±SD, or %	Rapid Rehousing, No. (%), Mean ±SD, or %	Transitional Housing, No. (%), Mean ±SD, or %	*P*
Total enrolled	70 (100.0)	59 (84.3)	11 (15.7)	
Age, y	33.11 ±7.25	32.95 ±7.38	34.00 ±6.80	.66
Race/ethnicity				.84
White	2.9	3.4	0	
Black, African American, African	77.1	76.3	81.8	
Hispanic or Latino	5.7	6.8	0	
Asian	1.4	1.7	0	
Multiracial/more than 1 race	8.6	8.5	9.1	
Other	4.3	3.4	9.1	
Family size (adults and children)	4.52 ±2.00	4.60 ±2.05	4.09 ±1.70	.44
Has children with abusive partner				.05
No	24.6	28.8	0	
Yes	75.4	71.2	100.0	
Education				.02
High school or less	47.1	45.8	54.5	
Some college	44.3	49.1	18.2	
College graduate or more	8.6	5.1	27.3	
Household income from all sources in 2018 before taxes, $				.50
0–20 000	63.9	62.0	72.7	
≥ 20 001	36.1	38.0	27.3	
Any employment in past 30 d				.03
No	39.1	33.9	70.0	
Yes	60.9	66.1	30.0	
Total monthly income in past 30 d from all sources, $	1517.67 ±924.88	1649.93 ±926.41	816.70 ±534.00	.008
Baseline homicide risk				.78
Variable	11.9	11.8	12.5	
Increased	23.8	26.5	12.5	
Severe	16.7	17.7	12.5	
Extreme	47.6	44.1	62.5	
Enrollment timing relative to COVID-19 pandemic				.87
Before	65.7	66.1	63.6	
After	34.3	33.9	36.4	

Note. The sample size was n = 70. *P* values were based on *t* test for continuous variables and χ^2 test for categorical variables. Floating sample size accommodates modest amounts of missing data.

SUSTAINABILITY

The promising evidence of reductions in IPV revictimization and housing instability following RRH and TH supports continued investments in these programs as embedded within comprehensive IPV programs. With immediate needs met for safe, affordable housing, survivors could achieve medium-term goals of continued safety and economic stability, which, in turn, support longer-term, mutually reinforcing goals of housing and economic stability, resilience, health, and safety. IPV revictimization was reduced on average though it was not fully eliminated; abuse severity, intensity, and chronicity

TABLE 2— Changes in Safety and Housing Instability Over 6-Month Follow-Up for Intimate Partner Violence (IPV) Survivors in Either Rapid Rehousing or Transitional Housing: Baltimore, MD, Enrolled June 2019–December 2020

	Baseline (n = 70), % or Mean ±SD	3-Mo Follow-Up (n = 57), % or Mean ±SD	3-Mo Follow-Up AOR or b (95% CI)[a]	6-Mo Follow-Up (n = 57). % or Mean ±SD	6-Mo Follow-Up AOR or b (95% CI)[a]
Safety/IPV revictimization					
Any IPV, past 3 mo					
No	43.9	87.5	1 (Ref)	87.7	1 (Ref)
Yes	56.1	12.5	0.06 (0.02, 0.22)	12.3	0.06 (0.02, 0.21)
IPV score per CTS, past 3 mo	3.35 ±3.99	0.77 ±2.61	−2.57 (−3.61, −1.52)	0.47 ±1.82	−2.88 (−3.91, −1.84)
Women's Experience with Battering Score	36.63 ±16.69	22.33 ±14.64	−14.37 (−18.47, −10.28)	22.61 ±15.72	−14.06 (−18.14, −9.98)
Perceived risk of IPV in the next 3 mo					
Not at all likely	50.0	71.4	1 (Ref)	68.4	1 (Ref)
Somewhat unlikely, unsure, or somewhat/very likely	50.0	28.6	0.14 (0.04, 0.52)	31.6	0.18 (0.05, 0.63)
Housing instability					
Housing Instability Score	3.23 ±2.05	1.76 ±1.67	−1.41 (−1.95, −0.88)	2.31 ±2.09	−0.87 (−1.41, −0.34)
Moved in past 3 mo[b]					
No	44.1	75.4	1 (Ref)	92.9	1 (Ref)
Yes	55.9	24.6	0.25 (0.12, 0.55)	7.1	0.06 (0.02, 0.18)
Economic factors					
Economic dependence on partner, past 3 mo					
No	42.0	56.1	1 (Ref)	57.9	1 (Ref)
Yes	58.0	43.9	0.35 (0.13, 0.94)	42.1	0.32 (0.12, 0.86)
Worry or stress about affording housing, past 3 mo					
Always or usually	60.3	40.4	1 (Ref)	38.2	1 (Ref)
Sometimes, rarely, or never	39.7	59.6	3.25 (1.28, 8.23)	61.8	3.52 (1.38, 9.01)
Worry or stress about affording food, past 3 mo					
Always or usually	47.1	24.6	1 (Ref)	23.2	1 (Ref)
Sometimes, rarely, or never	52.9	75.4	5.30 (1.74, 16.19)	76.8	5.33 (1.77, 16.05)
Ability to meet needs for self or children					
Can meet on own or with current assistance	47.1	38.6	1 (Ref)	49.1	1 (Ref)
Can meet a part of, or none, with current assistance	52.9	61.4	2.03 (0.77, 5.36)	50.9	0.93 (0.36, 2.39)
Psychosocial factors					
Depression score	2.68 ±1.94	1.86 ±1.85	−0.72 (−1.17, −0.27)	2.26 ±1.92	−0.42 (−0.87, 0.03)
Internalized IPV stigma score/self-blame	18.60 ±6.53	16.74 ±7.44	−1.65 (−2.92, −0.39)	16.45 ±6.33	−1.88 (−3.14, −0.62)
Resilience score	25.70 ±8.68	27.62 ±8.11	1.41 (−0.49, 3.31)	27.35 ±8.71	1.36 (−0.54, 3.26)
Dyad factor					
Had contact with abusive partner in previous 3 mo					
No	44.9	49.1	1 (Ref)	45.6	1 (Ref)
Yes	55.1	50.9	0.46 (0.15, 1.46)	54.4	0.66 (0.22, 2.02)

Note. AOR = adjusted odds ratio; CI = confidence interval; CTS = Revised Conflict Tactics Scale.

[a]Adjusted for 2018 income, children with abusive partner, baseline CTS (except for CTS outcome). Relative to baseline, based on mixed-effects linear or logistic regression.
[b]Baseline assessment can include program-related moves.

may influence safety timelines and necessary supports. Further research must examine the sustainability of results beyond 6-month follow-up, clarify the pathways to change, consider additional factors involved in shifting IPV and housing stability dynamics, and examine the roles of children as well as abusive partner interventions in influencing safety and stability outcomes.

PUBLIC HEALTH SIGNIFICANCE

Safe housing interrupts the mutually reinforcing dynamics of IPV revictimization and housing instability, thus reducing the burdens of IPV and homelessness. Notably, women's contact with their partners was unchanged through the study period, yet the nature of contact changed profoundly as evidenced by reductions in IPV, perceived risk of abuse, and economic dependence on abusive partners. Evidence that housing interventions can advance women's safety and economic stability without fully severing ties with partners who use violence prompts important questions about how safety can be achieved and counters long-held assumptions that complete separation is the only or best path to safety. Advocates often articulate that separation does not sufficiently recognize women's realities nor preferences, including shared children, that may require contact with abusive partners. Housing aligns with a survivor-centered approach that supports women as they advance their own needs.

Reducing IPV revictimization is a shared goal of public health and public safety. The criminal legal response to IPV is limited by chronic IPV underreporting and overincarceration; comprehensive social support services are needed to prevent IPV revictimization and meet survivors' needs. Safe, affordable housing is one such IPV reduction strategy that can increase public safety. By reducing IPV victimization and responding directly to survivors' stated needs, housing aligns with restorative justice principles that emphasize repairing the harm. RRH and TH are accessible independent of the criminal legal system, allowing women an option for achieving safety without the risks and social consequences that can result from contacting police.[12] Results advance the national priority of evidence-based interventions that meet the dual goals of safety and housing stability for IPV survivors. AJPH

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CONTRIBUTORS

M. R. Decker and C. N. Holliday designed the study. M. R. Decker, J. Miller, and C. N. Holliday acquired funding and interpreted results. K. T. Grace, K. G. Bevilacqua, and A. Kaur analyzed the data. All authors contributed to the writing.

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Note. The opinions, findings, and conclusions or recommendations expressed are solely the responsibility of the authors and do not necessarily represent the official view(s) of the Johns Hopkins ICTR, NCATS, HRSA, HHS, NIH, or DOJ.

CONFLICTS OF INTEREST

J. Miller oversees the HRM housing programs described herein; she was not directly involved in study-related recruitment, data collection, or analysis.

HUMAN PARTICIPANT PROTECTION

All procedures were approved by the institutional review board of Johns Hopkins Bloomberg School of Public Health (protocol IRB00009497) and aligned with ethical best practices for violence-related research (Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication: Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva, Switzerland: World Health Organization; 2016).

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