

Exploring the Experiences of Domestic Violence Survivors
with Permanent Supportive Housing

Research Brief: Focus on Progress towards Self-Sufficiency

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New Destiny’s Anderson Avenue Project:

This brief is part of a series of reports from a qualitative research project examining the experiences of domestic violence survivors in permanent and affordable housing linked to supportive services. The Anderson, which opened in December 2012, is permanent supportive housing in the Bronx, New York that is developed and operated by New Destiny Housing. The building has 40 units, half of which are set aside for domestic violence survivors coming from emergency and transitional shelters. The Anderson is a “services light” model with limited voluntary services available at the site and an on-site, full-time tenant support coordinator. The model’s goals are to (1) maintain housing stability, (2) keep people safe and violence-free, and (3) support individual progress toward self-sufficiency. The research project followed residents of the building for almost two years to explore their progress in meeting these goals and the perceived role of The Anderson in supporting their journeys.

The focus of this research brief is on resident progress towards these three goals during their residence at The Anderson. Specifically, we present women’s perceptions of their progress in areas including economic self-sufficiency, safety, and well-being.

Methods:

Thirteen domestic violence survivors at The Anderson agreed to be part of the research project. We interviewed twelve of the survivors four times over a period of about 18 months (at 0, 6, 12, and 18 months into the project). One of the twelve residents was interviewed in Spanish. One additional resident joined the project late and was interviewed only during the last three rounds. Interviews focused on understanding survivors’ experiences with the program and outcome goals. The interview instrument was informed by other qualitative work done in the fields of housing and domestic violence, and refined to match the unique goals and circumstances of The Anderson. Interviews were transcribed verbatim and coded for themes using open-ended coding techniques.

During the last interview, conducted in the fall of 2014, we used a modified version of the Arizona Self-Sufficiency Matrix to guide a discussion on individual progress. The Arizona Self-Sufficiency Matrix is an assessment tool originally developed by U.S. localities to evaluate the

capacity and needs of homeless people.¹ The original Matrix uses 15 domains, or areas of evaluation, on a scale of 1 to 5. Each domain and scale level combination has a description. For example, building capacity in the income domain is characterized as, “Can meet basic needs and manage debt without assistance.” Data collection usually involves both the client and a case manager discussing together the client’s status. Data are collected periodically to show changes over time. Since it was first used, several similar assessment tools have been introduced and slightly different versions of the Matrix are available.

For this study, the researchers chose 11 domains for evaluation (as listed in Table 1) and used the original scale:

(1) in crisis (2) vulnerable, (3) safe, (4) building capacity, and (5) empowered.

Residents were asked to place themselves on the scale for each domain. Thus, the assessments are based on self-reports. Although most uses of the Matrix include housing as a domain, we did not ask about housing because the study presumes that all residents have access to stable and affordable housing through the Anderson, and is investigating the effect of that stability on other aspects of their lives. One participant did move in the course of the study, but she is living in public housing, so her housing remains stable and affordable.

Study Participant Progress:

Overall, the study participants generally maintained their status or improved. None of the participants regressed in more than one domain area, and each individual improved on average across all domains. Also, average improvement exists within each domain area. The following table presents our findings within each domain.

¹ Alvaro Cortes et al., “Linking Human Services and Housing Assistance for Homeless Families and Families at Risk of Homelessness” (Abt Associates Inc., 2012), <http://www.abtassociates.com/AbtAssociates/files/6f/6f4596de-913d-4a62-b960-8bfa7d899b29.pdf>.

Table 1. Self-Assessments of Improvement using the Arizona Self-Sufficiency Matrix

Domain	Summary	Average Beginning Score	Average End Score
Income	69% of participants reported improvement; no regression; on average participants improved from vulnerable to safe/building capacity	2.31	3.38
Credit History	31% of participants reported improvement; no regression; on average participants approached the safe level	2.23	2.77
Employment	46% of participants reported improvement; 15% of participants regressed; on average participants stayed within the vulnerable level	2.00	2.46
Adult Education	31% of participants reported improvement; no regression; on average participants approached the building capacity level	3.15	3.62
Safety	23% of participants reported improvement; 15% of participants regressed; on average participants stayed within the building capacity level	4.00	4.23
Food	15% of participants reported improvement; no regression; on average participants approached the safe level	2.62	2.92
Child Care	31% of participants reported improvement; no regression; on average participants approached the capacity building level	3.37	3.91
Health Care	15% of participants reported improvement; no regression; on average participants approached building capacity level	3.69	3.92
Mental Health	85% of participants reported improvement; no regression; on average participants improved from vulnerable to safe/building capacity	2.15	3.62
Family/Social Support	38% of participants reported improvement; no regression; on average participants improved from vulnerable to safe/building capacity	2.62	3.69
Community Involvement	54% of participants reported improvement; no regression; on average participants improved from vulnerable to safe/building capacity	2.77	3.85

The largest average improvement occurred in the mental health domain (+1.46), followed by community involvement (+1.08), family/social support (+1.08), and income (+1.08). The areas with the smallest amount of average improvement were food (+0.31), safety (+0.23), and health care (+0.23). Even though participants did not show as much improvement on average in the safety domain, they displayed the highest average level (4.23)—building capacity—in this area.

The next highest capacity domains on average at the end of the study were health care (3.92), child care (3.91), and community involvement (3.85), which fell between the safe and building capacity levels. The domains with the lowest average levels at the end of the study period were food (2.92), credit history (2.77), and employment (2.46). On average, individuals remained between the vulnerable and safe levels in these three areas.

The two domain areas that saw individual regressions were employment and safety; each had two participants regress in these areas. In spite of these regressions, the overall average change in each of these domains was positive. The average improvement in employment (+0.46) and safety (+0.23) was among the smallest across the 11 domains. The food domain and the health care domain saw the least change with 11 of 13 participants not changing at all over the study period. On the other hand, 85% of the participants experienced an improvement in mental health and 69% of women improved their income status.

Conclusions and Program Implications:

All the residents that we interviewed progressed in some way, and perhaps more importantly, only two regressed and in minor ways. Domestic violence survivors are a vulnerable population, who often experience economic, emotional, and physical barriers to self-sufficiency, and therefore stability is a particularly meaningful finding among this study population. Although we cannot draw strong causal implications from the study, our findings do give credence to the philosophy of “housing first.” Resident experiences in our study support the idea that housing is an important foundation and offers stability that then allows women to make progress in other areas.

The study findings have some important limitations. First, averages mask extremes. The mental health averages are an example of this limitation; within this category the range of responses are notably large. Second, we only provide data on two points in time, and thus fluctuations within the 18 months are not apparent. Based on our interviews, for some women the progress was not steady: women changed jobs, were sanctioned by the Human Resources Administration, and changed their work hours to accommodate childcare needs. Third, the findings are based on self-reports, not clinical or caseworker assessments. Fourth, we did not use the Arizona Self-Sufficiency Matrix in our early interviews, and thus were asking women to look back 18 months, which may be too long a period for them to remember accurately. We also did not ask women to consider their lives before moving to The Anderson. It is likely that for many women, their progress is even greater than they acknowledged, given their circumstances before entering The Anderson. Finally and to repeat an earlier point, from a methods perspective, we cannot attribute the reported progress solely to living at The Anderson, as this study does not include a comparison group and therefore cannot isolate the effects of The Anderson.

Our findings illuminate three issues to be considered in future program development. First, economic needs, as indicated by the relatively low scores in the domains of credit, employment, and food, are significant. Workshops and programs on these topics could expand existing offerings in these areas, although it is not reasonable to expect programming at The Anderson to be able to overcome the external pressures of an economy that offers few opportunities to people with limited skills and experience, decades of poverty, and racial, economic, and gender

discrimination. Second, mental health needs, although not common, present substantial challenges to self-sufficiency for a few women. Continued attention to these needs is critical for this small group, and these women need resources that are convenient and affordable. Third, on a more positive note, the notably high averages in safety and community involvement are related to women's favorable perceptions of The Anderson. Specifically, and as noted in the previous brief, study participants felt very strongly that The Anderson is a warm, supportive, safe environment that many expect to call home for the near, if not distant, future.