

Praxis International
Effective Programming with Voluntary Services Webinar
March 30, 2010

Trainer bio

Anna Melbin

National Network to End Domestic Violence
amelbin@nnedv.org

Anna Melbin is the Housing Program Director at the National Network to End Domestic Violence (NNEDV). In this position she oversees all of NNEDV's housing work including providing comprehensive technical assistance to over 150 transitional housing programs across the country, focusing on services for survivors of domestic, sexual and dating violence, and stalking. She also provides trainings and technical assistance to national and community-based organizations, on a range of issues related to violence against women, homelessness, housing, and best practice strategies for serving survivors. She has provided testimony to the UN Special Rapporteur on Housing, is involved with the US Interagency Council on Homelessness' Plan to End Homelessness, and participates in expert panels on the national, state and local levels.

Anna has worked with and on behalf of homeless families and domestic violence survivors for 15 years. She began this work by providing direct services in homeless shelters, as an advocate in a battered women's shelter, and as a case manager in transitional housing programs for families. She then broadened her experience to state-level and national work.

Anna is first author of Transitional Supportive Housing Programs: Battered Women's Perspectives and Recommendations, published in *Affilia*, 2003. She is Chair of the Board of the Maine Women's Lobby and has been a member of the Housing Committee of the National Taskforce to End Sexual and Domestic Violence Against Women since 2002. Anna holds a Masters of Social Work and a Masters of Public Policy, from the University of Michigan, Ann Arbor.



The Basics of the Voluntary Services Approach

1. The Voluntary Services approach is based on the notion that participation in services should be voluntary and not a condition of housing or receiving other services or assistance.
2. This approach is based fundamentally on the belief that adult survivors are capable and competent, and should have the freedom to make their own decisions about their lives.
3. This approach promotes staff building relationships with survivors in transitional housing, working as *allies* and not as 'providers'. Relationships are then used as the foundation to assist women in transitional housing in reaching their goals.
4. Feedback and input is solicited from survivors in transitional housing, and incorporated when designing how and which services and supports are offered.
5. This approach emphasizes respectful and welcoming behavior in all aspects of the work. Services are driven by the needs, wants and individual goals of survivors in transitional housing. Value is placed in meeting survivors where they currently are in their lives.
6. This approach incorporates consistently and repeatedly making services available, to encourage participation and ensure assistance is as relevant as possible. Staff are encouraged to make suggestions, and express concern or encouragement as appropriate, but never require participation.
7. Creative and less-traditional services can be offered exclusively or in conjunction with more traditional approaches, depending on the needs and wants of the individual survivor.
8. The Voluntary Services approach incorporates and values choice and options.
9. This approach encourages a nonjudgmental, safe space for people to use their own words to talk about their experiences, fears, beliefs and goals.
10. The Voluntary Services approach promotes battered and formerly battered women as workers and leaders, in all aspects of housing assistance and organizations.



Identifying Best Practices: Creating Survivor-Driven Programming

In 2002, survivors of domestic violence were asked about their experiences in domestic violence housing programs. Direct-service staff were also asked about their experiences, and their perceptions of the survivors in their programs.

Below is an adaptation of the questions that staff were asked. As someone working on behalf of survivors, what are your responses? In light of the information you heard regarding survivor's responses, how is your program doing? What is working well and what needs changing?

1. How long are women allowed to stay in your program? How long do women actually (typically) stay?

If there is a large difference, why? Are women exiting your program to enter transitional or permanent housing, or are they being asked to leave (i.e. terminated)? Or, are they leaving voluntarily, but with nowhere to go?

2. Of the women applying for your program – why do you think they need the services? Why are they applying?
3. What services, if any, are mandated (i.e. participation is a condition of receiving shelter or other supportive services)? What is the reason for requiring participation?

What happens if a woman does not participate in the mandated services?

What are some ways to make services appealing (and utilized), without mandating them?

4. Of the services your program provides, which do you believe are helpful to the women?
5. Of the services your program provides, which (if any) do you believe are not helpful to the women?

6. What kinds of services do you believe are needed but not provided?

7. From your perspective, what is the best part of your program?

8. What would the women in your program say they really like about the program? What would they identify as most helpful?

9. What would the women in your program say they dislike about the program?

10. What would the women in your program like to change about the program?

11. What are three changes your program can/should make, to increase the flexibility and individualized nature of programming:
 - 1.

 - 2.

 - 3.

12. Imagine you are the Supreme Ruler of your program, with no other staff or Board members to answer to. What changes would you make to the program? What services or policies would you eliminate? What would you keep or add?

13. Imagine you are on a committee to design a brand new shelter or transitional housing program for survivors. What recommendations would you make?

Transitional Supportive Housing Programs: Battered Women's Perspectives and Recommendations

Anna Melbin, Cris M. Sullivan, and Debra Cain

Finding safe, affordable housing is one of the greatest obstacles that women who leave abusive partners face. In response, advocates for battered women have begun to offer transitional supportive housing (TSH) programs. This article reports on interviews with 55 key stakeholders of these programs (direct service staff, current participants, former participants, and shelter residents) to examine the degree to which TSH programs fulfill the needs of the women who use them. Consistent with other research on empowerment-based services, the study found that the women were most satisfied when services were provided in a respectful and individualized manner. The women's recommendations included the implementation of safety protocols and the need for a variety of support services that should be offered but not mandated.

Keywords: *battered women; domestic violence; transitional housing; services for women*

When battered women who live in poverty decide to leave their abusers, they often must do so under adverse conditions, such as in the middle of the night, and must relocate far from their abusers to maximize their safety. A variety of resources, especially the availability of safe, stable, affordable housing, are crucial to poor women's ability to escape their abusers and to

Authors' Note: To respect the confidentiality of the participants, the authors can not mention the six programs that participated by name, but they were chosen to be representative of the TSH programs in one midwestern state in 2001. The authors are sincerely grateful for the agency directors' willingness to allow their staffs to participate in the study. They would like to especially thank the 55 women who shared their opinions, experiences, and ideas with us. A special thanks also goes to Susan Schechter who graciously provided helpful feedback on an earlier draft of the manuscript. Address all correspondence to the first author at 82 Frost Hill Road, Portland, ME 04103; e-mail: anna_melbin@yahoo.com.

AFFILIA, Vol. 18 No. X, Season 2003 1-
DOI: 10.1177/0886109903257623
© 2003 Sage Publications

remain independent (Menard, 2001). Without access to housing resources, many battered women are forced either to live in inadequate, unsafe conditions or to return to their abusers.

Even when battered women are able to find shelter, only their immediate and short-term housing needs are met. The average stay at an emergency shelter is 60 days, and "the average length of time it takes a homeless family to secure housing is 6 to 10 months" (Roofless Women's Action Research Mobilization, 1997, p. 8). In 1988, in New York City, 31% of the battered women who were in shelters returned to their abusers because they were unable to obtain long-term housing (Zorza, 1991), and the U.S. Department of Housing and Urban Development (HUD) estimated that this percentage has increased because of the reduction in funding for public housing since then (Cuomo, 2000).

Perpetrators of domestic violence often exacerbate the economic constraints that battered women face by using finances to control and victimize the women with whom they are involved, both during and after the relationship. Some batterers ensure their victims' financial dependence by denying them direct access to money or by forbidding them to work outside the home (Lloyd, 1997). Others may jeopardize their victims' financial status by harassing them at work until they are fired (Lein, Jacquet, Lewis, Cole, & Williams, 2001; Lloyd & Taluc, 1999) and/or by causing them to be evicted by damaging property and behaving violently (Menard, 2001).

As a result of these tactics, some battered women may have no credit and rental records or records that are so badly marred that they represent too great a risk to landlords. The long-term results for many battered women include the inability to find and maintain permanent, affordable housing, independent of their abusers. Transitional housing programs for battered women were designed to offer an important alternative to living with abusive partners and have proved to be a vital resource for many poor battered women who are striving to free themselves of their abusers.

Although still few in number, transitional housing programs for battered women are in every state. All these programs offer women some form of housing in which they can live for a set period or until they can obtain permanent housing. The women often pay a small 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 survivors of domestic violence, which were often formed through grassroots strategies by the collective efforts of battered women (Reinelt, 1995), most transitional housing programs have been created without the input of survivors (Melbin, 2001). The absence of consumer-driven services in transitional housing programs for battered

women is significant, given the plethora of research that has supported the benefits of using consumers' needs to guide the delivery of services.

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, Johanson, Trivette, & Hamby, 1991, p. 117). This model requires that consumers guide the services they receive and that their natural support networks should be involved in the advocacy process. The effectiveness of this model has been established across many different service domains (Marcenko & Smith, 1992; Scannapieco, 1994; Sullivan, 2000; Trivette, Dunst, & Hamby, 1996; Weiss & Jacobs, 1988; Weissbourd & Kagan, 1989). This research led Dunst and Trivette (1994) to conclude that "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).

Research on services that battered women have found helpful has supported the need to incorporate the women's views in determining the type and degree of services to be offered. Davis and Srinivasan (1995) conducted focus groups with women who participated in support groups for survivors of domestic violence. Although the women's groups thought that emergency shelters and transitional housing programs for battered women were important resources, some were critical of the services that were offered. They explained that mandated services and rules limited their freedom and may reinforce "society's message to these women that they are inadequate" (p. 63).

There is a clear need for transitional supportive housing (TSH) programs to assist women who are attempting to leave their abusers. What is less clear is what battered women themselves say they need from these programs and how they feel about the services that programs currently offer. Are women more satisfied with services that are offered within an empowerment-based, consumer-centered framework?

We sought information from advocates, coalitions, and resource centers throughout the country to determine the best practices and policies that were being implemented. The most common response was that there were no standardized protocols or practices in place. Those who ran TSH programs were often "making up the rules as they went along." 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 as a means of assisting agencies that provide services to battered women to design the most helpful and supportive programs possible.

METHOD

In-depth, semistructured qualitative interviews were conducted with 55 women in six TSH programs in one midwestern state. Of the 55 women, 12 were residing in shelters for battered women, 20 were participating in TSH programs for battered women, 4 had been in TSH programs, and 19 were direct service staff working in TSH programs. All the women in shelters and those who were currently and formerly in TSH programs had dependent children and were income-eligible for Temporary Assistance for Needy Families (Schott, Lazere, Goldberg, & Sweeney, 1999; Temporary Assistance for Needy Families, 1999), although not every woman was receiving financial public assistance. Two female interviewers, both of who were trained in issues of domestic violence, interviewing techniques, and crisis intervention, conducted the interviews.

The six sites represented different geographic regions within the state, had been in place for different lengths of time, and varied in the size and structure of their programs and the services they offered. Four of the six sites were located in metropolitan areas with a population of more than 25,000. Of the two remaining sites, both of which had populations of fewer than 25,000, one was in a suburban-like area and the other was in a rural area. The capacity of the programs ranged from 3 to 15 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 2 years in four of the programs and up to 1 year in two of the programs.

All the women who were currently in TSH programs or in shelters at each agency were given the opportunity to participate in the study, as were all direct service TSH staff. Interviews with the staff were conducted on the programs' premises, interviews with the shelter residents were conducted in shelters, and interviews with the current and former TSH clients were conducted wherever the participants felt the most comfortable on the basis of their perceived level of safety and confidentiality (generally in their TSH residences or own homes). An extensive protocol was developed to ensure voluntary participation in the interviews and to maximize the participants' safety and confidentiality.

Each semistructured interview took approximately 1½ hours to complete and included discussions about the programs' services, policies, and rules; the women's perceived level of safety; the women's contacts with their assailants; and recommendations. The questions were open-ended and encouraged the women to formulate their own narratives of their experiences with TSH.

The interviews were transcribed and content-analyzed by a three-person research team, including the first two authors and a graduate student at

Michigan State University. Distinct themes emerged from the data (e.g., “feelings about rules” and “importance of safety precautions”), and these themes were used to guide the presentation of the findings. The credibility of the data interpretations was enhanced by the use of (a) triangulation (using multiple informants from whom data were collected), (b) negative case analysis (searching for exceptions to the inferences of the study), (c) independent interpretations (having each member of the research team draw her own conclusions from the data before all three discussed the findings together), and (d) external audits (verification by qualified experts that the interpretations appeared reasonable and logical).

RESULTS

Because of the nature of the governmental funding for TSH programs in the state, all the programs required the women to meet TANF eligibility requirements with regard to income and legal responsibility for dependent children. In addition, all the programs imposed informal eligibility requirements, which varied from site to site. Most staff gave clear preference to women who were deemed “motivated” (a word that came up frequently in many staff interviews) and who demonstrated a willingness and ability to identify and work on specific goals involved in becoming self-sufficient. Other common requirements that the staff identified were 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 situations out of a 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 varied across sites but was often lengthy. Four programs required applicants to provide their criminal histories, rental histories, and documentation of past histories of domestic violence, and one program required credit reports. In three programs, the women went through multiple interviews with staff members, including case managers, property managers, and employment specialists, and in one program, applicants were interviewed by a “review board.”

Services Offered

In addition to housing, all 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 the programs also provided “case management” services, by

which the TSH staff work with the women to determine and meet their goals. Some programs offered additional assistance, such as discretionary funds to meet women's individual needs (e.g., to fix a car or to pay for prescriptions), workshops (e.g., educational, employment, budget, parenting, and nutrition), recreational activities (e.g., tickets to community events, social gatherings, and field trips for children), and partnerships with community agencies, businesses, and/or housing resources (e.g., free services for TSH participants).

Rules and Regulations

The programs varied with regard to their rules and regulations for 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 consumption of alcohol by women older than age 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. The staff in this program were available to the women on request without setting a predetermined schedule for appointments that the women had to meet or risk incurring consequences.

Other programs were less flexible and required the women to participate in services to the same degree, regardless of their individual situations. One program expected the women to document, in writing, how they spent at least 30 hours per week on "program activities." It also expected the women to meet with a case manager weekly and with an employment specialist and "strongly encouraged" (according to more than one staff member) the women to participate in counseling. Although the staff of this program insisted that these requirements were not mandated, there were negative consequences for women who did not comply. For example, the women's rent each month was put in escrow, and the 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% of the month. Furthermore, women who did not think that they needed counseling were pressured by the staff to reconsider. As one staff member said, "Staff feel that all of the women need counseling but not all of them are ready." The 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 goals. Finally, the program had the most restrictions on women's individual freedoms. The women could have no alcoholic containers on site, even empty, regardless of whether they were older than age 21, and could have no overnight guests without permission from the staff.

Despite these variations, there were some clear similarities across the sites. All the programs expected the women to pay rent, house only

themselves and their children in the unit, maintain the other women's confidentiality, 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 the 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., get them to school and properly feed and clothe them) (two programs); and complete weekly forms, demonstrating progress toward achieving their goals (four programs). In addition to the regulations mentioned by the staff, the women mentioned additional rules, such as keeping no pets; having to get permission for their children's friends to spend the night; requiring anyone who was not on the lease to be out of the apartment by midnight; not permitting the women to baby-sit other people's children in the apartment; not permitting children to be in the apartment by themselves, regardless of age; and not permitting other people to baby-sit in the apartment.

Most of the women accepted the regulations as being part of a program they were extremely grateful for but also found the rules too restrictive. Although all 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, because it required the women to pack up their children and drop them off somewhere or take them around while they ran errands. It would have been easier for these women to have a friend or relative come to their apartment, and the women did not understand why this rule existed. Some women also mentioned that the housing inspections were a source of stress for them because they felt that no matter how clean their apartments were, they were never clean enough. Most of the women thought that the rules were too restrictive and made them feel like this was not their home, even temporarily. To some women, it felt as though they were still in shelters, not in their own apartments.

Importance of Addressing Safety Issues

One key component of TSH, mentioned repeatedly during interviews with the staff and participants, was that women's safety was paramount. Having a security system, rules prohibiting assailants from being on 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 the units as an extra safety measure.

Most of the shelter residents who were interviewed believed that they would be safer from their assailants if they entered TSH. As 1 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 current and former TSH participants stated that they felt safer while in TSH because of the confidentiality and anonymity of the

programs. A number of programs worked closely with local law enforcement agencies to patrol the area and watch for particular men who were known stalkers. Some agencies retained the apartment leases and/or the utilities in their, rather than the women's, names. Many women believed that this practice reduced the risk of their assailants finding them. They also said that they felt safer because, with the support and help of the programs, 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.

Staff-Participant Relationships

The types of relationships that existed between the advocates and program participants were directly related to the participants' overall satisfaction with the TSH programs. Women who mentioned that their advocates were empathic and flexible and provided practical assistance were the most likely to rave about the program's effectiveness, with such comments as, "The staff is not judgmental, just helpful," and "I feel trusted." Other advocates were viewed as patronizing and authoritarian. Women who felt this way about their advocates were less likely to want to seek services from the programs and were more interested in leaving as soon as possible. As 2 women noted, "It's their whole attitude; it's like I'm bothering them" and "I walk on eggshells. . . . They (staff) strike me as my mother . . . where, you know, you're not good enough."

Interviews with the staff confirmed these findings. Most staff members talked about the importance of listening to women nonjudgmentally, offering many services but letting the women choose which services to accept and treating women with respect. The following three comments were typical:

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 was apparent during some interviews, however. Some staff members indicated that the women in the program were in need of strict guidance and supervision. One staff member said,

When they enter this program, they should understand why they're here and that it's not just a free 2 years. There's a lot of work to be done, and they're (the 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.

Another agreed with the need for structure by saying, "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 the staff to offer specific help more often, rather than expect the women to ask for everything. A number of women spoke of the humiliation they felt when they had to ask for help directly. For example, 1 woman remembered being in the shelter and having a staff member say that tickets were available to a community event for the woman's sons if she wanted them. Having this type of help offered was beneficial and felt respectful, but the woman noted that she had too much pride to come out and ask for things for herself or her children. Another woman echoed this sentiment; she said that she had no money to pay the rent 1 month but was too embarrassed to ask the staff for help, because she already felt grateful for all that she had been given. Ultimately, she was written up by the staff for failing to pay rent, but she thought that this penalty was still preferable to the humiliation she would have felt by "begging."

Women's Recommendations

The women were asked which services the TSH programs provided that they found to be the most helpful. The answers 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 TSH. As 1 woman summarized her response, "The best part is having the apartment and feeling safe." More than half the women noted that individual counseling and help from staff to identify goals were the most important services. One woman explained, "Counseling helps by allowing me the option not to go back [to my assailant]."

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

Other services that the women mentioned as being the "most helpful" included the safety protocols, rent subsidies, child care, educational workshops, transportation, and referrals to agencies. It is interesting to note that some of the services that some women thought were the most helpful were rated the "least helpful" by other women (e.g., support groups, educational workshops, clothing and food resources, and contact with the staff). This finding speaks to the unique and varied needs of the individual participants in TSH and suggests that a multitude of services should be made available to women but on a voluntary basis. The greatest strength of TSH is that it can meet the individual needs of women over an extended period, maximizing the likelihood that the women will achieve their own goals. The results of

this study suggest that no one component of TSH is the most helpful or important to all women. Rather, 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, that results in women feeling that they have the ability to get back on their feet. Four women expressed the variety of support and independence the program provided, as follows:

The program fulfills my needs. It heals, it supports, it's a place to live in a way that there is minimal stress. [It] 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 (the TSH program) will help me work toward 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 the women who had participated in TSH programs in the past were grateful for having had the opportunity to do so, and all mentioned that the staff had tried to be helpful to them. They all agreed, however, that they had participated in a number of activities only because the programs mandated them, not because the activities were useful. One woman found the support group to be unhelpful, another woman found case management to be unnecessary, 1 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 the women were asked to give a minimum amount of time they would like to spend with the staff, there was a great deal of variability. One woman had no need to meet with the staff at all, wanting only to attend support groups, whereas another woman wanted to meet with the staff each day. Most women, however, mentioned wanting to meet with the staff once a week or once every other week.

Most of the women who were currently receiving TSH services reported being satisfied with the amount of time they currently spent with the staff. Eight women specifically noted that the staff were flexible about where and how often they met, which the women appreciated. One woman summarized others' experiences as well as her own, "Life is very hectic; my schedule is very busy, and I don't have a lot of time. . . . If I need them (the staff), they are available."

All the women mentioned wanting to be treated like competent adults. Those who were satisfied with the staff often spoke of the degree to which

staff members offered support and options but left decisions up to them. The less-satisfied women tended to describe the staff as judgmental, paternalistic, or “on power trips.”

There was also a great deal of variability regarding which rules the women approved of and which they did not. The only rule that received unanimous approval was the one prohibiting assailants from being on the premises. The women agreed that this rule was necessary to keep all women and their children safe from harm. Although the women did not want abusive men on the property, some mentioned that the staff should help with issues related to visits and exchanges (helping mothers go to a secure and convenient location to drop off and pick up children from visits with their fathers). One woman expressed the need clearly, “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.”

The women were unanimous in their dislike of the rule prohibiting others from baby-sitting their children in their apartments. As we mentioned earlier, this rule was extremely inconvenient, and the women did not understand why it existed. Rules that were more controversial, however, included the rule prohibiting alcohol on the premises and the rule prohibiting overnight guests. Some women approved of these rules, whereas others found them overly proscriptive. Those who approved of the rules spoke of them as being necessary “for other women” but not for themselves.

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

The rules indicate that 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, it 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, raised by the staff more often than the participants, was the issue of substandard housing. When asked how the programs could improve or what the participants would do if they could create a TSH program with unlimited resources, some staff members discussed the need for the housing to be of higher quality. One explicitly said, “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 the quality of housing units were needed. It is

interesting that none of the TSH participants complained directly about the quality of the housing units, perhaps because they felt so grateful for having a safe place to stay, regardless of its physical condition. Some women did, however, offer a number of suggestions for the structure of new TSH programs: (a) have houses, not just apartments, available for families; (b) offer some housing in rural areas; (c) have units in close proximity to each other, such as in an apartment complex or a neighborhood, as opposed to scattered sites or sites based in a shelter; (d) have a security system and bulletproof glass in every building and individual unit; (e) have secure playgrounds in apartment complexes; (f) allow pets in some units; and (g) provide TSH for women without minor children.

If Transitional Housing Had Not Been Available

The 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. The majority of the women mentioned that they would have likely gone back to their assailants, and some believed that they would have been homeless. Two women expressed the stark reality that many battered women in shelters face

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 programs, to gain the strength to stand up to pressure from their assailants (and sometimes their children) to return home. They said that 60 days in a shelter was not 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 that she had seriously considered killing her assailant as the only way to get 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 TSH in as many communities as possible.

CONCLUSION

The 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 the 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, the TSH programs may literally mean the difference between life and death.

Most of the women were satisfied with their experiences with the TSH programs as a whole. They especially appreciated having a safe home with supportive people around them, giving them the time and assistance necessary to rebuild their lives. Because the women's situations and needs varied considerably, with different women needing different services from the TSH programs, it is essential for these programs to provide a variety of services, in a flexible manner, to meet women's individual needs. For example, a number of women mentioned that support groups and/or counseling services had been useful to them when they first entered the TSH programs 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 practice seems wasteful of both scarce program resources and the women's time.

Congruent with the findings of Dunst and Trivette (1994), the 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 TSH programs. Women who found their advocates to be responsive and supportive were more likely to speak highly of the programs' usefulness to them, and women who disliked their advocates were less likely to avail themselves of any services that might bring them into contact with the advocates. An interesting finding was that in the program with the most prescriptive and proscriptive rules and expectations of participants, every woman who was interviewed mentioned at least one incident in which she felt disrespected by the staff. In contrast, in the one program in which the staff spoke of the importance of being flexible with rules and the 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 participant could think of one instance in which she ever felt disrespected by the staff. This finding indicates 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 members was that battered women need skill building and extensive case management and support. This belief influenced both the types of services provided to the women and the types

of rules imposed on them. When the staff members discussed the likelihood of the women remaining safe over time and rebuilding their lives, they focused on the women's personal abilities and behaviors. However, there was a great deal more variability in the types of services that the women said they wanted and needed from programs, with some appreciating a great deal of structure and others wanting more flexibility from the staff. The participants in the TSH programs were also more likely to talk about structural issues that affected 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.

Services for battered women are built on the providers' beliefs about and attitudes toward the root causes of domestic violence. Thus, it is essential to examine the suppositions behind the policies and services. How, for example, are women "chosen" for entry into TSH? Why are certain services (e.g., counseling) mandated, but 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 the overall goal of helping women to be safe from abusive partners?

Because all TSH programs operate with limited resources, it is critical for funds and staff time to be devoted to providing assistance that will be the most helpful to the women who use the programs. Some staff were aware of this issue, and 3 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 [during which] 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 [provide them] 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 on programs. Some of the TSH programs in this study began offering transitional housing services in the 1980s and were initially dependent on specific HUD contracts for funding. As a result, these programs had to meet funders' requirements, such as service delivery outcomes related to the financial independence and employability of participants, to sustain economic viability.

The nature of this work is difficult, and no definitive answers or solutions to service delivery issues are 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 live independently of their abusive partners (Mullins, 1994; Perry & Zorza, 1999; Roofless Women's Action Research Mobilization, 1997). TSH programs provide an important service that should be expanded into additional communities. However, it is critical that the design of such programs involves the input of women with abusive partners. The services that are offered and the rules that are implemented should be informed by a respect for the autonomy of battered women. It is only by acknowledging the individuality of each woman's experience that we will create effective solutions to the complex housing needs of these women.

REFERENCES

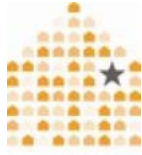
- Cuomo, A. (2000). Preface. In J. G. Twombly, W. Pitcoff, C. Dolbere, & S. Crowley (Eds.), *Out of reach: The growing gap between housing costs and income of poor people in the United States*. Washington, DC: National Low Income Housing Coalition. Retrieved from <http://www.nlihc.org/oor2000>
- Davis, L. V., & Srinivasan, M. (1995). Listening to the voices of battered women: What helps them escape violence. *Affilia, 10*, 49-69.
- Dunst, C. J., Johanson, C., Trivette, C. M., & Hamby, D. (1991). Family-oriented early intervention policies and practices: Family-centered or not? *Exceptional Children, 58*, 115-126.
- Dunst, C. J. & Trivette, C. M. (1994). What is effective helping? In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), *Supporting and strengthening families: Vol. 1. Methods, strategies and practices* (pp. 162-170). Cambridge, MA: Brookline Books.
- Lein, L., Jacquet, S., Lewis, C., Cole, P., & Williams, B. (2001). With the best intentions: Family Violence Option and abused women's needs. *Violence Against Women, 7*, 193-210.
- Lloyd, S. (1997). The effects of domestic violence on women's employment. *Law & Policy, 19*, 139-165.
- Lloyd, S., & Taluc, N. (1999). The effects of male violence on female employment. *Violence Against Women, 5*, 370-392.
- Marcenko, M. O., & Smith, L. K. (1992). The impact of a family-centered case management approach. *Social Work in Health Care, 17*(4), 87-100.
- Melbin, A. (2001). *Transitional supportive housing for survivors of domestic violence: A needs assessment in Michigan*. Unpublished manuscript, School of Social Work and Gerald R. Ford School of Public Policy, University of Michigan, Ann Arbor.
- Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence Against Women, 7*, 707-720.
- Mullins, G. (1994). The battered woman and homelessness. *Journal of Law and Policy, 3*. Retrieved from <http://www.lexis-nexis.com/universe>
- National Council of Juvenile and Family Court Judges. (1998). *Family violence: Emerging programs for battered mothers and their children*. Reno, NV: Author.
- Perry, A., & Zorza, J. (1999). Bread and butter issues for survivors of domestic violence: Income, employment, and housing. *Domestic Violence Report, 5*(1), 7-8.
- Reinelt, G. (1995). Moving onto the terrain of the state: The battered women's movement and the politics of engagement. In M. M. Ferree & P. Y. Martin (Eds.), *Feminist organizations* (pp. 84-104). Philadelphia: Temple University Press.
- Roofless Women's Action Research Mobilization. (1997). *Lifting the voices of homeless women: Summary of findings and recommendations*. Boston: Women's Institute for Housing and Economic Development.
- Scannapieco, M. (1994). Home-based services program: Effectiveness with at-risk families. *Children and Youth Services, 16*(5-6), 363-377.

- Schott, L., Lazere, E., Goldberg, H., & Sweeney, E. (1999). *Highlights of the final TANF regulations*. Washington, DC: Center for Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/4-29-99wel.htm>
- Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126-143). London: Jessica Kingsley.
- Temporary Assistance to Needy Families (TANF) final rule: Executive summary*. (1999). Retrieved from <http://www.acf.dhhs.gov/programs/ofa/exsumcl.htm>
- Trivette, C., Dunst, C., & Hamby, D. (1996). Characteristics and consequences of help-giving practices in contrasting human service programs. *American Journal of Community Psychology, 24*, 273-293.
- Weiss, H., & Jacobs, F. (Eds.). (1988). *Evaluating family support programs*. Hawthorne, NY: Aldine.
- Weissbourd, B., & Kagan, S. L. (1989). Family support programs: Catalysts for change. *American Journal of Orthopsychiatry, 59*, 20-31.
- Zorza, J. (1991). Woman battering: A major cause of homelessness. *Clearinghouse Review, 25*, 420-429.

Anna Melbin, M.S.W., M.P.P., is currently living in Portland, Maine. At the time of writing, she was the special projects manager at the Michigan Domestic Violence Prevention and Treatment Board in Lansing.

Cris M. Sullivan, Ph.D., is a professor of ecological/community psychology at Michigan State University, 135 Synder Hall, East Lansing, MI 48824; e-mail: sulliv22@msu.edu.

Debra Cain, M.S. in administration, is the executive director of the Michigan Domestic Violence Prevention and Treatment Board, 235 South Grand Avenue, Suite 506, Lansing, MI 48900; e-mail: caind@michigan.gov.



NNEDV

Voluntary Services: Are They For You?

Think back to a personal situation ~ a time when you needed some type of support or service from someone else or a system. This can be anything specific to your own life: a medical appointment or health care issue; applying for some type of public assistance or health care benefits; trying to rent an apartment or reserve a hotel room; joining a support group (or program) to quit smoking or lose weight; etc, etc.

What was done right on your behalf? What enabled you to get the support or service you needed?

And what was not?

What would you have needed to improve the outcome of the situation?

What would have been (or WAS) the worst consequence if this situation was not resolved successfully or to your full liking?

How would you have behaved differently if your basic needs were at stake, and you had no other options?