Rapid Rehousing is a key intervention in our work to end homelessness and an essential tool to support survivors of domestic violence experiencing homelessness. This paper provides guidance to service providers, Continuums of Care, and policy makers to support them in making adaptations to accommodate the unique needs of survivors.

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Introduction

Domestic Violence and Homelessness

People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing are included in HUD’s definition of homelessness. In fact, domestic violence (DV) is a leading cause of homelessness among women and children. While not all survivors find themselves without housing options after fleeing domestic violence, a great many do, either immediately or because of barriers faced in the struggle to stay housed in the aftermath of abuse. Many survivors have children, making domestic violence a driving factor of the swelling population of homeless families.

Housing considerations are a huge part of deciding what to do. Many factors may combine to impede departure from an abusive relationship, but housing is pivotal. Many DV survivors stay with abusive partners solely or primarily to avoid losing their housing and becoming impoverished, especially when children are involved. Survivors who do manage to leave but can’t find or afford housing may see no alternative to returning to the relationship.

Histories of DV and sexual assault – and their trauma impacts – are also significant contributors to chronic homelessness among women. When resources to support stable housing are unavailable, leaving an abusive partner may result in prolonged periods of transience, shelter stays, doubling up, and living on the streets or in a car. Now “outside” and facing a different kind of danger, these survivors may seek the perceived safety of a new partner, only to become victims of coercive control or the harmful and demeaning trap of survival sex.

THE INTERSECTION

- 84% of homeless women have experienced physical or sexual abuse (Brown, A., 1998).
- 38% of domestic violence survivors face homelessness after fleeing domestic violence (Baker, C., Cook, S., and Norris, F., 2003).
- In a national survey of victim service providers, over a third reported that as many as 20% of survivors became homeless as a result of sexual violence (National Sexual Violence Resource Center, 2010).
- Women and men who experienced food and housing insecurity in the past year reported a significantly higher 12-month prevalence of rape, physical violence, or stalking by an intimate partner (Breiding, M. J., Chen, J., & Black, M.C., 2014).
Stable and sustainable housing is a key ingredient to safety, health, and well-being for survivors and their children. Compelling anecdotal evidence from the DV field backs a research finding that as survivors increased post-abuse housing stability, they experienced significant improvements in safety, health/mental health, and less use of emergency services (Rollins, C., & Glass, N., CDC Grant #U49CE000520-01). Emergency shelter and transitional housing based in DV programs are critically important resources for many who escape the terror and potentially lethal danger of DV. However, these services do not routinely lead to the establishment of longer-term safe housing for survivors and their children.

Modifications are needed for survivors. Rapid Re-Housing (RRH), an approach broadly employed by homelessness/housing providers and increasingly by the DV field, can be an effective route to establishing safe and permanent housing for survivors who must flee their housing to rebuild their lives. However, the impacts and dynamics of DV necessitate some modifications for the approach to work effectively for survivors.

In the following sections, we recommend modifications to each of the Core Components of RRH to help programs and communities align the safety, privacy, and self-determination needs of DV survivors served with a RRH approach.
Core Component I: Housing Identification
Considerations and best practices to aid in addressing landlord concerns about survivors as tenants and other barriers survivors may face in securing appropriate housing.

1. Many landlords view known DV survivors as poor prospects. They anticipate property damage, police presence, and a high probability that the unit will be abruptly vacated. Indeed, due to the abuser’s behavior, survivors may bring with them a history of eviction, lease violations, costly repairs to their units, ruined credit, spotty employment records, and housing-related debt. They may also have pets they can’t leave behind for fear they will be harmed or killed by the abuser. Because DV survivors often must explain their rental and credit records in the context of their DV history, landlords may be disinclined to consider renting to them.

Here’s what can help:
• Educate landlords about the dynamics of domestic violence.
• Communicate with the landlord about the strong incentives survivors have to maintain their rental agreements to ensure their ongoing safety and stabilization.
• Offer coaching and preparation of survivors to have these conversations on their own behalf.

Best Practice Reminder: Keep safety and privacy in the foreground. Landlord education must never compromise survivors’ privacy, and informed consent is imperative when sharing personally identifying information (PII). Details about a survivor’s DV history are unnecessary to share; understanding the dynamics of power and control will help the landlord know why a survivor may have a history of damaged credit or past evictions. Learn more about working safely with survivors and landlords through close partnership with DV experts.

2. Landlords’ concern about the possibility of DV-related problems isn’t without reason. Abusers may remain in the picture after the survivor is re-housed. Living separately may not mean the end of contact for reasons of shared children, reality-testing whether the abuser has changed, exchanging money or bills, or because the survivor’s new address is discovered by the abuser.

Here’s what can help:
• Safeguard against discovery and vulnerability through careful attention to housing location.
• With the survivor in the lead and in consultation with DV experts, construct and frequently update a safety plan that includes strategizing around the possibility of abuser sabotage and/or around how to have contact – if the survivor elects it – without endangering their housing.
• Move toward employing scattered site models. Facilitating access to rental units located in various geographic locations allow survivors choices that a fixed site may not afford.
• Work with landlords who have units in more than one location to facilitate emergency transfers should they become necessary.

Best Practice Reminder: Honor survivors’ choices. The power and control tactics commonly used by abusive partners undermine the ability of survivors to make basic decisions for themselves and their children. Survivors’ choices should be respected – even if they test your own ideas about what is safe. For example, survivors may opt to move to a new part of town where the abuser is unlikely to encounter them. But if a survivor chooses to live near their familiar neighborhood, cultural community or natural support system, it is important to honor that choice, and then attend to the safety issues that they will need to plan around in that location.
3. An unsafe neighborhood may compromise the goal of achieving safety – and interact with trauma history. In many communities, affordable rental units are located in areas characterized by high density, high levels of poverty and sub-standard housing, and/or high crime rates. If survivors are housed in these areas, they may be at continued risk, trading off one form of violence and trauma for another. Additionally, the extra vigilance this environment requires may trigger a survivor’s trauma history and make healing and day-to-day functioning more difficult.

Here’s what can help:
- Openly discuss these issues and include them in safety planning.
- Ensure survivor has connections to supports/resources that can help address trauma impacts.
- Consider survivor relocation should a unit in a safer area become available.

**Best Practice Reminder:** Trauma-informed approaches are best practice with survivors and can be instrumental in helping them to regain a sense of control over their own lives.

4. DV can have a significant negative impact on a survivor’s economic standing. As a direct result of abuse dynamics, survivors may have ruined credit, debt and arrears, lease violations, evictions, and spotty employment histories. Even the most understanding landlord must weigh financial risk in considering survivors for tenancy.

Here’s what can help:
- Access to flexible financial assistance to pay down debt, clear utilities arrears, and other financial barriers.
- Landlord guarantees to limit financial risk if the survivor must break the lease for safety reasons.
- Longer rental subsidy periods to help survivors regain financial footing.
- Relationships with landlords and property managers who recognize the role that safe and stable housing plays for survivors and are ready to play a part.
- Relationships with “second-chance” landlords.
- Master leasing arrangements in units that can transition to the survivor as leaseholder.
- Linking survivor to credit repair services, individual development accounts (IDAs), and other means to address damage to their financial standing resultant from the abuser’s actions.

**Best Practice Reminder:** Commit to Housing First principles. Even the most sympathetic landlords may by rights exclude applicants based on insufficient income, felony convictions, and other objective rental criteria. Community-level commitment to the Housing First principles embedded in a RRH model impels providers to maintain and/or develop housing options for survivors unable to enter or sustain private market housing.

**Summary Practice Recommendations for Core Component 1**
Survivor-driven decisions about housing location. Strong partnership with DV programs and systems. Active advocacy/education with landlords around impact of DV on housing and credit history, combined with availability of rent guarantees and other incentives. Services and financial support around credit repair. Comprehensive safety planning at all stages.
Core Component 2: Rent and Move-In Assistance
Considerations and best practices related to survivors’ barriers to establishing income and assuming the cost of their housing.

Although I’m beyond grateful for the nine months of rental assistance I received, I’m only barely getting my head above water from the last few years of abuse, torment, depression, etc., and I think two years or even 18 months would have been more sufficient to fully overcome these obstacles.
— Domestic Violence Survivor

1. **DV greatly compromises survivors’ opportunities as wage earners.** Survivors with strong employment histories or marketable skills may be able to enter the job market or return to a job that was disrupted by the abuse and/or homelessness once housing is established. But others face the consequences of an abuser’s systematic sabotage of their success in the employment market as a tactic of control. Because their opportunities have been limited, survivors may have minimal skills or training, a spotty employment history, and difficulty in projecting confidence to prospective employers. These challenges multiply when combined with the high cost of child care, transportation barriers, and dislocation from a support system that can serve as a stopgap to inadequate income. Undocumented survivors face restrictions against employment while they receive legal help resolving their immigration status and may be living in considerable fear of deportation and of losing their children.

2. **Many survivors struggle with high levels of post-traumatic stress that can be slow to resolve.** Trauma impacts can compromise survivors’ abilities to carry out activities necessary to build income. In fact, for some survivors, establishing a safe home base can result in an intensifying manifestation of trauma symptoms that had been suppressed while basic needs took priority. Trauma may cause memory and concentration problems, difficulty with emotional regulation, body pain, hypervigilance, and trouble with attention span, decision-making, and following complex directions. Many survivors have become disconnected with their friends, family, and natural support system due to the abuser’s control, which creates a backdrop of isolation as these trauma impacts manifest.

3. **Survivors may also face a complex aftermath of systems involvement.** This requires that survivors remain available to attend appointments, court hearings, and comply with other requirements of these systems, making steady attendance at a new job very difficult. Examples include mandatory compliance with a service plan connected to an open child welfare case, court hearings springing from an ongoing criminal court case, immigration legal issues, and civil legal matters such as protective order violations and disputes over child custody and parenting time. Systems involvement can also interfere with trauma recovery, as each hearing or meeting holds the potential for contact with the abusive partner and/or serves to trigger fear, dread, and a sense the control and self-determination are being undermined.

4. **For some time after leaving an abusive relationship, the risk of lethality is higher than while living with the abuser.** Domestic violence is an issue of power and control. When the abuser’s once-solid sense of control over the survivor has crumbled, their determination to regain control can become heightened. Survivors may face ongoing abuse, threats, surveillance and/or stalking behavior by the abuser well after separation. Fleeing an abuser doesn’t necessarily end the abuse and projecting a timeline for income stabilization based on a post-abuse scenario may be unrealistic.
Here’s what can help:

- Incorporate consideration of these complex dynamics in the CoC planning process as well as at the program level when making determinations about the length of rental subsidy.
- Implement a progressive engagement model that features flexibility around length and depth of rental subsidy.
- Explore ways to assist with additional costs related to stabilization.
- Build in safety planning to your protocol for working with survivors and re-visit the plan periodically after they are housed so that it may be adapted to changing circumstances.
- Partner with your local DV agency and culturally specific programs to ensure you have routes to content experts and technical assistance/training.
- Develop a working familiarity with the community resources survivors may need.
- Assist survivors with connections to services and supports, including (if available) income development services that are DV-informed.
- Support survivor in re-building natural support system.
- Use a trauma-informed approach in all service delivery and be ready to offer connection to trauma treatment or counseling if survivors request it.

**Best Practice Reminder:** At both the systems level and the program level, allow for tailoring the rental period to the needs of the household. Survivors who can’t overcome the aftermath of DV quickly enough to take over the costs of their housing are highly vulnerable to returning to an abusive partner – especially when they have children. When using a RRH approach with survivors, it may be necessary to provide a longer period of rental subsidy than the typical six months or less associated with the model. Supporting survivors adequately while they work to establish income to sustain the costs of their housing can help to prevent a return to abuse.

**Summary Practice Recommendations for Core Component 2**

Flexible subsidy period, with provisions for extensions. Flexible financial funding to assist with financial barriers such as debt settlement and other expenses related to stabilization. Strategies to connect survivors to income development services and other community resources that are trauma- and DV-informed. Recognition of the role of trauma and systems involvement in survivors’ timeline for assuming costs of housing.
Core Component 3: Services to Support Retention
Considerations and best practices that support survivors’ long-term stabilization.

I want my life back.
— Domestic Violence Survivor

Time and again when I thought I was crazy and alone in this horrific trauma, my advocates responded to me with kindness and helped me see myself as strong and capable. In a process full of holes and oversights and disappointments, my interactions with advocates were a constant blessing and guiding light.
— Domestic Violence Survivor

1. “Leasing Up” is only the beginning. As communities work to produce performance outcomes that show progress toward ending homelessness, much emphasis is placed on ensuring that homeless households are successfully placed in housing. Even apart from the work it may take for survivors to build income and sustain themselves financially, housing retention requires identifying issues that, when unaddressed, can undermine stabilization, leave survivors isolated and precariously housed, and contribute to a return to an abusive situation. Embedding safety and true stabilization into their lives can be a long road for survivors. This work may include ongoing and prolonged involvement with multiple complex systems, building a new social network and support system, attending to the needs and trauma impacts of their children, and addressing and healing their own trauma. These issues do not magically resolve once housing is attained, and service providers play a role in helping survivors connect with services, supports, and tools that can help them get farther down the road.

Here’s what can help:

• Prepare to be in it for the long-haul and to work with survivors to identify what they need to be successful in their housing and reach their long-term goals.
• Victim service providers are attuned to the issues and barriers survivors face and are critical partners; make connections to local programs a priority.
• Provide information about the services your agency can offer that might fit these needs.
• Develop a working familiarity with the systems and resources with which survivors often must interact and facilitate connection.
• Attention to restoration of survivor’s natural support system or helping to establish new community connections can help bolster healing.
• Use a trauma-informed approach; survivors may need help with complex decision-making from you and/or a victim advocate.

Best Practice Reminder: Voluntary services help survivors regain dignity and self-determination. Approach to such retention services is key, as rule-based programs and mandatory services may feel triggering and reminiscent of an abuser’s tactics. Survivors must be supported to regain a sense of control over their own lives and to be recognized as experts.
2. **Housing doesn’t ensure safety.** Safe and stable housing provides protection against further abuse. Living apart from the abuser reduces the opportunity for re-assault, the survivor has more choice in when and if contact occurs, and additional protective supports and resources can be put in place. But survivors have no control over the abuser’s reactions to the separation, actions they may take, and choices they may continue to make to regain control. Abusers may attempt to sabotage survivors’ independence and their housing success, seeking out information about their new address through children, friends, family members, service providers, or engage in stalking/surveillance.

**Here’s what can help:**
- Stay attuned to safety after survivors are in their new housing, revisiting and adapting the safety plan as circumstances change while being survivor-led.
- Be prepared for the need to secure a new housing unit should safety become endangered by abuser’s behavior or threats.
- Look to DV partners for guidance and consultation or referral.

**Best Practice Reminder:** **Safety is survivor-defined.** Your ideas about what makes for safety may be quite different than the survivor’s. For example, protection orders and law enforcement intervention are not always appropriate or wanted and can sometimes escalate the danger rather than help. Ask survivors to be specific about the kind of help they may want from your agency to support their safety, and what other supports they may want to call on if safety feels compromised.

3. **Engaging survivors in retention services can be challenging.** Sorting through the aftermath of DV can be a complex, exhausting, and re-traumatizing undertaking. When given a choice, it may be difficult for a survivor to show up for yet one more appointment, or complete one more task.

**Here’s what can help:**
- Low-barrier approaches, such as mobile services and home visits, reduce logistical burdens on survivors and also communicate that your services are unique.
- Strengths-based, non-judgmental approaches, an orientation to the whole person, and the willingness to partner with survivors rather than impose prescribed solutions, can enhance engagement and provide a foundation for meaningful engagement.
- If available, services provided with a DV lens can be powerfully assistive; these may include employment/economic empowerment services, parenting support, and child/youth advocacy.

**Best Practice Reminder:** **Confidentiality is critical to safety.** Survivors should be in charge of their Personally Identifying Information (PII). When working across agencies, it is critical to precede any information-sharing with an informed consent process and a written Release of Information.

**Summary Practice Recommendations for Core Component 3**
Full understanding of survivors’ complex needs. Trauma-Informed, low-barrier, voluntary and participant-driven approach. Retention services tailored to survivor’s needs and provided in partnership with community experts. Survivor-defined safety planning. Information-sharing with survivor’s informed consent. Transfer policy to provide second placement if needed for safety.
Helpful Definitions

**Housing First:** A homeless assistance approach that provides permanent housing as quickly as possible. With no pre-conditions, this approach is based on the belief that a home provides a stable foundation from which people can attend to employment, financial stability, or other issues. Based on client choice in housing selection and voluntary service participation. (NAEH, 2016)

**Rapid Re-Housing (RRH):** A program model that provides short-term rental assistance and services to help people obtain housing quickly, increase self-sufficiency, and stay housed. The Core Components of RRH — housing identification, financial assistance, and support services — operationalize Housing First principals. (NAEH, 2015)

**Personally Identifying Information:** Information that could disclose an individual’s location, including a) name; b) address; c) phone/email; d) social security number; and e) other information, such as date of birth, racial/ethnic background, or religion, that, if combined with any of items a) through d), would identify a person. (Violence Against Women Act 2005; 42 USC §11383(a)(18))

**Trauma Informed Care:** A framework that understands the widespread impact of trauma, recognizes trauma signs, integrates knowledge of trauma into policies and practices, and seeks to actively resist re-traumatization (samhsa.gov/nctic/trauma-interventions).

**Safety Planning:** A unique strategy to reduce risks generated by a partner’s abuse/control.

**Voluntary Services:** An approach under which services are designed with survivor input and offered on a voluntary basis. Services are adapted to meet the individual needs of each survivor and support their self-determination. (https://nnedv.org/mdocs-posts/understanding-the-basic-of-the-voluntary-services-approach/)

**Trauma Trigger:** Reminder of past traumatizing events. Even seemingly neutral cues may evoke a trauma response; survivors may have adopted long-term patterns in adapting to a traumatizing life and to keep themselves safe. Triggers can cause uneasiness or fear; recognizing them is key part of learning to manage trauma. Trauma-informed work includes supporting survivors to develop these skills. (National Center on Domestic Violence, Trauma, and Health, 2001)

**Survivor-Driven Services:** Working in partnership with survivors to support establishment of safety and rebuilding control over their lives. Survivors lead the process, choose their own goals, and define for themselves what will help them to be safer. (https://wscadv.org/wp-content/uploads/2017/03/The-DVHF-Approach-updated-definitions-two-pager.pdf)

**Mobile Advocacy:** An approach based on meeting survivors in the location of their choice, such as a park, coffee shop, or survivor’s home. It also includes, if requested by the survivor, accompanying them to appointments, hearings, etc. and providing support and/or in-person help with systems navigation. (https://wscadv.org/projects/domestic-violence-housing-first/toolkit/survivor-driven-trauma-informed-mobile-advocacy/)
Questions? The Consortium TA Team provides individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can support domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.

Visit SafeHousingPartnerships.org to access the Consortium’s comprehensive collection of online resources and to request TA, training and other support.