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Permanent supportive housing for domestic violence victims: program theory and client perspectives

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The US Violence Against Women Act of 2005 allocated \$10 million to support collaborative efforts to create permanent housing options for domestic violence victims. Such programs are relatively new and rare, and up to now little research has examined their efficacy. This research investigates one permanent housing option, the permanent supportive housing model, through an exploratory case study of a Connecticut-based program currently being developed. The study compares the program design articulated by administrators and advocates with perspectives of domestic violence agency clients.

Findings indicate important differences between the program activities and goals articulated by administrators, and those preferred by clients. Although everyone agreed that personal safety was a priority, administrators stressed independence and choice whereas clients sought a stricter, community-centered environment with time-limited stays. These themes can be used to develop hypotheses for larger studies and have important preliminary policy and program implications.

Keywords: low-income housing; services; underserved

Introduction

Victims of domestic violence¹ face multiple barriers to establishing independent, violence-free lives: legal issues, lack of financial resources, poor work histories, and mental and physical health problems are common (Tolman and Raphael 2000; Tolman and Rosen 2001). The inability to locate affordable and safe housing is a key reason why battered women choose not to leave their abusers, and policymakers and advocates recently have emphasized this barrier (Wilder Research Center 2004). Some agencies are developing their own permanent – as opposed to emergency or transitional – housing programs exclusively for domestic violence victims (Correia and Rubin 2001). The reauthorization of the federal Violence Against Women Act

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¹We use the term victims of domestic violence throughout this article to refer to women who currently or in the past have experienced mental, physical, or sexual abuse by an intimate partner and who may or may not be receiving services. We recognize that there are a number of terms for both the women and the abuse, and struggled with using the word victim as opposed to survivor. We opted to use victim exclusively in order to be both concise and consistent throughout the article as well as to capture women along all points of the abuse cycle including those currently being abused.

(VAWA) in 2005 dedicated \$10 million to exploring permanent housing options for victims. Such programs are relatively new and rare, and up to now little research has examined their efficacy.

This research project considers the development of permanent supportive housing for domestic violence victims through an exploratory qualitative case study of Rose Hill, a Connecticut-based program that is currently being developed. Through interviews and focus groups, we elucidated the program's "program theory," and compared perspectives of administrators and advocates to those of domestic violence agency clients. Program theory does not refer to scholarly theories; it is grounded in the concrete details of a program. As Rossi, Lipsey, and Freeman (2004, 93) note, "[t]heory has a rather grandiose sound, and few program directors would claim that they were working from any distinct theory It might alternatively be called the program conceptualization or, perhaps, the program plan, blueprint, or design." Program theory establishes "an explicit theory or model of how the program causes the intended or observed outcomes" (Rogers et al. 2000). Program evaluators refer to program theory in order to understand and assess how a program is meant to achieve its goals or objectives. Assumptions about how program activities or strategies relate to outcomes can either be articulated, and thus formally stated in program documents; or implicit or tacit, reflected in the philosophy and actions of the administrators and frontline workers (Weiss 1997). A primary goal of our interviews with Rose Hill program staff and administrators, accordingly, was to construct the program theory under which they were working.

A related concept is the logic model, which articulates the activities leading from program goals to program outcomes (Rossi, Lipsey, and Freeman 2004). Development of a logic model assumes that a program's conceptualization is fairly advanced. We sought to understand the details of Rose Hill's logic model, keeping in mind that its development was in process and that logic models often change between a program's design phase and its implementation. A logic model begins with program inputs and ends with outputs or outcomes (Millar, Simeone, and Carnevale 2001). Although the terminology often varies slightly, the typical logic model often includes: characteristics of the population to be served, goals and assumptions, program design and activities, and outcomes. The outcomes are the realized goals of the program and result directly from the program design and activities.

This study uses the logic model framework to describe the program theory of permanent supportive housing, and then to consider the appropriateness of the model in meeting the needs of domestic violence victims. We examine the preferences and opinions of domestic violence victims who could be clients of the program, and evaluate how these potential clients' opinions relate to each other, and to program administrators' and advocates' conceptions of program goals. Our research uncovered important differences between the goals prioritized by clients and those designed by administrators. These findings have implications for further program and policy development of permanent supportive housing models for domestic violence victims and other populations, and provide a template for future research that would lead to results that are more generalizable.

Background

Permanent supportive housing: the basic model and adaptations

Permanent supportive housing links affordable rental housing to case management, job training, and other supportive services, based on residents' needs. Housing is in

congregate or scattered-site models, and services are available onsite or through linkage agreements with appropriate service providers (Corporation for Supportive Housing 2007).² Permanent supportive housing programs emerged in the United States in the 1960s in reaction to community rehabilitation residence programs,³ as increasing numbers of people with severe mental illness were deinstitutionalized. In the 1980s, the program was adapted to serve homeless populations (Glauber 1996).

The “basic” permanent supportive housing logic model, as developed initially in the 1980s, has as its target population single adults who struggle with multiple barriers to stability, most commonly mental illness and substance use, and are homeless or at risk of homelessness. The permanent supportive housing model promoted by the Corporation for Supportive Housing (CSH), a national intermediary organization, emphasizes four key principles: affordability; safety and comfort; flexible and accessible support services that target residential stability; and empowerment and independence (CSH 2003). These are the goals and the desired outcomes of the supportive housing logic model.

Supportive housing program design and activities are designed to achieve the key principles or goals listed earlier. To ensure the first principle, affordability, programs use Section 8 Housing Choice Vouchers or other subsidies to enable residents to pay 30% or less of their incomes toward housing costs. They ensure the second principle, safety and comfort, by providing residents with permanent, high-quality independent housing units, often with private cooking facilities. Flexible and accessible support services, the third principle, are available either on-site, or easily accessible within the community, and residents must be able to access the services as frequently or infrequently as they want or need, and that the housing not be conditioned on a resident’s receipt of services. The fourth principle, empowerment and independence, is achieved by giving residents private, attractive living space, trusting them to seek services when and how they want them, offering residents input into program management, and supporting those who want to move on to other independent housing.

Evaluations of permanent supportive housing have moved away from a strict assessment of program length of stay, in which any resident who moves out of housing is perceived as having failed, to a more nuanced consideration of overall well-being as a desired outcome (Barrow, Rodriguez, and Cordova 2004; Nolan et al. 2005; Wong et al. 2006). These outcomes are not inconsistent with the CSH priorities

²There is some debate over appropriate program design for supportive housing, and the model described is one variation. There are also discussions of the difference between supportive and supported housing, in which supportive housing is used to designate all housing linked to support services, whereas supported housing refers only to housing that is permanent and independent, with flexible, community-based services chosen by consumers (Carling 1993; Carling and Curtis 1997; Lipton et al. 2000). See also Hopper and Barrow’s (2003) discussion of the difference between “housing as housing,” an outgrowth of the mental health field, in which mental health consumers receive housing opportunities that are less structured than inpatient residential programs; and “integrated housing development,” an outgrowth of advocacy on behalf of the homeless, in which housing and community development are linked, and provide alternatives to homeless shelters.

³Community residence programs impose more structure and requirements on residents than supportive housing programs do, and include housing as part of a mental health treatment plan, rather than providing housing and giving residents access to optional services, as supportive housing does. See Tsemberis and Eisenberg (2000) for a discussion of the “paradigm shift” from a residential treatment model to supported housing programs.

described earlier, which include independence as well as residential stability. Although long-term tenure is an important outcome, many programs do not prioritize this goal to the exclusion of others. As self-sufficiency has become an increasingly important policy goal in the United States, and has been applied to housing programs (Shlay 1993), many supportive housing programs have begun to evaluate success as supporting residents as they stabilize and are able to live on their own with limited or no supports.

Since its initial emergence, service providers have adapted the basic supportive housing model to address the needs of other populations, such as families with children, young adults, persons living with HIV/AIDS, and persons being discharged from prisons and jails. We refer to these models as adaptations. Because the target populations of these programs are different, their needs, and thus the program goals and desired outcomes, may be different, and as a result the program design and activities change as well. In terms of supportive housing for families, the National Center on Family Homelessness's evaluation of Hearth Connection's five-year Supportive Housing and Managed Care Pilot relies on a logic model that considers five primary outcomes for its adult participants (increased housing stability, improved physical and behavioral health, improved safety, better quality of life, and high satisfaction with services) and three secondary outcomes (increased community involvement, increased self-reliance, and attainment of self-determined goals) (National Center on Family Homelessness 2004). This adaptation places greater emphasis on quality of life and satisfaction than the basic logic model does, and therefore program design and activities respond to these desired outcomes by providing services that are desired by residents.

Similarly, programs for young adults aging out of foster care require adaptation because they have the goals of preventing homelessness and helping residents during early adulthood (Park, Metraux, and Culhane 2004; Wilderson, Lee, and Gibson 2007). These programs, accordingly, tend to offer more services geared toward basic life skills, and particular attention to employment and education. Supportive housing programs for persons with HIV/AIDS have goals of improving and maintaining residents' health, as well as preventing transmission of disease (Aidala et al. 2005; Pardasani 2005). As a result, many have on-site primary healthcare, and other health-related services. Programs for persons discharged from the criminal justice system want to help residents adjust to reentry and prevent re-incarceration, and thus offer services that orient residents to communities and technologies, such as the Internet and food stamp debit cards, address the particular employment problems faced by ex-prisoners, and help residents re-build family ties (Cho et al. 2002; Hals 2007).

These logic model adaptations remain firmly grounded in the basic logic model outlined earlier. The adapted models still have as goals the four principles articulated by CSH: affordability; safety and comfort; flexible and accessible support services that target residential stability; and empowerment and independence. The priority of these goals, however, often is re-ordered in the adapted models, and new goals and program activities are added in accordance with the needs of the target populations.

Applying the permanent supportive housing model to domestic violence

The characteristics and needs of domestic violence victims make them a seemingly obvious target population for permanent supportive housing programs. Experiences

of domestic violence and homelessness are linked in multiple and complex ways. Of 23 major US cities surveyed in 2006, seven reported domestic violence as a significant cause of homelessness, more than the number citing poverty or unemployment as causes (US Conference of Mayors 2006). A survey of homeless assistance providers and clients conducted in 1995 and 1996 found that of homeless clients living in family households, 13% said that they left their previous housing arrangement because of family violence, and 4% of all homeless clients, both single and those living in families, said there was violence in their previous household (Burt et al. 1999). These episodes of homelessness are recurring: in a study of more than 8000 women in New York City homeless shelters, Metraux and Culhane (1999) found that women with histories of domestic violence were significantly more vulnerable to recurring homelessness.

Complementary research has found that women in this situation are likely to experience additional barriers to independence that have some similarities to the needs of those targeted by the “basic” supportive housing model. Domestic violence victims have an increased risk of mental health problems in comparison to the general female population (Golding 1999; Helfrich, Fugiura, and Rutkowski-Kmitta 2008). Tolman and Rosen (2001) compared victims of domestic violence receiving welfare to other welfare recipients and found recent victims had higher rates of mental health disorders such as depression and post-traumatic stress disorder. Narrowing the population of interest to homeless families, Stainbrook and Hornik (2006) found that families residing in homeless shelters and those in domestic violence shelters have similar rates of mental health problems as well as similar rates of lifetime abuse.

Housing has long been recognized as an important need for victims of domestic violence, but the original goal of service providers was to enable women to leave abusive situations immediately, not find new permanent homes. As the battered women’s movement coalesced in the 1960s and 1970s, this need was met through emergency shelters in which women, often with their children, were able to stay for short periods of time, usually up to 30 days (Schechter 1982). The first emergency domestic violence shelters arose from feminist, grassroots organizing with significant input from women who were victims of domestic violence (Reinelt 1995; Sullivan and Gillum 2001). Subsequently, as providers realized that it took women some time to garner the necessary economic and emotional resources to establish their own homes, they developed transitional housing programs with support services, often in the form of apartments in which victims could stay for up to two years (Sullivan and Gillum 2001). In the past 40 years, the domestic violence shelter system has evolved from grassroots organizing, primarily funded by private contributions, to an institutionalized system that is supported by public funding. As transitional housing programs have grown to meet the need for a continuum of housing services, domestic violence services have become more professionalized, delivered via a top-down model in which program administrators determine what services are needed and how they will be delivered (Reinelt 1995).

Research has examined the efficacy of transitional housing programs, using direct observation, interviews, focus groups, and review of program records and outcomes, and has reported positive and negative aspects of such programs, as well as residents’ satisfaction (Cook 1988; Fogel 1997; Varady and Walker 1999; Rollins, Saris, and Johnston-Robledo 2001; Melbin, Sullivan, and Cain 2003; Camasso, Jagannathan, and Walker 2004). For example, Melbin, Sullivan, and Cain (2003) found that

women felt confined by program rules, grateful for the safety that transitional housing provided, and sensitive to the attitudes of staff. In a national study of 20 domestic violence programs, Zweig, Schlichter, and Burt (2002) found that victims with multiple barriers, such as substance use, mental health problems, and involvement in prostitution, have difficulties accessing or receiving adequate services. They recommend that programs consider expanding services or altering their strategies to meet the needs of women with multiple barriers. Tutty, Weaver, and Rothery (1999, 922) conclude that transitional shelters are “refuges” that provide “a turning point for many women to take the first steps in a transition to a life free of abuse.” Although these findings overwhelmingly indicate success in achieving the primary goal of safety, transitional housing programs are only short-term, possibly limited, responses. If their goal is to support women in leading violence-free lives in the long term, then their ultimate success depends on the ability of women, including those with multiple barriers, to move on to and remain in safe, permanent housing.

Advocates and service providers have turned recently to permanent housing solutions exclusively designed for domestic violence victims and their families. This development has been attributed to the crisis in availability of affordable housing in many areas and the difficulties associated with obtaining public housing (Correia and Rubin 2001; Gorde, Helfrich, and Finlayson 2004). Before 1998, local Public Housing Authorities (PHAs) were required by the US Department of Housing and Urban Development (HUD) to give preference to domestic violence victims applying for public housing and Section 8 rental subsidies. Thus, domestic violence victims, along with other groups, including homeless households, households involuntarily displaced from previous housing, and working families, received priority on their waiting lists (National Low Income Housing Coalition 2004). The 1998 repeal of these preferences, with discretion given to local PHAs,⁴ has made it even more difficult for domestic violence victims to secure assistance. In addition, HUD’s “one strike and you’re out” rules, established in 1996, require that a household be evicted from public housing after any household member, or a guest, participates in drug-related or other criminal activities (Menard 2001). This exclusion evicts and bars many domestic violence victims from public housing, often as a result of crimes committed by their abusers (Renzetti 2001).

In 2005, after extensive lobbying by the domestic violence advocacy community, the reauthorization of the federal VAWA incorporated several housing provisions, including \$40 million over five years to fund transitional housing assistance grants, and \$10 million “to fund collaborative efforts to create permanent housing options for victims that help develop communities and leverage private dollars” (VAWA 2005). The \$10 million goes to the US Department of Health and Human Services, in order to support groups convening on the issue, rather than to HUD to support actual housing development.

Borrowing from the basic permanent supportive housing model, providers and advocates have begun to develop similar models for domestic violence victims. In Oregon, the Volunteers of America (VoA) ’s Home Free program offers its clients an immediate, “housing first” return to permanent, neighborhood-based housing, through a scattered-site model in private market and public housing, accompanied by individualized support services available for up to two years, with a focus on

⁴Pub. L. No. 276–105, 112 Stat. 2518, 2548 (1998).

stability and self-sufficiency. VoA developed the program in response to the needs of its clients, many of whom were either unable to locate and maintain permanent housing after their shelter stays, or unable to leave abusive situations because all emergency shelter beds were full (Billhardt 2006). The flexibility of this program design, and its responsiveness to clients' desires, would appear to be well-suited to the changing needs of domestic violence victims.

In a related model, but without the supportive services, New York City announced its Domestic Violence Work Advantage program in October 2007. The program will offer rental subsidies to households leaving city domestic violence shelters, as well as set-asides of affordable housing units supported by the City. The initiatives were the outgrowth of a city Task Force on Domestic Violence and Permanent Housing. Several other programs have used Section 8 rental subsidies to support placements into permanent private market housing.

Returning to CSH's four principles for permanent supportive housing – affordability; safety and comfort; flexible and accessible support services that target residential stability; and empowerment and independence – it appears that these new domestic violence housing programs, particularly the VoA program, attempt to achieve these goals through their program design. Like the adaptations serving other populations that are described earlier, the domestic violence programs have additional goals arising from the needs of the population served: the most immediate one is safety and security. Other goals that are specific to this population include support specific to children of domestic violence victims, legal support, and addressing mental health needs. It is not immediately apparent, however, that the supportive housing program design will meet these population-specific goals or the general goals as articulated by CSH; it is possible that the urgent need for safe and secure housing eclipses other important elements of program design. Simply providing housing, as supportive housing providers have determined, is not enough on its own. In order to understand whether or not the permanent supportive housing model works for domestic violence victims, a more in-depth understanding of the program activities and goals is critical.

Methods

Research on program theory and policy implementation offers relevant approaches to gathering and analyzing competing perspectives of potential clients, current program developers and administrators, and policymakers. Lindhorst and Padgett (2005), for example, examined implementation of the Family Violence Option, which provides exemptions from Temporary Assistance to Needy Families requirements, from the perspectives of clients and frontline workers, and identified four points of critical disjunctures between the stated goals of the policy process and the actual process as encountered by clients. Christie and Alkin (2003) present a case study of the process of developing a program theory based on stakeholder input rather than theoretical research. Findings illustrate the importance of staff input in understanding the theory behind program designs. Based on these methodological approaches and informed by the research on permanent supportive housing logic models, this article uses the Rose Hill case study to investigate the potential alignment and misalignment between the application of the model to domestic violence victims and the articulated needs and perspectives of the victims.

Drawing from the extended case study method developed by Burawoy (1991),⁵ we focused on the development of Rose Hill, a permanent supportive housing program for domestic violence victims that is currently being developed by the Prudence Crandall Center, a nonprofit service provider in Connecticut. The program's building, also referred to as Rose Hill, is undergoing substantial rehabilitation, and construction is projected to be completed in Summer 2008, when the program will serve its first clients. In the meantime, administrators are determining how the program will be structured. We examined the program theory of Rose Hill, using two qualitative data collection methods and gathering data from multiple stakeholders involved in the development of the program.

First, six in-depth, key stakeholder interviews with seven program administrators and community advocates⁶ explored the development of the Rose Hill permanent supportive housing program, from the original idea to its current plan. One interview was followed up with a second interview to clarify particular points; two additional interviews were followed by specific questions and answers exchanged via email. Key stakeholder interviews were conducted with staff and board members of the Prudence Crandall Center and domestic violence advocates from the Connecticut Coalition of Domestic Violence and the National Network to End Domestic Violence. Interviewees were chosen based on their knowledge or involvement with the development of permanent supportive housing models for domestic violence victims both locally and nationally. The interviews were semi-structured with open-ended questions and probes and lasted between 25 and 65 minutes. Interview questions focused on the development of permanent housing programs, and specifically the development of Rose Hill from the original idea to its current plan. The protocol included questions on the respondent's understanding of the logic model behind the program, including the activities and desired outcomes, as well as the obstacles and parameters, such as funding restrictions, legal and political constraints, and professional practice standards, encountered in developing the program.

Second, six focus groups with women who would be targets of the program were conducted. The six focus groups were conducted between March 2007 and June 2007. All participants were past or current victims of domestic violence participating in support groups sponsored by one of four domestic violence agencies in central Connecticut. Cooperating agencies posted recruitment flyers for study participants and supplied meeting rooms to hold the groups. Support from the agencies was critical in recruiting study participants. Because flyers were posted in offices and meeting rooms, potential participants learned about the study in a safe location. Moreover, because the topic of the focus group was of interest to both clients and caseworkers, informal discussions and comments in the hallways and during support groups also helped recruitment. Two of the groups were with women currently living in domestic violence shelters, one of which consisted of five women residing in the Prudence Crandall emergency shelter. Three groups were community-based groups with participants living in a variety of housing situations including doubling up with

⁵In the extended case study method, researchers start from existing theories and literature, and then use a case study to refine or improve theory. It is a reflexive method of inquiry with the goal of theory reconstruction.

⁶Five interviews were one-on-one interviews; the remaining primary interview was conducted with two stakeholders from the same organization.

friends and family, renting apartments, and owning single family homes.⁷ One focus group had a mix of shelter and non-residential clients.

Focus groups were facilitated by one of the principal investigators and a research assistant to take notes and work the recorder. The number of participants at each evening session ranged from three to seven, with an average of five women. Participants ranged in age from their early twenties to late fifties. Two-thirds of the participants were White, about 20% African American, 10% Latina, and 5% Asian, reflecting the racial demographics of the communities. We approximate that 20% of the participants were foreign-born. Women were given an information sheet describing the project and orally consented to participate; no identifying information was collected from participants. Discussions lasted between 45 and 70 minutes, and participants received a \$15 gift card to a local grocery store as compensation for their time. The focus group protocol consisted of 12 questions with a number of probes. Questions focused on the women's current housing experiences and their opinions of the new project plans. The majority of the time was devoted to discussing their preferences for an ideal program as well as women's reactions to a permanent housing model exclusively for victims of domestic violence.

Interview and focus group sessions were digitally recorded and then transcribed verbatim. The coding of the interview data was fairly straightforward. Using the interview instrument as a topic guide, we coded the answers to each question, focusing on the appearance and frequency of different types of program goals. We also verified the project's history and current conception of program activities by comparing the accounts of various stakeholders. Data gathered in response to questions on external program influences were not analyzed for this article.

Coding of the focus group transcripts was more complex, as the focus group instrument was more flexible and the collected data in their entirety were relevant to the analysis presented here. Moreover, the breadth of possible answers to the focus group questions was considerably broader than the possible answers to our interview questions. Focus group coding was guided by a typology constructed before data collection; the original typology was based on the focus group instrument coupled with possible themes based on domestic violence theories and empirical evaluations of other permanent housing models and their logic models. The coding tool covered five sections: participants' perceptions of the advantages and disadvantages of the new model; their opinions on program goals and services; stay length; rules and regulations; and involvement in program development. We listed the appearance of new themes and comments and noted the frequency of the comment. The extent of consensus on the opinion and the strength of dissenting voices were also recorded, as were instances when continued conversations led to a consensus. Finally, similar answers were grouped into response categories. The details of the coding tool and the types and number of answers were refined extensively throughout the coding process as analyses revealed additional themes and disconnects. For example, we did not expect safety to be mentioned in connection with child-specific advantages of the program. In certain instances, we created new overall categories for a section after we coded the individual themes. For example, we did not anticipate the number of suggested program services related to the logistics of daily living, such as access to computers and a convenience store.

⁷Two of the focus group participants owned their own homes.

To ensure consistency in the coding of the transcripts, the two principal investigators coded two of the six focus group transcripts independently and then compared their findings. Themes identified by the researchers were very similar, and small inconsistencies were resolved. Given high inter-rater reliability, the remaining four focus group transcripts were divided between the two researchers for coding using a more refined coding matrix.

Case study description and findings

The Prudence Crandall Center's Rose Hill Supportive Housing Program

The Rose Hill Supportive Housing Program is being developed by the Prudence Crandall Center, based in New Britain, Connecticut. The Prudence Crandall Center provides services, advocacy, and emergency shelter to domestic violence victims in several locations in central Connecticut. The Center is rehabilitating a former orphanage in New Britain to house the Rose Hill program and related services. The program will provide 10 units of permanent supportive housing, open to women with children who have histories of domestic violence and a documented disability, including mental health conditions commonly associated with violent experiences. These housing units, the first permanent housing for domestic violence victims in Connecticut, will be co-located with other new programs of the Center, including eight units of transitional housing,⁸ counseling and support group facilities, and its administrative offices.

The Prudence Crandall Center's history reflects the classic trajectory of the provision of domestic violence services in the United States, from a community-based model of feminist empowerment, to a professionalized multiservice agency. The Center was founded in 1973 as the Prudence Crandall Center for Women, without a particular focus on domestic violence issues. A community needs survey revealed a need for emergency housing, and in 1975 the Center rented an apartment in New Britain to serve as a temporary shelter for battered women and their children, the first domestic violence shelter in Connecticut, and the second in the United States. (<http://www.prudencecrandall.org>, accessed 4 November 2007). The Center since has expanded its scope and services, and changed its name in 2003, to reflect the broader range of clients that it serves.⁹ The Center now offers a 24-hour crisis hotline, support groups, prevention education and outreach, services targeted to children, and assistance with civil and criminal court processes, in addition to emergency shelter services, where domestic violence victims can stay for up to two months. It offers these services within New Britain and eight surrounding towns. The agency has 10 full-time employees, 14 part-time employees, and 20 volunteers. It

⁸The transitional housing units will not have the requirement that residents document a disability. Two of the transitional housing units will be reserved for women without children. The lack of permanent housing options for domestic violence victims without children was mentioned frequently in focus groups, generally by childless women, and is an important issue to be considered in the development of this new housing model, but is beyond the scope of this article.

⁹Although the Prudence Crandall Center offers its services to men who have been victims of domestic violence, a vast majority of its clients are women, and the contemplated residents of the Rose Hill program are women and their children. Accordingly, we refer to women in this article.

receives federal, state, and local funding; foundation grants; and limited private donations.

The Prudence Crandall Center has not provided transitional or permanent housing to date, but for some time its staff, leadership, and board recognized the need for such housing. Program administrators explained that the two-month emergency shelter stay provided “time to exhale,” but not enough time for domestic violence victims to locate new housing, particularly given the increasing shortage of affordable housing units, coupled with many women’s lack of income. Women frequently left shelters for other precarious living arrangements, such as homeless shelters, or doubled up with other households, and administrators and staff were concerned that they would return to their abusers.

The Rose Hill site, a former orphanage run by a local order of Roman Catholic nuns, was brought to the Center’s attention by a board member who had considered the site for a facility for another organization on whose board he sits.¹⁰ Located in a secluded area of New Britain, the five-acre site includes a playground and picnic pavilions. The four-story building is at the end of a long driveway; a city bus route stops at the bottom of the driveway, and school buses will drive up the driveway. An administrator described the site as “an oasis in the middle of New Britain” and “isolated, but calming and quiet.” The rehabilitation of the building will cost approximately \$8 million, and it will be leased from the order of nuns that owns the orphanage. The program’s eligibility criteria will require residents in the Rose Hill permanent housing units to have a disability, as a result of the HUD funding for the project, which is limited to persons with disabilities (HUD n.d.). The definition of disability, however, includes such mental health conditions as anxiety disorders and post-traumatic stress disorder, and administrators did not feel that this definition limited the number of potential clients.

Rose Hill offered an ideal case for our exploration of the relationship between program goals as articulated by program administrators and potential clients. Because the program is in its development phase, Prudence Crandall administrators and staff are engaged in formulating program goals and activities, and thus in creating the logic model for the program, although they may not formally describe it as such. The program’s newness also was effective when we sought opinions of potential clients: because information about the new program had not been disseminated to agency clients or other shelter residents, we could ask focus group participants to consider their “ideal” permanent housing program, and they were not constrained by their knowledge of an already existing program. Later we present our findings regarding program goals and activities as articulated by program administrators, who emphasized four primary goals; and client perspectives on the program, which we group into five themes.

Program goals and activities

The Prudence Crandall Center’s philosophy is described as “women-led advocacy,” which states that women are their own best advocates, and seeks to provide women with the necessary resources to take action. Program administrators feel that the

¹⁰Site characteristics and location were important influences on the development of the program. We discuss this point and analyze the role of external influences on program development in a different article (citation withheld for review).

Rose Hill program must reflect this philosophy, and accordingly articulated the overall goal of the program as providing women with the services and support that they need to live independently. Although the contemplated program design borrows many elements from those that have been successfully tested in traditional supportive housing programs, administrators felt strongly that they could not simply apply program models that have worked for homeless people with special needs, because they assumed that “it’s not the same thing” and “it wouldn’t work for us.” In our interviews and review of program documents, four themes emerged as program goals for the Rose Hill project: administrators sought to develop independent and permanent housing; provide safe and affordable housing; keep women connected to optional services; and offer women the support that was necessary for them to move on.

Develop independent, permanent housing

The program is structured to provide independent living for families, with separate apartments and traditional leases, and each household’s rent calculated as a percentage of its income. Rose Hill thus will operate as a housing complex with minimal rules and regulations, in contrast to emergency or transitional housing for domestic violence victims. Program administrators identified this independence and lack of rules and requirements as key elements of the program, and also acknowledged that direct service staff did and would have difficulties accepting these guidelines. There was concern, for example, that line staff might not understand that women in these permanent housing units could have overnight guests and drink alcohol in their apartments. The Prudence Crandall Center will provide both supportive services and property management at Rose Hill, rather than outsourcing the property management, as is the case in many traditional supportive housing programs. Prudence Crandall’s administrators believe that they “need the control” over tenant selection to ensure residents’ safety.

Provide safe and affordable housing

The Rose Hill Permanent Housing Program was developed to meet the growing need among Prudence Crandall’s clients, as reported by the stakeholders that we interviewed, for safe and affordable housing. Stakeholders mentioned housing affordability and availability as perhaps the most critical pressures leading to the development of Rose Hill. Connecticut’s “housing wage” – the hourly wage needed to afford a two-bedroom apartment renting at fair market rent as determined by HUD – was \$21.11 in 2007–2008, 2.8 times the state minimum wage, and up from \$15.67 in 2000. The state’s housing wage is the seventh-highest among all states, and two of its metropolitan areas are among the top ten highest in the country (National Low Income Housing Coalition 2008). Housing prices increased 66% in Connecticut between 2000 and 2006, and continued to increase in 2007 even as they declined in many other states (HOMEConnecticut 2007). These increases are passed on to renters as well as owners. A vital goal of the new program, therefore, is to overcome some of the problems faced by victims searching for housing in the private market or waiting for subsidized housing to become available. In some ways domestic violence victims are no different from other homeless and low income families as they struggle to find affordable housing amid a limited supply; because they are abuse victims,

however, program administrators reported their particular concerns that women would end up returning to their abusers if they could not locate permanent housing.

Keep women connected to optional services

As noted earlier, administrators and staff explained that the Rose Hill program will be based on “women-defined” or “women-led” advocacy, which shapes all Prudence Crandall programs. A range of services will be provided to women and their children, but they will not be required to receive services: “it’s a way of assisting them to keep connected with absolutely no demands or expectations.”

Offer support necessary to move on

Services will be designed to help women develop skills and knowledge to make other choices and eventually move on to different housing, although the housing is permanent and women will be able to stay in it for as long as they want. Services to be provided, both on-site and through linkage agreements with other organizations, include support groups for adults and children, counseling, childcare, a computer lab, employment services, healthcare, and mental health and substance use services, among others (Prudence Crandall HUD application¹¹). Upon entering the Rose Hill program, adult residents will be assigned a Family Advocate and children will be assigned a Child Advocate; these staff members will work with residents to develop goal plans.

Client perspectives

In some ways, perspectives of potential Rose Hill residents echo the four main program goals articulated by program administrators. Clients, however, prioritized their concerns and goals quite differently than administrators. Focus group participants supported generally the concept of permanent supportive housing for domestic violence victims, and many said they would be interested in moving into Rose Hill, like a woman who said she would “take it in the blink of an eye.” Women were acutely aware of the lack of affordable housing in the community, and feared that this shortage placed them at risk of returning to their abusers; one worried that if she did not secure housing, “I’m going to be scared to go out there, and unfortunately, I hope this don’t be me, and I don’t think it will, but most people are returning back to an abusive relationship.” Those who were not interested in Rose Hill either felt that they would not be eligible or that the program would not meet their needs, because they owned their own homes, did not have children, were wary about potential rules and requirements, or wanted to live in a two- or three-family house rather than a larger development.

We grouped opinions and insights of focus group participants into five themes: their perceptions of the advantages and disadvantages of the new model; their

¹¹As noted earlier, the program is partially funded by HUD’s Supportive Housing Program, which funds supportive housing and accompanying services, and is intended to help formerly homeless persons achieve residential stability, increase their skills and/or incomes, and realize greater self-determination (HUD n.d).

opinions on program goals and services; stay length; rules; and involvement in program development.

Perceived advantages and disadvantages

Overall, focus group participants identified many more advantages than disadvantages of the proposed program. Women tended to focus on positive and negative aspects of three elements of the program: living with other domestic violence victims; the environment for children; and the logistics of the building.

When asked how they felt about living only with other families who had experienced domestic violence, the vast majority of women felt that the setting naturally would become a supportive community. Women living in emergency or transitional housing saw themselves as part of a broader domestic violence community, and were energized by the idea that the “whole house could be just emotionally women supporting each other.” Strong dissenting voices expressed concerns that the environment would be depressing or “gossipy,” and therefore preferred to live on their own.

When asked how they felt their children would experience the environment, most participants thought it would be a positive influence. They stressed safety and the support of other children and had no particular concern about developmental or social issues for children. Benefits for all family members – both mothers and children – were described similarly: a woman suggested that their children “need the same support that we need.”

Beyond the supportive community-focused quality of the program, focus group participants identified some housing logistics, which they considered to be strong advantages. First, personal safety, which is critical for domestic violence victims, was highlighted as a strong advantage and women suggested security cameras and other safety features. As one woman noted, “the basics are food and shelter, really, and safety.” Another frequently discussed advantage was affordability. Lastly, for residents currently living in group shelters, increased space and privacy were very appealing.

Important goals and supportive services

Focus group participants stressed safety, security, and community as important goals of this housing model. Both personal and neighborhood safety were mentioned frequently; the presence of drugs in many lower income neighborhoods was seen as particularly negative. As discussed earlier, women were enthusiastic about the potential for communal support. Affordability also was an important goal: women talked about the high cost of rent and utilities, and the difficulty that credit checks posed for some of them, because “your abuser will be the person that makes your credit go so bad to begin with.”

In response to questions about what supportive services should be part of the housing model, women initially and repeatedly mentioned services that might be considered to be amenities rather than social services. They suggested that transportation was critical, given the lack of good public transportation. They discussed the need for childcare, including 24-hour service for those who work at second and third shift jobs. They mentioned medical, legal, and translation services. Women wanted on-site laundry, available computers with Internet capabilities,

a work-out room, and a community bulletin board, as well as a convenience store within walking distance.

Social services were also of interest to focus group participants, but those mentioned the most tended to be practically oriented and focused on achieving economic independence and self-sufficiency: financial counseling, support groups, job training, and job placement and employment search services. Women also discussed the need for counseling and substance use treatment, although to a lesser degree, perhaps because there was a sense that the support of other residents might meet that need. Several women suggested that they would be better at counseling each other than staff: "I don't think that those regular counselors even went through half of the things I've gone through . . . I think it's more like they got book training."

There was no consensus about whether women living in the housing should be required to receive supportive services. Some felt services should be mandated so that residents made progress; others were turned off by anything sounding like a "program," although most thought women should take advantage of services available. In most groups, participants reached a general consensus; as one woman explained, "If you are not trying to better yourself, you should not be getting the housing to begin with. You should have to be in other services to better yourself."

Length of stay

By definition, permanent supportive housing cannot be time-limited, but most focus group participants perceived the housing as a "program" from which residents should move on at some point. In response to questions about whether there should be time limits for households in this housing, focus group participants expressed near-consensus that the length of time needed to reach stability will vary, and therefore that there should not be a hard and fast time limit. There was simultaneous near-unanimity, nonetheless, that women should plan on moving out of the program at some point, in order to "move forward." The program should "help people to get on their feet," focus group participants determined, which "doesn't mean come here and stay forever. It means come here, get on your feet, and go." In addition, women were concerned about the limited number of units that would be available in relation to the need, and felt strongly that once residents were stable, they should move in order to make their units available to others, and "utilize the tools so other people can work the same system." If there was not such a severe housing shortage, most women agreed that they would not be as emphatic about the need to transition out of this housing program.

Rules

Women were asked what kinds of rules and requirements would help residents get along, and would help them to achieve their goals. Rules about male visitors, including former abusers, dates, and family members, were the subject of lively discussions, and there was no consensus about an appropriate solution. Some women were concerned that the presence of men would be traumatizing for those who were recovering from abuse, and that it would encourage residents to repeat the cycle of abuse: "I really feel like you should have your relationships on the outside because there are people that are healing on the inside, and a lot has to do with men." Others felt that if the housing was intended to be independent and permanent;

it was important for residents to have the ability to date, if they wanted to, as part of moving on with their lives, because “it’s not a convent.”

Beyond the discussions of men, rules that women proposed were those that typically exist in many housing developments, including restricting pets, smoking in public areas, drugs, and noise after a certain time at night. In addition, they mentioned rules that would govern resident interactions, such as having respect for each other and offering support.

Involvement in program design

Women were unanimous that they would like to be involved in developing the program. As one woman explained:

Nobody can tell it like the person who’s gone through it. It’s like a war, you know. People come home from a war and tell their story. There’s no point asking someone who hasn’t been there, done that, and got the t-shirt. I’m still wearing it.

As noted earlier, peer support and experience frequently were compared favorably to that provided by program staff. Individuals who thought that they would not be able to personally participate in program development felt strongly that other domestic violence victims should be involved. Additionally, women felt that it was important for Rose Hill residents to have a voice in program management. Focus group participants suggested community meetings, resident councils, and message bulletin boards to foster communication between staff and residents and to ensure a venue for residents to voice concerns and suggestions.

Discussion

We used the data collected in the interviews and focus groups to understand the issues that motivated our original research purpose – how the program design articulated by administrators and advocates compares with the perspectives of domestic violence agency clients. In our two-part qualitative analysis of the data collected, we considered in more detail first the program goals articulated by administrators, and then how the preferences expressed by potential clients relate to those goals.

As the earlier findings section explains, administrators sought to design a model that would achieve four goals: provide independent, permanent housing; supply safe and affordable housing; keep women connected to services; and offer support necessary to move on and grow. Based on our interviewees’ explanation of these four goals, we considered whether and in what ways these goals are internally compatible. We then arranged the goals on a spectrum, as portrayed in Figure 1. At one end of the spectrum, individual apartments offer women and their children the opportunity for complete and permanent independence; at the other end, a supportive environment with comprehensive services and time-limited housing provides them with support as they navigate toward that independence.

Looking within the spectrum and comparing the goals themselves, it appears that the activities and program design needed to achieve some program goals may conflict with the agency’s ability to achieve other goals. The goal of creating a safe and supportive program at Rose Hill, which requires administrators to regulate and supervise many aspects of the housing, may conflict with the equally important goal

Permanent housing	Time-limited shelter
Independent living environment	Supportive and regulated community environment

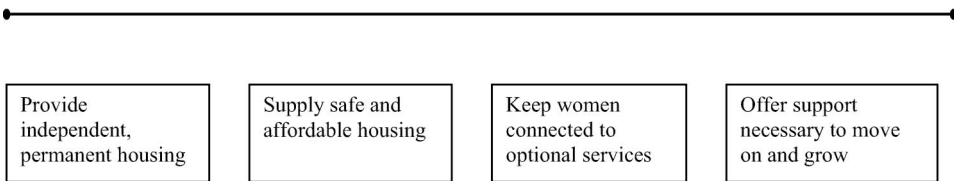


Figure 1. Program goals placed on a spectrum of living arrangements.

of providing independent housing for women and their children. The issue of safety, in particular, poses challenges, as rules to ensure individual and community safety might be considered at odds with the goal of allowing residents to make independent choices. Although safety is important in all housing, it is particularly critical in housing serving domestic violence victims, as stalking by former partners presents real concerns. For this reason, emergency shelter locations typically are confidential. Providing casework, advocacy, and support programs also could be considered contrary to providing an immediate opportunity for families to live independently, even as these services are designed to promote independence eventually. Finally, it is likely that the Rose Hill physical site will be perceived very differently by administrators and clients in terms of its ability to facilitate program goals. Administrators spoke positively about the site as an “oasis,” and “calming,” suggesting that it would provide support and stability; focus group participants, by contrast, emphasized the importance of transportation and connection to the outside world.

Staff members are aware of the difficulties related to implementing the varied program goals. As one administrator pointed out:

We believe that it is the woman’s right to choose what she wants for services and what she doesn’t. That certainly does cause a problem to keeping them connected to services because we don’t call and remind them. But that’s not because we think we should. We don’t believe we should but at the same time that’s a problem when you can’t call and go, “hey, you want to come?”

Consistent with the philosophy governing permanent supportive housing, Rose Hill’s program design, as articulated by the administrators, looks like independent housing with the availability of optional supportive services. This design contrasts with current housing services offered by the domestic violence community, including Prudence Crandall’s own emergency housing, which stress rules and regulations as necessary to ensure the personal safety of shelter clients and counselors, and to create a sense of community and camaraderie among residents. The four program goals, however, are similar to those promoted by the Corporation for Supportive Housing.

The CSH goals of affordability, safety and comfort, flexible and accessible support services that target residential stability, and empowerment and independence are evident in Prudence Crandall's goals of developing independent and permanent housing, providing safe and affordable housing, keeping women connected to optional services, and offering women the support that is necessary for them to move on. These similarities at the goal level do not, however, speak to how closely CSH and Prudence Crandall understand, operationalize, or attempt to accomplish their goals. The similarity also does not translate into a match between the administration's goals and the preferences of potential clients.

The second part of our qualitative analysis compared client preferences with the administrative program goals, focusing particularly on three of the topics that emerged from the focus groups: services, length of stay, and rules about visitors. We considered areas of conflict and agreement between the program goals described by administrators and potential clients' perspectives on how the program's goals would be best achieved. Researchers examining transitional domestic violence housing, as well as other types of service provision, have found similar contradictions between client and staff perspectives (Duxbury 2002; Melbin, Sullivan, and Cain 2003; Anderson, Stuttaford, and Vostanis 2006).

We found that client views on these three topics – services, length of stay, and visitation rules – were always consistent with the administrative goal of supplying safe and affordable housing. Flexible and mandatory supportive services, variable but ultimately limited tenure (sought by clients but not administrators), and regulated visitation all support a program that provides safe and affordable housing. This agreement underscores the overriding importance of safety and affordability for both constituencies and reverberates from both the initial purpose of the domestic violence movement, which was to provide safety for battered women, and the purpose of these new permanent housing programs, which is to meet the pressing housing needs of clients that arise from the housing affordability crisis. Client views on services also were consistent with the administrative goal of offering residents the support necessary to move on and grow, as the contemplated services would strengthen women's capacities to support themselves economically and emotionally.

Client views on these topics conflicted, however, with the administrative goal of providing independent and permanent housing, rather than a "program" focused on delivering social services to residents, in large part due to the value of safety and its potential to be compromised if the housing is not overseen with appropriate security. Mandatory services, as desired by clients, could undermine the independent nature of housing, because housing that is truly independent is not associated with a required "program." Limited tenure in housing, which most clients supported to some extent, also conflicts with the goal of providing permanent housing, simply by definition. Regulation of who would be permitted to visit residents, which was sought by many focus group participants, conflicts with the goal of independent housing because such rules are not applied to tenants living in housing with typical leases. Clients also tended to think that supportive services should be required to some extent, conflicting with the program goal of offering services on an optional basis.

Given the unique situations faced by domestic violence victims, program administrators likely need to prioritize residents' well-being in the hierarchy of program goals for permanent housing, as our analysis reveals. Focus groups and

interviews illuminated the overriding importance of safety; one of our stakeholders stressed that advocacy for permanent housing must be conducted “in the context of emergency housing and the need for safety.” As discussed earlier, whereas safety is an important factor in housing choice for everyone, personal safety in particular takes on a heightened importance for domestic violence victims. As supportive housing models in general look more carefully at residents’ preferences and well-being as influences on program design, the greater influence of these outcomes in housing for domestic violence victims may be more generalizable. If overall well-being is a priority, the independence of the housing and the length of stay may be less important, depending on the characteristics of the population to be housed.

At the same time, findings do not discount the importance of housing permanency; one of the reasons behind the success of many permanent supportive housing programs is that the model offers permanency to populations that previously were considered very difficult to house, and demonstrates that they can remain relatively stable. As women in our focus groups recognized, the length of time that it takes someone to “get off your butt, get in the world, and make a new you” will vary considerably. For clients like domestic violence victims who have suffered multiple traumas and are concerned primarily with safety and security, however, a living environment that stresses independence and permanence may seem more overwhelming than one that offers structure and limits. Moreover, a focus on permanence may hinder making housing available to others in the future, which was important to most focus group participants.

Conclusions and further research

This case study leads us to preliminary findings that suggest a need for further research on program theory and client perspectives in permanent supportive housing designated for domestic violence victims. We found that the priorities expressed by administrators and clients in the case study fell on opposite ends of a continuum of program goals. Administrators’ priorities were more often situated on the permanent housing and independent living environment side of the spectrum depicted in Figure 1. The majority of clients preferred to see more required services, guidance, and rules, placing them at the right hand side of the spectrum, closer to the provision of time-limited shelter and a supportive and regulated community environment. Clients desired housing that in many ways was more similar to structured “program” housing, such as community residence models, than to the logic model for permanent supportive housing, which supports the independence of its residents. Relatedly, we found that implementation of client preferences sometimes would be at odds with administrative goals, although sometimes the two were consistent, and even mutually reinforcing.

Although this disjuncture between client and administrative perspectives is important to note and observe over time, it does not mean that the Rose Hill program is doomed to failure. Instead, it suggests that it is critical for program developers to analyze the consistency of program theory as programs take shape. Logic models often change between the time when a project is conceived and designed, and the first year of implementation. We found that the program’s design elements may not currently meet the needs articulated by potential clients. If administrators engage potential residents in the further development of the program, and if it evolves during implementation in response to new goals and needs that

emerge, these divergent perspectives could be harmonized in Rose Hill's final logic model, resulting in a stronger program.

It also may be simply impossible to design a logic model that is effective for all victims of domestic violence, because their needs are so extensive and varied. Some families may thrive in the Rose Hill program, whereas others may not succeed. Women who prioritize economic independence and stability as goals will be likely to have positive outcomes with a logic model that is similar to permanent supportive housing; those whose top goals are safety and security will have more success with a logic model that resembles the community residence model, which pre-dated supportive housing. These different priorities may be related to how recently women have left a violent situation, with those who left very recently being focused on safety for them and their children, and those with some distance being more focused on supporting their families over the long term. At the most basic level, nonetheless, it is clear that the provision of safe, permanent, and affordable housing is certain to make a real difference in meeting the needs of woman and children who are victims of domestic violence.

Our findings and conclusions are tempered by the limitations inherent in our research design. The sample in this case study is relatively small, and reflects the experiences and demographics of our study state. In this regard, the sample is neither geographically diverse (although focus groups included women from urban, suburban, and semi-rural Connecticut communities) nor particularly racially diverse. Focus group participants already were receiving services from a domestic violence agency, and were recruited through such agencies, so they would tend to be favorably disposed toward such services, and perhaps more supportive of structure and services than women who were not engaged in some form of treatment. Findings are not intended to be extrapolated to all programs undergoing similar growth and developments.

Nevertheless, the findings provide a rich description of one case study and offer insight into the complexity of adapting permanent supportive housing programs to serve domestic violence victims, and ultimately to other populations as well. Study findings underscore the desire on the part of both clients and administrators for supportive housing programs to provide a full range of flexible supports, so that residents can simultaneously enjoy the privacy of living independently, and have access to the services that they may need in order to become fully self-sufficient. Administrators will need to reflect, however, on the potential disconnects among program goals and likely prioritize program outcomes. Findings suggest that personal safety should be articulated as a primary goal and that the achievement of other outcomes be linked to, and perhaps dependent upon, first assisting residents in maintaining violence-free lives. The development of other program activities will need to be created in relationship to this goal, other desired program goals, and the diverse and competing needs and viewpoints of potential residents. Resolving these differing viewpoints, the resulting prioritization of goals, and the subsequent program evaluations will be key to determining the value of permanent housing dedicated to domestic violence victims, and developing a consistent and effective logic model.

In terms of practical implications for administrators of domestic violence programs, we identify four sets of preliminary recommendations emerging from the case study. First, these findings suggest that input from clients should be ensured. Most focus group participants had not heard of Rose Hill, and those who had heard

of the project had not yet been involved in program design. As almost all of the women had strong opinions about program design, and wanted to be involved, their input would be important, and would shape the program's goals and activities. Second, program staff should receive comprehensive training on program goals; our interviews suggest that there may be some confusion at the staff level about the difference between permanent independent housing and a short-term supportive program, and the varying expectations for residents of each type of housing. Third, based on the emotional and contentious opinions expressed by focus groups participants in relation to rules and regulations as well as service requirements, program administrators should consider separating property and program management, as practiced by many supportive housing programs. Lastly, given the newness of this type of housing program, implementation of a system for collecting secure and confidential data on program participants, beginning at the program's onset, will enable evaluations of the program's success over the short and long term.

The research findings also lead us to consider the influence that programs like Rose Hill may have on the direction of the domestic violence movement. During the past 20 years, many former housing advocacy organizations have begun to develop and preserve affordable housing, frequently jettisoning housing organizing and advocacy as a consequence (Stoecker 1997). Is this a shift that the domestic violence movement also is prepared to make? One of our stakeholder interviewees felt strongly that the movement should "have the same empowerment and survivor-centered concepts in mind as we've had since the 70s," and acknowledged that when "you're doing capital campaigns and partnering with developers it's easy to lose track." A Prudence Crandall administrator emphasized, "we don't plan on being a housing agency" and "we don't see this as housing development; we see this as comprehensive services to the domestic violence community." It remains to be seen whether or not the agency will stay consistent with its current mission of advocacy and service provision.

Lastly, our findings provide a template for further research, as similar programs are developed, that would evaluate the program development process at several organizations. Such research could be approached with the hypothesis, based on the literature and on our exploratory case study findings, that the program theory of permanent supportive housing programs will not match all the articulated needs of domestic violence victims. Future inquiries also should investigate whether and how the model will need to be adapted in order to effectively serve this population, as it has been adapted to serve other populations, without ignoring the possibility that the model may not work as a targeted strategy designed exclusively for domestic violence victims. Research on domestic violence victims' opinions of permanent supportive housing open to families in general, for example, may lead to findings quite different than those presented in this article. Further empirical research on the program theory of other permanent supportive housing models, the program evaluations of these different models, and the outcomes of the residents themselves also will inform these discussions, and may lead to broader consideration of the effectiveness of creating multiple population-specific housing models rather than attempting to address the underlying problem of scarce affordable housing in the United States.

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