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Facilitators and Barriers of Empowerment in Family and Domestic Housing Models: A  
Systematic Literature Review

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### ABSTRACT

**OBJECTIVE:** There is little research on housing options for Family and Domestic Violence (FDV) survivors in Australia. Many FDV housing models promote empowerment as an objective of their services, but without the necessary evidence base it is unknown which housing models best facilitate empowerment in FDV survivors. A systematic literature review was conducted in order to identify facilitators and barriers of empowerment within different FDV housing models around the world, with the aim of informing which FDV housing models might be effectively used in Australia.

**METHOD:** Searches were conducted using PsychINFO, Scopus, and Web of Science for studies examining housing models that promoted empowerment as an aim or outcome for FDV survivors.

**RESULTS:** The search strategy identified 11 studies, which were primarily qualitative. Three themes emerged as facilitators of empowerment in FDV housing models: (1) respectful provision of services, (2) flexible rules, and (3) access to resources. Another three themes emerged as barriers to empowerment in FDV housing models: (1) cultural insensitivity, (2) social isolation, and (3) inconsistent rule enforcement.

**CONCLUSIONS:** This review provided some preliminary evidence that the culture within housing models facilitated empowerment in FDV survivors, more so than logistical characteristics of the housing models. This review can be used to inform ideal practice for Australian FDV housing models so that empowerment can be facilitated in survivors.

Facilitators and Barriers of Empowerment in Family and Domestic Housing Models: A  
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Family and domestic violence (FDV) is pervasive in most societies (Devries et al., 2013). One quarter of Australian women, and one sixth of Australian men, have been subject to some form of abuse (e.g., emotional, physical, sexual, etc.) by a previous or current partner. Moreover, FDV is the leading cause of homelessness in Australian women and children, with three quarters of female and child residents in homelessness accommodation reporting FDV as their reason for utilizing these services (Australian Institute of Health and Welfare, 2018). There has been growing public recognition of awareness-raising organizations, and intervention campaigns in recent years that promote prevention as their principal aim (e.g., Department of Social Services; *The Nation Plan to Reduce Violence Against Women and Their Children 2010-2022, 2011*; Department of Social Services; *Women's Safety Agenda, 2016*; White Ribbon Australia; *Strategic Framework, 2016*), however there is a noticeable lack of research developing plausible solutions for those made homeless through FDV in Australia. A lack of research on effective housing solutions for FDV survivors means that there is not an accurate public or institutional understanding of: (a) the living conditions in FDV housing; (b) what kinds of support are necessary for those living in FDV housing services, or; (c) what the outcomes are - or can be - for those who do not receive necessary support.

In the Australian context, research is lacking on the topic of housing models that produce that best outcomes for FDV survivors. Empowerment is commonly cited by FDV housing models as a primary aim for survivors (Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016; Kasturirangan, 2008); however, it is unknown how FDV models may facilitate empowerment, and whether this is achieved. In this paper, we present a systematic review

and synthesis of the available literature that has explored facilitators and barriers of empowerment within different FDV housing models.

### **Empowerment**

Empowerment is an ambiguous concept with varying definitions and unclear applications (Cattaneo & Chapman, 2010; Cattaneo, & Goodman, 2015; Everett, Homstead, and Drisko, 2007; Kasturirangan, 2008). It is commonly described in the literature as both an outcome, and a process (Cattaneo, & Goodman, 2015; Everett et al., 2007; Gutiérrez, DeLois, & GlenMaye, 1995), however FDV frontline workers prefer the perspective that empowerment is a process (Everett et al., 2007). This process involves someone who lacks power identifying and taking action towards a goal; reflecting upon the impact of that action and the self-efficacy, knowledge, and competence gained through achieving the goal. This is associated with influencing how others think and how resources are distributed (Cattaneo & Chapman, 2010; Cattaneo, & Goodman, 2015; Gutiérrez et al., 1995; Rappaport, 1987). Disempowerment occurs when the barriers to necessary resources cannot be overcome, and goals cannot be achieved. This may manifest as feelings of low self-value or ambivalence towards one's circumstances. Conversely, empowerment occurs uniquely for each individual based on accessibility and restriction to resources (Everett et al., 2007; Rappaport, 1987). Given the power imbalance integral to many abusive relationships, it is important that FDV housing services facilitate empowerment for survivors (Carlson, 1984; Dutton, 1993).

Facilitating the empowerment process in FDV housing models has been associated with positive emotional and mental outcomes for survivors, including reduced symptoms of depression and post-traumatic stress disorder (Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016). Many FDV services claim to employ an empowerment-based approach, which puts the survivor in the position of expert on their needs and goals, allowing them to identify personally meaningful goals, and take action to realize those goals (Kasturirangan,

2008). However, it has been suggested that many FDV housing services do not appreciate that empowerment manifests differently for everyone, and as a result, do not know how to facilitate it (Kasturirangan, 2008). Despite perceptions of empowerment involving agency, many FDV services prescribe resources and services to survivors, and mandate the use of these resources and services as a condition of residency. This can be a disempowering experience because it does not allow survivors to identify goals based on their personal needs, and can inhibit access to resources required to achieve their goals (Nichols, 2013; Rappaport, 1987). While facilitating empowerment is the intention of many models, a lack of understanding about how empowerment is achieved means that survivors often experience disempowerment because their individual needs and goals are not acknowledged (Kasturirangan, 2008). Therefore, despite best intentions, some FDV housing models may create barriers to empowerment for survivors.

### **Australian FDV Housing Models**

Published reports on the FDV housing models currently implemented in Australia provide descriptions of the structures and goals of the models (Spinney, Blandy, & Hulse, 2013; Tually, Faulkner, Cutler, & Slatter, 2009); however, there is little evidence on the effectiveness of these models. Common FDV housing models in Australia include refuges<sup>1</sup>, transitional housing models, and more recently, Stay Home Leave Violence models (Spinney, Blandy, & Hulse, 2013). The structures, aims, and evidence for the efficacy of these models will be discussed.

**Refuges.** Refuges are the most well-known but least utilized of the FDV housing models in Australia (Baker, Cook, & Norris, 2003; Diemer, Humphreys, & Crinall, 2017). The purpose of FDV refuges is to provide survivors with emergency, short-term

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<sup>1</sup> *Refuge* is the term commonly used in Australia. These are internationally known as *shelters*, and will be referred to as *shelters* throughout the synthesis of international literature.

accommodation, and welfare services like financial counselling, emotional and emergency support in the event that an abuser returns, educational support, and child support (Baker, Cook, & Norris, 2003; Spinney et al., 2013). A study by McLaren (2013) found that conflicting values between survivors and staff could result in poor outcomes for survivors. Specifically, staff actively inhibited survivors from seeking employment. Some staff were reportedly concerned that survivors in fragile emotional states may not be able to cope if they were denied employment. However, it was reported that being discouraged from seeking employment made survivors feel unemployable, resulting in decreased self-esteem. Survivors that did not seek employment were more likely to re-enter an abusive relationship and subsequently cycle back through FDV refuges. For the few survivors who obtained employment while in a FDV shelter, there was a positive increase in their perspective on life and their confidence. Employment increased choices and options in life, giving control back to the survivor. This is only one example of how enforcing housing model values upon residents, rather than providing support based on their needs, can have disempowering outcomes. With very few studies on Australian FDV refuges, there is a lack of evidence for the efficacy of this housing model in facilitating empowerment.

**Transitional Housing Models.** Transitional housing models are designed to provide FDV survivors with secure, affordable housing for a specified period (typically 3 to 24 months). Survivors commonly reside in separate apartments within a communal building. These models provide support services like counselling, employment seeking, and case management. Some programs have participation requirements, which is looked upon unfavourably by many survivors (Baker, Billhardt, Warren, & Glass, 2010; Menard, 2001). An Australian study on a transitional housing model for Aboriginal and Torres Strait Islander (ATSI) FDV survivors found that the most valued qualities of transitional housing were individualised, flexible, and personalized support with the provision of practical resources

like secure housing (Wendt & Baker, 2013). These authors argued that this model was effective because it provided sustainable, ongoing outcomes for ATSI families in a respectful manner and tailored support to their needs. Moreover, they reported that survivors that felt strong, confident, and self-efficient, and concluded that the model facilitated the empowerment process (Cattaneo & Chapman, 2010).

**Stay Home Leave Violence Models.** A FDV housing model that is gaining attention in Australia is the Stay Home Leave Violence (SHLV) model and associated Safe at Home, and BSafe models. The concept is that survivors of FDV have the right to remain in their homes following episodes of FDV. Instead, the abuser should be relocated (Spinney et al., 2013; Tually et al., 2009). These models rely on the efficacy of protection orders and additional security measures in the home (Diemer, Humphreys, & Crinall, 2017; Spinney et al., 2013). With effective security, SHLV models are presumed to help the healing process by reducing the stress and cost of relocation and by allowing survivors to remain connected to their social networks (Tually et al., 2009). However, there is currently no evidence to support this. One study has examined the implications of remaining at home with a protection order against the abuser. While 80% of survivors who remained at home reported a reduction or change in pattern of abuse, 96% of survivors reported the protection order being breached by the abuser. Further, very few participants believed that they could remain in their home long-term due to the persistent protection order breaches and a lack of responsiveness from the legal system (Baker, Cook, & Norris, 2003; Diemer et al., 2017). This model has the potential to place survivors in dangerous situations and the capacity of SHLV models to facilitate empowerment remains unknown.

### **Aims**

Many FDV services claim that empowerment is an outcome of their services (Goodman et al., 2016; Kasturirangan, 2008), yet there is little Australian research that



examines the experiences of survivors utilizing FDV services, and therefore no evidence base exists to suggest which models may achieve this. The aim of the current systematic literature review is to synthesise the existing literature on different FDV housing models to identify common facilitators and barriers of empowerment for survivors. Findings from this review could be used to understand which models produce the best outcomes for survivors, and therefore suggest which models should be utilized in Australia.

### **Method**

This systematic literature review was based on the Cochrane methodology (Higgins & Green, 2008), and the reporting of the methods and results sections followed the relevant sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA; Moher, Liberati & Tetzlaff, 2009). We developed the following protocol to guide the data extraction process for this review.

#### **Search Strategy**

Searches were conducted on 29<sup>th</sup> April, 2018 across three databases: PsychINFO, Scopus, and Web of Science. Search terms for the three concepts of *housing models*, *domestic violence (FDV) survivors*, and *empowerment* are displayed in Table 1. All search term concepts were combined with the Boolean operator AND when searched within each database. The full electronic search strategy used for PsychINFO can be found in the Appendix. Supplementary references were sourced through the reference lists of reports produced by searches of these databases.

#### **Inclusion and Exclusion Criteria**

Study titles and abstracts were screened for relevance to the topic. Relevant studies moved on to full text screening where they were screened for inclusion based on the following criteria: (1) the use of a population of FDV survivors; (2) the examination of at

least one housing model, and; (3) examination of empowerment as an aim or outcome of housing models. Both qualitative and quantitative study designs were included, and no date restriction was placed on year of publication. Reports were excluded based on the following criteria: (1) if they were in a language other than English; (2) if they were not peer reviewed (e.g., dissertations), (3) if they examined child populations, and (4) did not contain data (i.e., were a systematic review, or meta-analysis). The rationale for these inclusion and exclusion criteria was to capture studies that provided evidence for the facilitators and barriers of empowerment for survivors in FDV housing.

### **Data Extraction**

A spreadsheet was created including extracted study characteristics like year and country of publication, whether data was qualitative or quantitative, population examined, and sample size, type of FDV housing model examined in the study and the facilitators, and barriers to empowerment associated with these models, and the limitations of the studies. Extracted data were examined for common facilitators and barriers of empowerment amongst the extracted studies. More specifically, using a process based on Thematic Analysis (Braun & Clarke, 2006), common themes among measures emerged through familiarisation with the studies, which were used to generate categories of common facilitators and barriers of empowerment across FDV housing models. Areas of focus from each study meeting the inclusion criteria were then used to classify each theme. For example, whilst reading the literature, several studies appeared to report feeling supported by service staff because of their non-judgemental approach to the survivors, which was coded as *Respectful Service Provision*. For example, Jonker and Jansen (2014) reported that feeling respected strengthened their ability to cope, and so this was coded as into the *Respectful Service Provision theme*. This process was first conducted by the first author in consultation with the second author, then ratified by the third author. This process was repeated until each relevant

impact was classified into a theme.

### **Quality Assessment**

The studies included in this review were assessed using the AXIS tool, a quality assessment appraisal tool for cross-sectional studies (Downes, Brennan, Williams, & Dean, 2016). The tool assesses studies on the basis of a 20-item questionnaire that evaluates the strength and clarity of the research design and its reporting measures. Typically, each study receiving a score out of 20, whereby higher scores are indicative of higher quality studies. However, given that most articles in this literature are qualitative, not all items are relevant (e.g., If appropriate, was information about non-responders described?). In Table 2, instead of presenting a raw score out of 20 (which will be misrepresenting studies as low in quality because of the nature of the design), we present a percentage score (i.e., based on the number of items that receive a score relative to those that were relevant for that study; the full scoring template is available at <https://osf.io/cwz7r/>). We note a caveat to the use of the AXIS tool is that while it assigns a numerical grade of quality, this evaluation is subjective.

### **Results**

The search strategy identified 11 studies that examined how different housing models may impact empowerment for FDV survivors (see Figure 1). Of these studies, nine examined FDV shelters, one examined Permanent Supportive Housing Models (PSH; Botein & Hetling, 2010), and one examined Transitional Supportive Housing Models (TSH; Melbin, Sullivan, & Cain, 2003). Three studies investigated housing models that use an empowerment-based approach (Botein & Hetling, 2010; Gregory, Nnawulezi, & Sullivan, 2017; Kunkel & Guthrie, 2016), and one study used motivational interviewing (MI) as an intervention within the shelter with the aim of promoting empowerment in survivors (Hughes & Rasmussen, 2010). In five of the studies, data was collected on both FDV survivors and FDV services

staff (Botein & Hetling, 2010; Hughes, 2017; Jonker & Jensen, 2014; Kulkarni, Bell, & Rhodes, 2012; Melbin et al., 2003), and six only collected data from survivors (Glenn & Goodman, 2015; Gregory et al., 2017; Hughes & Rasmussen, 2010; Itzhaky & Porat, 2005; Jonker, Sijbrandij, & Wolf, 2012; Kunkel & Guthrie, 2016).

### **Study Characteristics**

The final set of included studies can be seen in Table 2 where their characteristics and major findings are presented. A total of 629 participants were involved across the 11 studies identified by the search strategy. Ten studies used female only samples and one study used a mixed sample; however, this study only had one male participant (Kulkarni et al., 2012). The majority of studies were conducted in the USA ( $n = 7$ ), two were conducted in The Netherlands, one in Canada, and one in Israel.

The majority of studies used qualitative methods with a cross-sectional design ( $n = 9$ ), one used quantitative methods with a repeated measures design (Itzhaky & Porat, 2005), and one used mixed methods with a cross-sectional design (Jonker et al., 2012). Overall, the (subjective) assessment of the literature yielded an adequate quality of research, and thus we see no need to be cautious of interpretations based on study validity.

### **Empowerment: Measurement and Definitions**

There were two tools used to measure empowerment in FDV survivors across two studies. Itzhaky & Porat (2005) used a subscale of the Family Empowerment Scale (Koren, DeChillo, & Friesen, 1992), which was divided into two categories: (1) personal empowerment (i.e., ability to handle problems and confidence in one's ability to help themselves grow), and (2) empowerment through services (i.e., ability to obtain assistance from professional services, and ability to deal with service agencies). The subscale has high reliability (Cronbach's  $\alpha = .92$ ). Small, but statically significant increases were found on all measures except for ability to obtain assistance from professional services. Jonker and

colleagues (2012) used the Short Form Quality of Life and Care (QoLC) Index by Wennink and Van Wijngaarden (2004). This measured 12 domains of care needs, one of which was empowerment needs, which assessed whether survivors wanted help with, or had received help with their needs relative to empowerment (i.e., assertiveness and self-defence) through dichotomous yes/no answers. Latent class analysis revealed three distinct clusters of survivors with different needs. One cluster of survivors reporting high desire for assistance with empowerment needs. These survivors reported higher rates of unrequested interference from FDV services, which could have influenced their desire for empowerment. Neither of these studies used a social desirability response (SDR) scale in their research, which is problematic because there is a tendency for people to alter their responses on self-report questionnaires in order to present a favourable image of themselves (Van de Mortel, 2008). As SDR scales were not used, the extent to which survivors' responses were influenced by a desire to appear favourable is unknown.

One study explicitly empowerment as “a meaningful shift in the experience of power attained through interaction in the social world” (Gregory et al., 2017). Another study reported that participants and program administrators agreed that empowerment is “independence, emancipation from abuse, and abusers, and self-reliance” (Kunkel & Guthrie, 2016). This study also affirmed Kasturirangan's (2008) notion that increasingly more FDV services are promoting an empowerment-based approach without a clear understanding of its application. No study from the current literature review explicitly described empowerment as a process involving creating goals, obtain necessary resources, and overcoming barriers to achieve those goals (Cattaneo & Chapman, 2010; Cattaneo, & Goodman, 2015; Rappaport, 1987). Instead, the majority used a series of metonyms to describe empowerment, including independence, confidence, and control (Botein & Hetling, 2010; Gregory et al., 2017; Itzhaky & Porat, 2005; Jonker & Jansen, 2014; Jonker et al., 2012; Kunkel & Guthrie, 2016; Melbin

et al., 2003). Although these concepts are likely related to empowerment, they do not recognize empowerment as a process (Cattaneo & Chapman, 2010). There was, however, a consensus that the primary goal of FDV services is to end the cycle of abuse, and that services should help survivors obtain the necessary resources to achieve this goal (Botein & Hetling, 2010; Gregory et al., 2017; Hughes, 2017; Hughes, & Rasmussen, 2010; Jonker et al., 2012; Kunkel & Guthrie, 2016). In this way, the majority of studies did describe the process of empowerment as an aim of the FDV services examined.

### **Facilitators of Empowerment**

Three common features that facilitated empowerment arose regardless of whether a study examined FDV shelters, PSH or TSH. These themes were: (1) respectful service provision; (2) flexibility of rules, and; (3) access to resources.

#### *Respectful Service Provision*

It was reported that a respectful, non-judgemental approach made survivors feel supported by staff, which strengthened their ability to cope (Jonker & Jansen, 2014), and made them feel capable of becoming independent (Kulkarni, Bell, & Rhodes, 2012; Kunkel & Guthrie, 2016; Melbin et al., 2003). This approach also gave some survivors a sense of family and community, which was an unfamiliar but welcomed feeling for some (Glenn & Goodman, 2015). In accordance with empowerment-based approaches (Cattaneo & Chapman, 2010; Cattaneo, & Goodman, 2015), survivors appreciated it when services were not mandated but selected by survivors based on their individual needs (Kulkarni, Bell, & Rhodes, 2012; Melbin et al., 2003), and some reported frustration when they experienced unrequested interference from the FDV service they were engaged with (Jonker et al., 2012). Empowerment-base approaches were considered to increase empowerment in survivors because they placed them in a position of expert on their own needs (Hughes, 2017; Kunkel

& Guthrie, 2016). This increased feelings of control, autonomous decision making, and personalized goal setting (Hughes, 2017).

### *Flexibility of Rules*

It was evident from the studies obtained that strict rules, including curfews, daily chores, designated mealtimes, 30- to 40-day residency time limits, and parenting were common amongst all FDV housing models. A strict, controlling environment tended to remind FDV survivors of their previous abusive environment (Glenn & Goodman, 2015; Gregory et al., 2017; Hughes, & Rasmussen, 2010). As many survivors entered the housing model in a state of crisis, a strict, controlling environment did not allow them to process the abuse they had experienced (Hughes, 2017). Flexibility of rules was found to give survivors a sense of control over their lives (some had not experienced this in years), allowing them to negotiate rules with staff so that they were able to obtain services and resources that were pertinent to their circumstances (Glenn & Goodman, 2015; Gregory et al., 2017; Hughes, 2017; Kulkarni et al., 2012). Conversely, Botein & Hetling (2010) found that administrators valued flexible rules more than survivors. Similarly, this study found that FDV survivors valued residency time limits, despite the study investigating permanent housing. Other studies, based on transitional models of housing, found residency time limits to be an unpopular rule amongst survivors because it shifted their focus to obtaining a residency extension, rather than healing or progressing towards goals (Jonker et al., 2012; Kunkel & Guthrie, 2016).

### *Access to Resources*

Other than leaving abuse, one of the main reasons FDV survivors engage with FDV services is to gain access to necessary resources so that they are able to gain independence from their abusers (Jonker et al., 2012). FDV survivors also benefited from advocacy in external agencies like legal aid and employment opportunities (Gregory et al.,

2017), and tangible resources like clothing vouchers (Kunkel & Guthrie, 2016). Another helpful resource was the provision of educational information on FDV and abusive relationships (Gregory et al., 2017; Hughes, 2017; Jonker & Jansen, 2014; Kunkel & Guthrie, 2016). Information and education on this topic helped survivors overcome the feeling that they were to blame for their abuse (Hughes, 2017), and increased motivation to avoid abusive relationships in the future (Jonker & Jansen, 2014). The therapeutic approach of motivational interviewing (MI) was found to be a beneficial resource for survivors who were ambivalent about their situation. MI helped motivate survivors' intention to avoid future abusive relationships (Hughes & Rasmussen, 2010).

### **Barriers to Empowerment**

While the majority of barriers identified were simply the opposite of the facilitators discussed, three additional barriers were recognized. These were: (1) cultural insensitivity within the shelter, (2) social isolation, and (3) inconsistent rule enforcement.

#### *Cultural Insensitivity*

Three studies found that minority group needs and values were not respected in FDV shelters (Gregory et al., 2017; Hughes, 2017; Kulkarni et al., 2012). For example, Gregory et al. (2017) found that some members of minority racial groups reported feeling under surveillance by strict rules, which contributed to existing feelings of disempowerment elicited by society. While most survivors from all racial groups felt disempowered by strict rules, there was a lack of consideration about how strict shelter rules could mimic the systematic oppression experienced by many groups in society. Hughes (2017) found that several indigenous residents experienced more difficulty than others transitioning into shelter life because the rules were based on the values of the dominant culture in Canada. This added an extra element of adjustment for these residents during an already challenging time. These



issues reflect the need for shelter staff to be more culturally competent (Kulkarni et al., 2012) in order to facilitate empowerment in all residents.

### *Social Isolation*

Social isolation was often a result of rules prohibiting visitors, strict curfews (Gregory et al., 2017), and “danger zones”, which are certain cities or towns that survivors are prohibited from visiting. This is usually because it is the area where their abuser lives but often also where their family and friends live. Many had already experienced isolation through their abusive relationships, and this rule replicates that abusive dynamic. Further, social support is a useful resource for the healing process, and by isolating survivors, shelters may unintentionally disempower them (Glenn & Goodman, 2015; Kulkarni et al., 2012).

### *Inconsistent Rule Enforcement*

Two studies reported perceived inconsistency of rule enforcement in FDV shelters (Glenn & Goodman, 2015; Gregory et al., 2017). This was particularly problematic because shelters often require survivors to abide by the rules in order to maintain their position in the shelter. Both studies found that inconsistency of rule enforcement led survivors to feel like some residents were favoured over others. This was also found to create a competitive culture between survivors (Gregory, et al., 2017), and be viewed as the staff asserting power over survivors, replicating the abusive relationships they had escaped (Glenn & Goodman, 2017).

## Discussion

The primary aim of the current systematic literature review was to synthesize the existing literature on FDV housing models to examine the facilitators and barriers of empowerment for survivors in order to determine which FDV housing models might be best to use in Australia. Overall, the evidence identified by this review was preliminary, and is not sufficiently robust to determine which FDV housing models best facilitate empowerment in survivors. The models themselves did not appear to influence whether survivors experienced empowerment, rather the cultures within the model were influential.

Most studies identified respectful provision of services ( $n = 7$ ), flexible rules ( $n = 7$ ), and/or access to resources ( $n = 5$ ) as a facilitator of empowerment, irrespective of what model the study examined. These three factors were considered as facilitating empowerment because they put survivors in the role as expert on their needs (Botein & Hetling, 2010; Kunkel & Guthrie, 2016), and allowed them to select services that were relevant to their goals (Jonker et al., 2012; Kulkarni et al., 2012; Melbin et al., 2003), and provided necessary resources to achieve those goals (Botein & Hetling, 2010; Hughes, 2017; Hughes & Rasmussen, 2010; Kunkel & Guthrie, 2016). Ultimately, these factors coincide with the Empowerment Process (Cattaneo & Chapman, 2010), and although this was not recognized in the studies, survivor empowerment was observed in the FDV services that facilitated this process.

Similarly, cultural elements of FDV services acted as barriers to the empowerment process. These included cultural insensitivity ( $n = 4$ ), social isolation ( $n = 3$ ), and inconsistent enforcement of rules ( $n = 2$ ). These served as barriers to empowerment because they reinforced the survivors pre-existing lower social status in society (Jonker & Jansen, 2014; Melbin et al., 2003), replicated abusive relationships by restricting survivors' social interaction (Dutton & Painter, 1993; Glenn & Goodman, 2015; Gregory et al., 2017),

and the unpredictability of intermittent punishment, which can encourage dependency on abusers, and further traumatize survivors of DFV (Carlson, 1984; Dutton & Painter, 1993).

The only logistical feature of the housing models that impacted the facilitation of empowerment was residency time limits. The consensus across the literature is that the standard 30-day limit of FDV refuges is too short, and does not allow for survivors to heal or begin the empowerment process (Gregory et al., 2017; Kunkel & Guthrie, 2016). Therefore, TSH and PSH models may be more effective in facilitating empowerment because they allow survivors to stay longer. These findings suggest that despite the housing model concept, if services are provided respectfully, rules are flexible, necessary resources are provided, and survivors are not expected to vacate after a short time, the model can facilitate the empowerment process in its residents.

## **Limitations**

### **Limitations of Literature**

Several limitations of this literature emerged which warrant discussion. None of the studies acknowledged that empowerment is a process, and very few defined it, despite three of the studies examining housing models based on empowerment-based approaches (Botein & Hetling, 2010; Gregory et al., 2017; Kunkel & Guthrie, 2016). This is problematic because it confuses the meaning of empowerment, and results in a body of literature that is difficult to compare despite examining the same construct (Cattaneo & Chapman, 2010). Without a clear understanding of empowerment, it is difficult to determine whether certain characteristics of housing models facilitate the empowerment process or simply appease residents.

Sample sizes were generally small, and most studies examined FDV shelters ( $n=9$ ), with only two other types of FDV housing models examined (TSH; Melbin et al., 2003; PSH; Botein & Hetling, 2010). Results from these studies cannot be generalized to other TSH and PSH models. Studies with larger samples should be conducted on a greater variety of

FDV housing models to determine whether there are differences between the models in their facilitation of empowerment.

### **Limitations of Current Review**

Extraction was limited to studies that reported empowerment as an aim or outcome of services. It is plausible that excluded studies described the empowerment process without using the term, and thus might have been relevant to this review. Other limitations include only screening studies that were published in English, and excluding studies that were not peer reviewed, highlighting the publication bias, whereby there is a tendency for only studies reporting significant effects to be published. (Easterbrook, Gopalan, Berlin, and Matthews, 1991). Broadening the inclusion criteria could have improved the generalizability of findings.

### **Conclusion**

This review provides evidence that certain aspects of FDV housing models facilitate empowerment in survivors. These include respectful provision of services, flexible rules, and providing access to resources. While none of these features are characteristic of a particular model of FDV housing, findings suggested that survivors had more time to heal, and begin the empowerment process when there were not short time limits on residency. This suggests that shelters and refuges, as crisis services primarily designed to remove survivors from dangerous situations (Jonker et al., 2012), may not be the most ideal housing models for facilitating empowerment – or at least, not the entire empowerment process. In fact, the evidence found in this review suggested that the problematic culture within many shelters even perpetuated the cycle of abuse via various avenues. Some examples include survivors being forced to leave the shelter before they were able to secure alternative accommodation, strict curfews inhibiting survivors from attending job interviews or house inspections, and survivors being treated poorly by staff or each other meaning survivors were re-traumatized. These and other cultural issues often lead survivors to return to their abuse partner as they

were unable to support themselves and or their children. Further, the barrier of cultural insensitivity is likely exacerbated by the close proximity and communal living inherent in shelters and refuges.

Of course, the nature of shelters as emergency accommodation are absolutely vital, and their beneficial work cannot be understated (indeed, many shelters do promote empowerment as an outcome of their services). Although rules and procedures are necessary in any establishment, the preliminary evidence identified by this review suggests that other housing options treat residents with more respect and therefore assist with the empowerment process. Taking the evidence into account, shelters and refuges may not be ideal for facilitating the entire empowerment process, and instead it could be argued that they should be considered as an important and necessary starting point for survivors in providing immediate safety from violence.

Applying the findings from the current study to FDV housing models commonly used in Australia would suggest that both transitional housing models and Stay Home Leave Violence (SHLV) models have the potential to facilitate empowerment in survivors because neither have short-term time limits (Spinney et al., 2013). However, both models need careful examination of the implementation of rules. Transitional housing runs the risk of replicating an abusive dynamic by not treating residents with respect, and restricting survivors' access to necessary resources by applying strict rules (Carlson, 1984; Dutton & Painter, 1993), as observed in this review. SHLV models present safety issues (Spinney et al., 2013), and could result in survivors feeling like they have limited social support and resources. Further, this review found that survivors enjoyed the sense of community created by closely associating with others who have experienced abuse (Botein & Hetling, 2010; Itzhaky & Porat, 2005), and survivors in SHLV models may struggle to acquire this support through this program. Similarly, SHLV models should ensure adequate provision of resources as it may be easy for

survivors to disengage with services if living in their own home. Both models should use empowerment-based approaches, which consider the survivor an expert on their own needs and goals (Kunkel & Guthrie, 2016). Services should not be mandated but selected by the survivor based on their personally meaningful goals (Cattaneo & Chapman, 2010; Menard, 2001). This will ensure that the models facilitate survivors' engagement with the empowerment process.

This review has identified the need for future research to investigate a greater variety of FDV housing models so that there is enough evidence to compare the facilitators and barriers of the empowerment process within a variety of models. The issue of defining empowerment, and recognizing it as a cyclical process, rather than a collection of loosely related concepts also needs to be addressed in future research (Cattaneo & Chapman, 2010; Cattaneo, & Goodman, 2015; Kasturirangan, 2008). This could assist FDV models that claim to use empowerment-based approaches to develop policies that assist survivors in engaging in the empowerment process, rather than prescribing goals to their residents.

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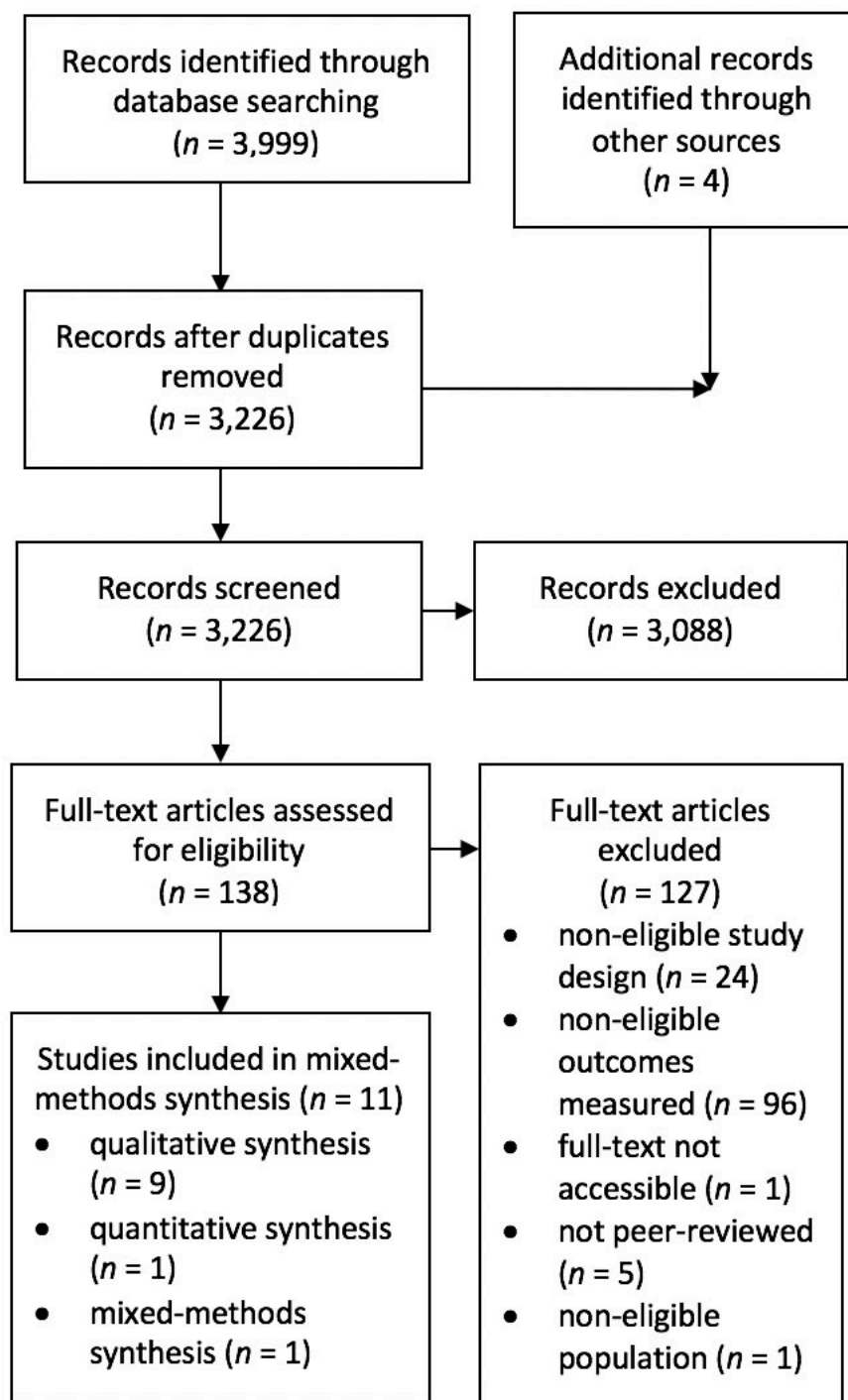


Figure 1. PRISMA Flowchart of Literature Search Performed.

Table 1

*Search Terms for each Concept*

Housing Models	FDV Survivors	Empowerment
“hous* model*” OR hous* OR	“domestic violence” OR	empower* OR
“housing first model” OR	“family violence” OR	independ* OR
“transition* hous*” OR	“intimate partner violence” OR	outcome* OR
shelter* OR “permanent hous*”	“victim” OR	agency OR
OR “hous* instab*” OR	“battered wom*” OR	autonom* OR
“facility-based hous*” OR	survivor*	self-determin*
“safe hous*” OR		
“hous* option*”		

Table 2

*Characteristics of Studies Exploring the Facilitators and Barriers of Empowerment in FDV Housing Models*

First Author, year	N	Population	Country	Design	Housing Model	Main Findings		AXIS score
						Facilitators	Barriers	
Botein (2010)	26	Female FDV survivors, program administrators.	USA.	Cross-sectional. Focus groups and qualitative interviews using thematic analysis.	Permanent Supportive Housing using an empowerment-based approach.	Survivors valued safety, a community-based environment, and time limits for residency because these motivated them to take control back in their lives. Administrators wanted to facilitate independence and freedom of choice for the survivors because they believed these would facilitate empowerment.	Survivors reported counsellors in the program did not understand what they had been through, and were therefore not as useful to their healing process.	71% (12/17)
Glenn (2015)	11	Female FDV survivors living in shelters.	USA.	Cross-sectional. Qualitative interviews using Content Analysis.	FDV Shelter.	Flexible rules and allowing women to have greater input into how the shelter was run enhanced feelings of emotional support and empowered survivors.	Strict shelter rules were found to inhibit empowerment by replicating the dynamic of the abusive relationships. Strict rules inhibited women from gaining independence and autonomy, instead they kept them in the shelter system. Shelter staff may suffer Secondary Trauma Stress.	80% (12/15)
Gregory (2017)	73	Female FDV survivors who have previously lived in shelters.	USA.	Cross-sectional. Qualitative interviews using a Phenomenological analytic approach.	FDV Shelter using an empowerment-based approach.	Advocacy of FDV survivors in external agencies, providing survivors with informational and instrumental resources, assisting connection with wider social networks and communities, and listening to residents, allowing them to explain their situations.	Curfews reduced emotional, instrumental, and informational resources that are necessary to gain independence and autonomy. Strict rules made survivors feel judged, and survivors from diverse backgrounds found rules culturally insensitive. Survivors felt that counsellors did not understand their experiences.	87% (13/15)

Hughes (2017)	12	Female FDV survivors living in a shelter, and shelter staff.	Canada.	Cross-sectional Qualitative interviews using Content Analysis.	FDV Shelter.	Violence free environments, which contrasted the abuse survivors have left. Providing survivors with time to make own decisions, set own goals, and helping them connect with community resources facilitated empowerment.	Daily activities, and rules within the shelter reflected the norms of the dominant culture, which made transitioning into the shelter more difficult for women of different cultural backgrounds.	80% (12/15)
Hughes (2010)	12	Female FDV survivors living in a shelter. Receiving motivational interviewing (experimental) or not (control).	USA.	Qualitative interviews using quasi-experimental, pretest-posttest comparison group design.	FDV Shelter with Motivational Interviewing (MI) Intervention.	MI allows the client to come to their own conclusions about their abusive relationships, and self-motivate to leave. MI gave women a sense of control over their recovery.	Survivor ambivalence to their situation demotivated them to end abusive relationships.	75% (12/16)
Itzhaky (2005)	40	Female FDV survivors living in a shelter for 1 month (time 1) and 3 months (time 2).	Israel.	Quantitative design using repeated measures.	FDV Shelter.	Three main factors contributed to empowerment: community, family, and services. Longer stays in shelters were assumed to produce greater outcomes in terms of empowerment because survivors have prolonged access to counselling.	Unsupportive responses from community services acted as a barrier to empowerment for FDV survivors.	82% (14/17)
Jonker (2014)	92	Female FDV survivors living in a shelter and DV shelter staff.	The Netherlands.	Cross-sectional. qualitative interviews using concept mapping.	FDV Shelter.	Education about abusive relationships, and support with physical and emotional wounds facilitated independence so that abusive relationships can be avoided in the future.	Disrespectful approaches to FDV survivors from staff was a barrier to empowerment because it replicated the emotional abuse many experienced in their relationships.	87% (13/15)
Jonker (2012)	218	Female FDV survivors living in shelters.	The Netherlands.	Cross-sectional mixed methods design using latent class analysis.	FDV Shelter.	Learning how to be assertive, obtaining safe housing, and improving mental health, and relationships with family facilitated empowerment. Survivors preferred it when services were altered to meet their needs.	Unrequested interference by shelter services in terms of services provided, and contact with external services made survivors feel disempowered.	82% (14/17)

Kulkarni (2012)	54	Female FDV survivors living in a shelter, and crisis helpline staff.	USA.	Cross-sectional. Focus groups using thematic analysis.	FDV Shelter.	Being given the right and ability to make own decisions about which services to utilise was appreciated by survivors.	Feelings of isolation, and being made to feel "dumb", undeserving of being in a shelter or being made to feel incapable of autonomy acted as barriers to empowerment in survivors.	67% (10/15)
Kunkel (2016)	28	Female FDV survivors living in a shelter.	USA.	Cross-sectional qualitative interviews using open and axial coding.	FDV Shelter using empowerment-based approach.	Sharing educational resources on FDV, and practical resources like clothing vouchers, and housing facilitated empowerment. Support from staff helped create a sense of security because survivors did not need to worry about being physically or mentally abused.	Survivors identified 30-day residency limit, inaccessible, and unsupportive staff as barriers to empowerment. Insufficient provision of information, and resources for gaining independence were also identified as disempowering.	73% (11/15)
Melbin (2003)	55	Female FDV survivors, currently or previously living in FDV shelters or in Transitional Supportive Housing (TSH), and TSH staff.	USA.	Cross-sectional. Qualitative interviews using Secondary Data Analysis.	Transitional Supportive Housing (TSH).	Respectful provision of services that were individualized to survivors' unique needs, and having a variety of services offered without being mandated. Increased autonomy. Having their own apartment in the TSH model made survivors feel their abusers were less likely to contact them.	Mandating services could be experienced as disempowering. Patronising, authoritarian relationships with staff disempowered, and made women rate the efficacy of TSH models less favourably. Programs with the very strict rules led survivors to feel disrespected by staff.	73% (11/15)

*Note:* The AXIS score presented in a percentage based on the items relevant to each study (in parentheses is the raw score and the number of applicable items for each study).



