East Los Angeles WOMEN'S CENTER

WHERE YOUR *Silence* IS *Heard*

FROM DOMESTIC VIOLENCE TO HOMELESSNESS

Assessment Study

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INTRODUCTION

Intimate partner violence (IPV), historically known as domestic violence (DV), has been described as a serious national public health problem that impacts millions of women and men (Centers for Disease Control and Prevention [CDC], 2017). Researchers, national domestic violence organizations, and intimate partner networks have postulated that homelessness among intimate partner violence and domestic violence survivors is a multifaceted and complex problem that is interconnected to a myriad of social conditions (Giron, N., Cantor, J., & Bateman, C., 2018; Olsen, Rollins, & Billhardt, 2013). A number of tenets are applied to examine the interconnection of domestic violence and homelessness. For example, several studies indicate that there is a strong relationship between domestic violence and homelessness (Goodman, Symth, & Borges, 2009; Olsen, et al., 2013). Domestic violence is proposed to be an antecedent to homelessness as well as a consequence (Giron, et al., 2018; Goodman et al., 2009). For the purpose of this study, intimate partner violence and domestic violence is used interchangeably.

Research shows that homelessness occurs after women leave abusive relationships, and therefore, they remain in violent relationships or are forced to return to their abusive partner (Domestic Violence and Homeless Services Coalition [DVHSC], 2017). It is noted that among homeless mothers with children, 80% report previously experiencing domestic violence (Aratani, 2009). In addition, homeless women are at high risk for physical and sexual violence while living on the streets (Domestic Violence and Homeless Services Coalition [DVHSC], 2017; Downtown Women's Center (DWC), 2019; Swick, 2008).

Poverty, limited economic power, housing instability, substance abuse, mental health, and limited resources are described as risk factors that contribute to homelessness among female survivors (Giron et al., 2018; Goodman et al., 2009; Olsen et al., 2013; Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007; Ponic, Varcoe, Davies, Ford-Gilboe, Wuest, & Hammerton, 2011; Rollins et al., 2013). These risk factors are more pronounced among women of color, particularly Latinx female survivors. More than a third of Latinx women experienced intimate partner violence at one point in their lives (CDC, 2017). Homelessness counts suggest that Latinx families with children are overrepresented in the United States and in the state of California (U.S. Department of Housing and Urban Development [HUD], 2018; Moses, 2019). Homelessness among **Latinx families accounted for 30%** of the homeless population in the City of Los Angeles (Los Angeles Homeless Services Authority [LAHSA], 2020). Homeless families with children, were more likely headed by single Latinx mothers, including immigrant women. One third of families are single female parent households in Los Angeles County where **Latinas make up 51%** of the female population (Los Angeles County Women's Commission [LACCW], 2018). National estimates indicate that poverty disproportionately impacts Latinx families and in Los Angeles County, **21% of Latinas** live below the poverty level (CDC, 2017). Based on the high prevalence rates, Latinas are at risk for domestic violence, poverty, and homelessness.

PURPOSE OF ASSESSMENT STUDY

The East Los Angeles Women's Center (ELAWC) is a leading voice and advocate for survivors and their families affected by sexual and domestic violence and HIV/AIDS. The mission of the East Los Angeles Women's Center (ELAWC) is to ensure that all women, girls, and their families live in a place of safety, well-being, free from violence and abuse, with equal access to necessary health services, mental health, and social support, with an emphasis on Latinx communities. ELAWC delivers innovative, comprehensive, culturally-responsive services that build on a foundation of trauma-informed, evidence-based practices designed to heal, support, protect, and empower survivors and communities.

ELAWC has expanded its efforts to address homelessness among domestic violence survivors in the County of Los Angeles by establishing the Hope and Heart Shelter in 2017. The **Hope and Heart Emergency Shelter** provides survivors with a safe haven, comprehensive case management and housing assistance, with the ultimate goal to move survivors and their children from crisis to stability. The recent 2019 Annual National Census of Domestic Violence Counts reports that in one day, 77, 226 adult and child victims requested domestic violence services. Of these numbers, 42,964 victims found safety in emergency shelters and transitional housing. Among the 11,336 unmet requests for services, 42% were for emergency housing and 26% were for transitional housing (National Network to End Domestic Violence [NNEDV], 2020). In California, there were 5,644 service requests that were met, and included 3,307 requests for emergency shelters and housing. There were 1,236 unmet service requests, of which 51% (630) were for emergency shelter and other housing. Based on these service patterns, ELAWC recognized that the demand exceeded the

shelter's capacity to provide emergency housing to all women and their children. Hence, many unsheltered women and children continue to face homelessness. Homelessness also occurred among the Latinx survivors seeking services at the East Los Angeles Women's Center. Close to a quarter of women served reported that they were homeless, living in their cars or couch surfing.

The incidence of homelessness among Latinas survivors and their children propelled the East Los Angeles Women's Center to conduct the present qualitative assessment study. The purpose of the study is to ascertain the mediating factors that impact the pathway to homelessness for this group. To this end, a series of focus groups comprised of first- and second-generation Latina survivors, with a third representing immigrant survivors, were conducted. The focus groups provided a voice for Latinas coping with homelessness and domestic violence. To further enhance the study, the East Los Angeles Women's Center reached out to service providers (experts in the field) in Los Angeles County, with expertise on homelessness and domestic violence. The study's aim was to attain information from the professional community that would bring to light the mitigating factors that contribute to homelessness among survivors and their children.

LITERATURE REVIEW

The intersectionality of homelessness and domestic violence advances two plausible trajectories as a framework for understanding the pathways to homelessness among survivors (De Candia, Beach, C.A., & Clervil, 2013; Olsen et al., 2013; Rollins et al., 2013). The first trajectory points to poverty as an antecedent to domestic violence and homelessness (Goodman et al., 2009). The second trajectory views poverty as a consequence of domestic violence and the subsequent risk for homelessness (Goodman et al., 2009). To better understand the interrelationship between homelessness and domestic violence, it is important to examine the prevalence of domestic violence/intimate partner violence, poverty, and homelessness.

IPV / DOMESTIC VIOLENCE PREVALENCE RATES

National surveillance data defines intimate partner violence as “commonly referred to domestic violence,” when reporting prevalence rates (Niolon, Kearns, Dills, Rambo, Irving, Armstead, & Gilbert, 2017). According to the 2015 National Intimate Partner and Sexual Violence (NIPSV) Survey, one out of three women or 36.4%, report a lifetime experience of intimate partner violence that includes sexual violence (Smith, Zhang, Basile, Merrick, Wang, Kresnow, & Chen, 2018). This rate is higher when compared to their male counterparts. Reportedly, one out of four males (25.1%) have experienced intimate partner violence, including sexual violence in their lifetime. Further survey results indicated that 30.6% of women report physical violence, with 21% described as severe, while 18.3% report some form of sexual contact that involved rape or attempted rape, alcohol/drug induced rape, and groping. NIPSV survey prevalence rates by race and ethnicity reveal higher lifetime

occurrences of intimate partner violence and sexual violence among American Indian/Alaska Native women, 47.5% and non-Hispanic Black women, 45.1%, followed by non-Hispanic White women, 37.3%, **Hispanic women**, **34.4%** and Asian women, 18%. Most women who first experienced physical and sexual violence, including stalking from a current or former partner, were under the age of 25 years (71%). Intimate partner violence (from a current or former partner) was first experienced prior to the age of 18 years by 25.8% (1 in 4 females) women (Smith et al., 2018).

In California, the prevalence rates for intimate partner violence and sexual violence are close to the national estimates. One in three women, or 35%, report a lifetime experience of intimate partner and sexual violence. More than half (57.9%) of California women reported that perpetrators were current or former partners. The National Intimate Partner Sexual Violence survey results for California, further estimate that 42.5% non-Hispanic Black women, 39.3% non-Hispanic White women and **30.2% of Hispanic women** reported at least one lifetime experience of intimate partner or sexual violence (Smith et al., 2018). In Los Angeles county, it is reported that 42,702 domestic violence calls to police were placed, of which 66% involved a weapon (LACCW, 2018).

The high prevalence rates of domestic violence among Latinas are alarming and warrants further culturally competent research that focuses on the mediating factors that impact among this heterogeneous group. Foremost, domestic violence prevalence rates may provide lower estimates for Latinx women. Domestic violence is underreported by Latinx women survivors due to cultural-specific factors. Based on a review of domestic violence studies focused on Latinas and immigrant Latina survivors, the National Latin@ Network

summarized the cultural factors that prevent Latinas from reporting domestic violence and seeking services. Fifty percent of Latinas and Latina immigrants do not report domestic violence and face a number of challenges. For example, Latina victims are hesitant to interface with police because of fear or distrust (stemming from discrimination) and are fearful of losing their children. Immigrant Latinas are confronted with additional challenges. The recent immigrant enforcement policy and anti-immigrant sentiment in the United States have heightened the fear of reporting domestic violence among Latina undocumented immigrant women. The primary threat used by abusive partners towards undocumented, monolingual Spanish-speaking Latinas is that they will lose their children if they report. Furthermore, Latinas are not often aware of the laws or options for domestic violence victims; this is especially true for recent immigrants. One in three domestic violence shelters do not have Spanish-speaking staff and 50% of shelters do not offer childcare services. Hence, Latinas are less likely to use domestic violence shelters than other racial or ethnic groups (Casa de Esperanza: National Latin@ Research Center on Family and Social Change, 2019).

DOMESTIC VIOLENCE AND POVERTY

The social determinants that predict poverty are evident among Latinx survivors of intimate partner violence. Latinas have limited economic power as indicated by high unemployment or underemployment rates, low paying jobs and low education levels (LACCW, 2018). Social determinants of poverty are further amplified among immigrant Latinas because of language barriers and their legal status in the United States. Cross-cultural research focused on the link between poverty and homelessness among Latinx

female survivors, especially immigrant Latinas, continues to be scarce. Nonetheless, it is relevant to examine national and state level poverty rates for Latinas.

In 2018, 38.1 million people lived in poverty in the United States (U.S. Census Bureau, 2019). Poverty disproportionately affected women in general, and in particular, women of color. The 2018 U.S. Census data on gender indicated that 12.9% of females and 10.6% of males live below the poverty line. Gender differences are more pronounced when examining single-parent families where 25.9% of female single parent families lived below the poverty level, compared to 12.7% for their male counterparts. Women of color had higher poverty rates than the national average rates. The highest poverty rates were for Native American women, 25.4%, Black women, 20.8% and **Hispanic women**, **17.6%,** while poverty rates for White and Asian women were markedly lower at 10.1% for each group (U.S. Census Bureau, 2019). In California, 2017 poverty rates indicated that 15.1% of people lived below the poverty level with a higher rate for females than males, 16.2% and 14% respectively. The percentage of women of color living below the poverty level in the state was higher than the national rates. California poverty rates for Black women were 23.2%, and **20.6% for Hispanic women**; however, a lower rate for Native American women, 21.9% was reported (U.S. Census Bureau, 2019). Los Angeles County has a larger percentage of people living below the poverty level than other counties in the state. The U.S. Census reported that 17% of people lived below the poverty level, 18.2% represented women, 15.7% were men, and 24% were children. Los Angeles County is comprised of 51% females, of which 33% are single parents with children under 18 years, who are living below the poverty level (LACCW, 2018; U.S. Census Bureau, 2019). In Los Angeles County, 22.8% of Black women, **21.2% of**

Hispanic women, and 21% of Native American women live below the poverty level (U.S. Census Bureau, 2019). Poverty prevalence rates suggest that women of color, particularly Latinas with children, are more likely to live in poverty in Los Angeles County.

Poverty has been studied as an antecedent to domestic violence (Goodman et al., 2009; Cunradi, Caetano, & Schafer, 2002). Research indicates that persistent poverty predisposes women to higher risks for domestic violence and re-victimization (Bybee & Sullivan, 2002; Goodman et al., 2009; Olsen et al., 2013; Rollins et al., 2013). Several studies found that low income, limited financial resources, and unstable employment are linked to re-victimization (Bybee & Sullivan, 2002). A study reports that two years after leaving a domestic violence shelter, women with low incomes and less financial resources were more likely to report re-victimization, in comparison to women who had more financial support (Benson & Fox, 2004). Poor women, especially women of color, who were from impoverished communities with few or any financial means than middle- or upper-class women, often remain with abusive partners because of financial necessity (Goodman & Epstein, 2008; Purvin, 2007). Women with limited economic power and financial resources, are faced with several barriers to leaving an abusive relationship (Goodman & Epstein, 2008; Olsen et al., 2013; Rollins et al., 2013). For example, immigrant women experience fear associated with their immigrant status (such as deportation), language barriers, and discrimination, that prevent them from seeking resources (Humphreys, 2007). Poor women are less educated and have limited job skills which further hinders their employability (Goodman et al., 2009; LACCW, 2018). The literature postulates that socio-political factors such as the 1996 Welfare Reform federal law, that perpetuated the relationship between

poverty and domestic violence. As a result of the Welfare Reform policies, low income women who depended on public assistance were tasked to obtain employment with low paying jobs. The challenges of managing the logistics of working such as childcare and transportation, forced women to depend on abusive partners and remain in abusive relationships (Goodman et al., 2009; Goodman & Epstein, 2008; Purvin, 2007; Olsen et al., 2013; Rollins et al., 2013).

Research also suggests that poverty is a consequence of domestic violence (Pavao et al., 2007; Tolman & Rosen, 2001). The literature offers a number of explanations why female survivors are predisposed to poverty and subsequent homelessness. The factors inherent in abusive relationships are associated with unstable employment for women (Bybee & Sullivan, 2002; Moe & Bell, 2004). Financial abuse and control are characteristic of abusive partners who sabotage women's efforts to obtain jobs or remain employed (Bybee & Sullivan, 2002; Goodman et al., 2009). Thus, limiting a woman's capacity to earn an income and become economically stable. Abusive partners often control the money in the relationship such as the checking account, paying utilities or rent which forces a woman's financial dependence on her abusive partner (Bybee & Sullivan, 2002). Domestic violence also forces women into poverty, which can lead to housing instability and subsequent homelessness. One study showed that women who experienced domestic violence in the last year were unable to afford rent or utilities, moved frequently, and were more likely to stay with family/friends compared to non-abused women (Tolman & Rosen, 2001). The strong relationship between domestic violence and poverty, is supported by research and census data. It is evidenced that Latinx women have a high incidence of domestic violence and at least **21% of Latinx women** live in

poverty in Los Angeles County. Latina survivors are more likely to be poor, single mothers with limited financial means who are from impoverished communities. These mediating factors can be viewed as predictors for experiencing homelessness.

DOMESTIC VIOLENCE AND HOMELESSNESS

Previous research has approached the study of domestic violence and homelessness as two distinct systems (Olsen et al., 2013; Rollins et al., 2013). The co-occurrence of homelessness and domestic violence propelled researchers to examine the two systems as intersecting (De Candia et al., 2013; Olsen et al., 2013; Rollins et al., 2013). Evidence supports that women with children who are fleeing domestic violence are more vulnerable to homelessness (Aratani, 2009). As previously stated, the 2019 Annual National Census of Domestic Violence Services counts reported that 68% of unmet service requests were for emergency shelter and housing. In California, 51% of unmet service requests were housing (NNEDV, 2020). High rates on the co-occurrence of homelessness and domestic violence are also reported in the City of Los Angeles. According to the Los Angeles Homeless Services Authority's Continuum of Care (COC) Homeless Counts in 2020, the lifetime prevalence of experiencing domestic violence is reported for 33% of homeless women (LAHSA, 2020). Homelessness counts for Latinx victims of domestic violence are not readily known as these data sources do not provide disaggregated data by race/ethnicity. Based on the homelessness rates in the United States for the Latinx population, it is plausible to estimate that Latinx victims are also facing homelessness.

The U.S. Department of Housing and Urban Development (HUD) Point in Time Count reports that 552,830 of people are homeless in the United States. Among the homeless,

180,000 are families (HUD, 2018). While the majority of people stay in shelters, 35% are living on the streets (HUD, 2018). At the national level, homelessness for **Latinx people is 29%**. The highest concentration of homeless Latinx is in California, as the state continues to have one of highest homelessness rates in the country (HUD, 2018; Moses, 2019). In the City of Los Angeles, where 74% of homeless persons are unsheltered, **Latinx represent 34%** of the homeless population (LAHSA, 2019). Despite the high homelessness rates among Latinx, this group is often underrepresented in census data (Chinchilla & Gabrielian, 2019; Moses, 2019). Latinx families experiencing housing instability or homelessness are more likely to live in overcrowded housing with extended family or in makeshift dwellings such as garages, which are not inclusive in homelessness counts (Chinchilla & Gabrielian, 2019). Barriers that include language, cultural, and immigrant status further impede Latinx families from seeking services from homeless providers (Chinchilla & Gabrielian, 2019; Hernández-Martinez, Serrata, & Huitrón, 2018). In Los Angeles County, homeless service providers are burdened with the documentation required to provide services which restricts their ability to meet the needs of undocumented Latinx families. Bilingual and culturally competent services are necessitated to provide services to Latinx women. and particularly undocumented Latinx women. As previously noted, undocumented Latinx women are less likely to access shelter or transitional services for homeless families because they are fearful of deportation (Chinchilla & Gabrielian, 2019).

Research demonstrates that the relationship between domestic violence and homelessness, is complex and involves a multitude of mediating factors. The co-occurrence of domestic violence and homelessness provides evidence that these two fields intersect and

must be addressed when providing services to female survivors (Olsen et al., 2013; Rollins et al, 2012; Rollins et al., 2013). Poverty is also shown to intersect with domestic violence and homelessness as a precursor and a consequence (Pavao et al., 2007; Tolman & Rosen, 2001; Cunradi, 2002). Latina women, including immigrant Latinas, experience high rates of domestic violence, poverty, and homelessness. Further research is necessary to delineate the intersection of these public health problems and how they impact the pathway to homelessness among Latina women and their children. The culture-specific factors discussed are critical to understanding the correlates of homelessness among Latina survivors. Notably, using a focus group design, the Domestic Violence and Homeless Services Coalition (DVHSC) (2017) and the Downtown Women's Center (DWC) (2019) examined homelessness among women in the County of Los Angeles. In both of these gender-specific studies, Latinas including immigrant Latinas, represented the highest ethnic group in their samples (38% and 39%, respectively). These studies addressed some of the issues that impacted Latinas and provided a platform to expand the narrative for understanding this group in a meaningful way. It is necessary to conduct qualitative studies that are culturally competent and inclusive of the impacts of cultural factors, such as immigration status, racial inequities, heterogeneity, gender roles, and acculturation when studying homelessness among Latinx women survivors.

METHODOLOGY AND PROCEDURE

FOCUS GROUPS

For the present study, a qualitative assessment was conducted by facilitating a series of focus groups. The purpose of the focus groups was to examine the intersection of homelessness and domestic violence, and the interconnection of multiple factors among Latina domestic violence survivors residing in East Los Angeles, California. The present assessment expounds on previous victim and community level assessments conducted by the East Los Angeles Women's Center.

Four focus groups were conducted during the period of March 2019 to May 2019. Three groups were in English and one group was in Spanish. Focus groups were held at the East Los Angeles Women's Center's main office. Latinas were recruited from the community and ELAWC. The commonalities among the women who participated were: Survivors of domestic violence and a history of homelessness (past or current). Prior to each focus group, informed consent forms in English or Spanish, that described the purpose of the focus groups including the risks and benefits, were signed by each participant. The duration of each focus group was ninety minutes. The women's participation in the focus group was voluntary, anonymous, and confidential. At the end of each group, women received a gift card to thank them for their time and willingness to share their experiences.

Using an open-ended format, a series of questions were used to facilitate group discussions. To maintain consistency across groups, the same questions were given. A discussion guide including prompts, was used. Focus group questions were developed with

the direction and input from ELAWC's Executive Director and addressed survivor related issues that contribute to the pathway to homelessness.

The focus groups were facilitated by the study's external evaluator and a social work graduate intern, with trained experience in facilitating focus group discussions. The facilitators were also trained in trauma informed interventions, domestic violence and mental health. The two facilitators were bilingual-bicultural.

EXPERT INTERVIEWS

A panel of four experts was formed and comprised of individuals that met the following criteria: (a) were well recognized leaders with multiple years of experience in the field of gender-based violence and homeless services, (b) longstanding contributions that have supported and expanded the reach and impact on victim services, (c) hold influential positions in public and private organizations, and (d) engage in networks that are driving forces for policy changes in the field of domestic violence.

The panel of experts participated in a sixty-minute in-depth interview. Interviews were conducted in June 2020. Three interviews were completed by telephone and one interview was completed virtually. The interviews were conducted by the study's third author. All experts agreed to participate and provided a verbal consent prior to the beginning of each interview. The experts' participation in the interviews was voluntary and no compensation was awarded for being part of this study. Interviews comprised of four questions that addressed the key findings obtained from the focus groups.

DATA ANALYSIS

For both the focus groups and interviews, independent summaries of the discussion content were first completed. Based on these summaries, the data was further analyzed to delineate the common themes across the four focus groups and the four interviews. Subsequent discussions on the common themes, were held with the Evaluator, Executive Director, and facilitators, to gain a better understanding of the data in relation to the pathway to homelessness. In the final analysis, the common themes or key findings, underscored the salient factors that led survivors to homelessness.

DEMOGRAPHIC PROFILE OF SURVIVORS

Twenty-five Latinas participated in the focus group discussions. Twenty women attended the English-speaking focus groups and four women attended the monolingual Spanish-speaking group. Demographics for the English-speaking groups indicated that 68% of women were second to third generation Mexican American, who were born in the United States, whereas 32% were either born in Mexico, El Salvador, or Guatemala. Among the non-U.S. born women, the majority migrated to the United States as young children or infants. The overall average age

for participants was 30 years old. Spanish-speaking Latinx immigrant women were older with an average age of 45 years, compared to the English speakers who were much younger, with an average age of 32 years. The majority of women were currently single and reported being previously married. Most women had at least two or more children.

PANEL OF EXPERTS

The four experts that comprised the panel were:

Elizabeth Eastlund, LCSW, Executive Director, Rainbow Services, Los Angeles, California.

Eve Sheedy, JD, Executive Director, Domestic Violence Council/Office of the Domestic Violence Council, Los Angeles County Department of Public Health, Los Angeles, California.

Cristina Cortes, BA, Manager, Domestic Violence Systems Alignment-Los Angeles Homeless Services Authority (LAHSA)), Los Angeles, California

Barbara Kappos, LCSW, Executive Director, East Los Angeles Women's Center, East Los Angeles, California.

FINDINGS: FOCUS GROUPS

The qualitative analysis highlighted the key findings that underscored the intersection of social, familial, and psychological factors that were interconnected, and led to the pathway to homelessness. Through articulating their experiences, participants were faced with multiple challenges that impacted their recovery from violence, leaving them feeling disempowered, isolated, and hopelessness. The six key findings are:

- Participants experienced severe domestic violence, revictimization and early childhood victimization.
- Domestic violence led to poor health outcomes.
- Domestic violence was linked to chronic homelessness.
- Chronic substance abuse and mental health problems were interconnected to domestic violence, homelessness, and family addiction.

- Institutional barriers prevented participants from accessing services.
- Survivors identified strategies for empowerment and promoting self-sufficiency.

Key Finding: Participants experienced severe domestic violence, revictimization, and early childhood victimization.

Participants were asked to describe their experiences with intimate partner violence and past exposure to violence. All of the women had a history of IPV/domestic violence and many women reported multiple violent relationships. Participants experienced severe physical abuse from their partners. As one participant shared,

"I have been abused since my first boyfriend at the age of 15 years. He was a boxer and I was his punching bag."

The violence experienced by the survivors often involved lethal weapons. For example, the survivors described incidences that involved being hit with a two by four, stabbed, and shot. A participant shared her personal experience,

"I was shot at, by my abuser's friends because I called the police. I was running in the street and I was able to get away."

Most of the women believed that they would be killed by their partners. Other forms of violence perpetrated against participants included rape, choking, and kicking. A respondent added that her abuser threw her across the room while she was sitting in a chair. A common theme was the intense fear of the lethal threats from their abusers. A Spanish-speaking participant indicated that her abuser made numerous dangerous threats. She explained,

"The judge ordered me to stay in a shelter for three years, to protect me from my husband's intent to kill me." Despite the gravity of the abuse, half of the women did not report it to the police. For some women, the threat of abuse and sustained fear was still present. Some women experienced long term abuse. A respondent stated that her husband physically abused her for 20 years.

The survivors revealed that they were in multiple abusive relationships. The occurrence of revictimization was associated to family violence. A past history of family violence was viewed as "desensitizing" women to intimate partner violence. Many of the women indicated that domestic violence occurred in their childhood homes. One woman commented, "As a child, I watched my mother get violently beaten by her boyfriend." For some respondents, childhood exposure to family violence was normalized. One participant shared,

"I was forced to physically fight with my cousin to entertain my father, I believed it was normal until I ran away. I would also see my uncles fight; it was a regular thing for my family."

Childhood victimization was also attributed to recurrent victimization. Traumas resulting from childhood physical and sexual abuse that were untreated often led women at a young age to seek refuge with abusive partners. As noted by a participant, "Dealing with our traumas caused us to make poor choices."

Key Finding: Domestic violence led to poor health outcomes.

Many of the survivors experienced health problems that were attributed to domestic violence. Several survivors suffered from recurrent uterine problems, diabetes, and high blood pressure. The survivors articulated that their partners forced them to neglect their health, this was especially true for those women living with chronic diseases. Some partners were described as indifferent to women's health conditions. For example, a participant shared,

"You can't take care of your health. It still hurts to talk about it. I am diabetic and I was diabetic with all my pregnancies. My husband sold my medicine, he didn't care. I had to endure ... everything without insulin, without medication. I was suicidal."

Women also avoided seeking healthcare while living with an abusive partner. A respondent indicated that,

"I didn't go to the doctor when I got stabbed by him…
I was afraid of the doctor's questions."

Echoing this view, the majority of women reported not seeking medical attention due to fear of partners, or "being found out by doctors." Several women stated that they are currently dealing with chronic illnesses.

The risk for HIV was also a health concern among women. Close to 50% of participants believed they were at high risk to contract HIV from their abusive partners. Partners' risky behaviors that included IV drug use, multiple sexual partners, and refusal to use condoms, were attributed to HIV risk. Some women shared that they were powerless

over protecting themselves from HIV because they were raped by their partners. One Spanish-speaking participant stated, “My stepfather kidnapped me from a foster home and raped me over several years…I had six children from him.” Several women believed that preventive health care was not practiced while in domestic violence relationships. Most participants were tested for HIV after leaving their violent relationships.

Key Finding: Domestic violence was linked to chronic homelessness.

Homelessness as a direct result of fleeing IPV/domestic violence, was the primary reason stated by the majority of the participants. The survivors often lived in their cars or on the streets, slept on a friend’s couch or stayed in a shelter. Close to a third of women experienced chronic homelessness, lasting up to 13 years. Twenty-eight percent of the participants were currently homeless. Among these women, some were living in their cars while others were staying with a friend (couch surfing) and only three were in a shelter for domestic violence. The majority of women expressed feelings of isolation and hopelessness that were directly related to homelessness.

A recurrent theme was that the Latina participants remained in abusive relationships in order to avoid homelessness. Poverty and the lack of financial resources were linked to homelessness. The participants experienced poverty as children that persisted while living with domestic violence. The lack of financial resources further resulted in the inability to support themselves and their children.

The survivors often left an abusive situation without financial security. One participant emphasized,

"We don't leave with money in our pocket. We can't afford to pay for motels or rent. My husband controlled the checking account and the money."

For some women, the financial abuse they experienced by their partners resulted in the loss of a job and limited earned income potential. Women expressed that they lacked job skills or experience which limited their employability. Among immigrant Latinas, immigrant status and language barriers further increased their inability to financially support themselves. Hence, persistent poverty and economic instability increased the likelihood of homelessness.

Homelessness also extended potential danger and safety risks. The paradox of escaping danger and seeking safety, only to face new safety risks that were associated with homelessness, was expressed by most women. A young mother shared,

"I kept returning to my abuser because staying in a downtown [Los Angeles] shelter with my children was also dangerous."

Exposure to the street life, shelters, or doubled up with family or friends posed threats of harm to the women and their children. Many of the participants felt powerless because they were unable to protect themselves or their children from domestic violence and homelessness.

Homelessness was also a consequence of housing insecurity. Leaving domestic violence situations caused women to abandon their homes. Several women reported that only abusive partners were on the rental lease while other women lived with their partner's family.

The majority of the participants faced chronic homelessness due to the lack of financial resources, family support, and community resources. A participant mentioned, "My

family turned their back on me and closed their doors." Several of the survivors experienced recurrent homelessness that ranged from 18 months to 13 years. A respondent shared,

"I was homeless for 13 years, cycling on the streets, and in shelters and recovery homes. I finally got Section 8 and I am now living in my own apartment."

The survivors further ascribed homelessness to family violence. Several commented that they became homeless at a young age to escape family domestic violence, physical abuse, and for some, sexual abuse. A number of the participants reported that as children, they were often homeless with their mothers due to domestic violence. Several other survivors indicated that they were "runaways" at an early age. A participant expressed "So as a kid, around eleven years old, I use to get hit by my stepfather, so I use to run away…I was a runner." The survivors acknowledged experiencing the cycle of violence as children. A few added that they moved from the **"cycle of violence" to the "cycle of homelessness."**

Key Finding: Chronic substance abuse and mental health problems, were interconnected to domestic violence, homelessness, and family addiction.

A history of substance abuse was reported by 38% of the participants. The participants discussed the reasons they became addicted to alcohol and/or drugs. First, the survivors indicated using drugs/alcohol with their abusive partners. Some stated that substance use was a way to "cope with the abuse." Self-medicating with drugs or alcohol was endorsed by the participants with addictions. Second, the participants emphasized that

their addictions persisted after leaving their abusive relationships and their substance abuse increased while homeless. One respondent explained,

"I was using with my husband and then started using when he wasn't around. My addiction got worst when I left him. Being homeless and living on the streets, only made my drug use worst."

For some of the participants, the combination of being homeless and substance use often resulted in the loss of custody of their children. Most of the participants shared that they were presently sober. However, many faced challenges when seeking substance abuse treatment. These included the lack of knowledge of treatment centers in their community or how to access, long waiting lists, and the scarce treatment programs that were culturally and gender specific to Latina women. Third, generational substance abuse contributed to addiction. For example, one participant explained, "My father was addicted to heroin…I grew up watching my father and uncles getting high." A second woman stated, "I was placed in foster care when I was four years old because my mother was addicted to speed." The survivors indicated that their early substance abuse, led to homelessness.

Another theme discussed was the impact of intimate partner violence on mental health. The survivors shared that recurrent trauma, isolation and powerlessness, affected their mental well-being. Many of the participants experienced depression, suicidal ideation, insomnia, agoraphobia, and anxiety including panic attacks. For the majority, their mental health problems went untreated for several years and persisted after leaving their abusive relationships. A Spanish-speaking participant shared,

"I stayed in bed, afraid to leave my home, crying and depressed every day for a few months after leaving my husband."

A second Spanish-speaking participant added, “I have endured a lot, living with fear…it took years for me to feel better, but I don’t believe I am completely healthy yet.” Some of the participants reported that they presently suffered from Post-Traumatic Stress Disorder (PTSD). Learning to live with psychological distress in silence, often delayed obtaining mental health treatment for many of the women. Additionally, the lack of knowledge and access to mental health services, was identified as reasons for not seeking treatment, this was especially true for the immigrant Latinas who face language barriers and do not often qualify for services. The participants affirmed that the community visibility of mental health resources advocated by the East Los Angeles Women’s Center, served as a gateway to seeking and accessing treatment.

Key Finding: Institutional barriers prevented Latinas from accessing services.

Institutional or systemic barriers that negatively impact victims of domestic violence, were faced by participants. Women encountered barriers when interfacing with their communities, police departments, health professionals, Department of Children and Family Services (DCFS), and shelters. Several others pointed to the challenges in accessing community services and resources.

Community and socio-cultural perceptions hindered the survivors from accessing services. The participants expressed that the community held negative views that did not protect women from intimate partner violence and domestic violence. One participant stated, “The community doesn’t help domestic violence victims and their children.” Several other

survivors emphasized that attitudes such as blaming the victim, persists in the community. Culturally specific practices that sanctioned abusive and violent behaviors toward Latinas were viewed as increasing the risks for domestic violence, especially for young girls. Some of the participants believed that it was normal for male partners to physically hit them. Latino families were viewed as rationalizing male abusive behaviors and thus, condoning domestic violence. The participants recommended that a community campaign that included door to door canvasing would help challenge social and cultural views. A survivor emphasized, "We do door-to-door campaigning for elections…I think this approach would really help increase awareness for domestic violence." Several others highlighted the need for prevention. One participant explained, "There should be domestic violence education classes for kids, they should learn early how to respect women."

The survivors indicated that social perceptions intersected with institutions in the community. For example, the participants believed that police departments required training on domestic violence. Some of the survivors acknowledged that police had basic knowledge about IPV/DV; however, police interventions often heightened the violence. As previously noted, one participant reported that after calling the police, she was shot at by gang members in her community. Other survivors indicated that the absence of sensitivity and knowledge of victims was a deterrent for seeking protection from police. A few participants indicated that they were arrested for "protecting themselves" and that their children were detained. A number of survivors suggested that domestic violence trainings should go beyond the cycle of violence by also focusing on the social and cultural factors that affect victims. For many of the survivors, engaging with police resulted in feelings of powerlessness and hopelessness.

Seeking medical care from health providers also posed problems for survivors. Many of the participants expressed fear and shame when going to the doctor and often neglected their health needs. The majority of the participants stated that some doctors were unaware of the issues that affect victims, and seldom had resources to meet their needs, while other participants believed that doctors or other health professionals were not required to help victims. Some of the participants stressed that domestic violence training to health providers would be beneficial and improve their health outcomes such as practicing preventive health.

Interacting with social services such as DCFS, was another challenge discussed by the participants. Many expressed that they were at risk for "losing their children" because of domestic violence. The majority of the survivors stated that coping with domestic violence was a complex problem that involved multiple entities. As previously noted, being arrested for fighting back, homelessness, poverty, and mental health/substance abuse issues placed victims at higher risk for losing their children. Educational trainings on the interconnection of domestic violence, cultural factors, and homelessness was suggested, particularly trainings on community social perceptions.

Experiences with accessing domestic violence shelters were found difficult. Shelters that implemented strict guidelines, were major barriers for victims who were facing homelessness. For example, shelters require that victims be in "crisis" to gain admission. In some cases, the survivors sought shelters after leaving a friend's home or a downtown [Los Angeles] shelter. One participant stated,

"I stayed at the police station with my children for fifteen hours,
then we went to a regular shelter in downtown [Los Angeles] for one night.

It was humiliating. When I called the domestic violence shelter, I was told I didn't qualify. I have thought about returning to my abusive husband."

Echoing this view, the participants held the belief that domestic violence shelters for women and their children, were "too hard to get into," had long waiting lists, and did not often admit children. It was recommended that shelters should change their admitting criteria to meet the needs of domestic violence victims coping with homelessness.

Several problem areas were identified with accessing resources. The majority of the participants reported limited knowledge of available community services surrounding domestic violence. Many of the survivors indicated that interfacing with community service agencies was stressful and often required going to different multiple agencies for help. The survivors stated that community agencies such as police and social welfare, did not used trauma informed approaches. As a result, many of the survivors felt re-victimized, powerless, and isolated.

The participants shared that agencies lacked cultural competency such as bilingual services and understanding cultural nuances. The immigrant Latina participants indicated that in addition to language and cultural barriers, they feared deportation when accessing services. The participants expressed that there were limited community services that addressed the needs of survivors who were homeless. The overarching view expressed was the need for comprehensive service centers that were designed to meet the multiple needs of survivors.

Key Finding: Survivors identified strategies for empowerment and promoting self-sufficiency.

Domestic violence negatively impacted and created barriers to self-sufficiency among the survivors. Consequentially, the lack of self-sufficiency was linked to homelessness. The survivors were hindered by persistent poverty, financial abuse, limited job skills, and housing insecurity. Collectively, these issues were found to be predictors of homelessness. The participants indicated that poverty limited their financial resources. Some of the survivors shared that they have never had a job. Others expressed that they never rented an apartment on their own. Substance abuse and mental health conditions, such as post-traumatic stress, prevented the survivors from developing skills associated with self-sufficiency.

To combat these barriers, the survivors outlined several areas that promoted both empowerment and self-sufficiency. The participants agreed that increasing job skills and increasing education on financial management, would improve their ability to support themselves and their children. Providing housing assistance, particularly, permanent housing, would enhance housing stability and prevent homelessness. Housing assistance was also inclusive of emergency shelters and transitional housing. The participants stated that the strict admission criteria and time-limited housing, offered by these types of shelters, perpetuated homelessness. For many women, experiencing homelessness and the inability to secure a place to live, added to their perception that “they were not self-sufficient.”

A woman commented,

"I was afraid to leave my abusive husband because I didn't have the ability to afford a place to live on my own. I was afraid of becoming homeless…I never worked before."

The barriers to self-sufficiency such as employability were more pronounced among the immigrant Latina participants. Language barriers and being undocumented, impeded immigrant women from obtaining financial security and housing. A respondent shared,

"After you leave, in the beginning, you do not have work or credit. No social security. We are the people without papers, without credit, without the last two months of check stubs, that are needed to rent a place."

The immigrant Latina participants also face cultural barriers. Strict gender roles that do not promote self-sufficiency, where women were not allowed to work outside the home, and often encouraged economic dependency on males, were challenges stated by immigrant participants. As previously described, undocumented status was frequently used as a threat by abusive partners. The immigrant women participants were forced to remain in domestic violence due to undocumented status and limited self-sufficiency skills.

Self-sufficiency to navigate social systems was advocated by participants. The survivors reported that after leaving an abusive relationship, they encountered the legal system, social services, public schools (due to relocating children), new health care providers, homelessness services, and housing systems. Additionally, the survivors sought substance abuse and mental health services. Navigating these different systems were described as stressful, and triggering feelings of re-victimization and powerlessness. The participants indicated that self-sufficiency skills would increase their sense of empowerment and ability to cope with multiple systems.

FINDINGS: EXPERT INTERVIEWS

The study experts provided unique perspectives on the current state of homelessness among domestic violence survivors in Los Angeles County. The interview discussions outlined the barriers and challenges faced by survivors who are homeless. Importantly, expert discussions addressed the problems expressed by the survivors in the study's focus groups. The information gathered from the expert interviews identified key issues that impact survivors experiencing homelessness. The key issues centered on: (1) pathways to homelessness, (2) economic autonomy, (3) drawbacks of public and domestic violence shelters, and (4) systemic practices that perpetuate homelessness.

PATHWAY TO HOMELESSNESS

There was a general consensus among the study's experts that survivors and their children were faced with a multitude of complex problems that impacted their psychological and physical wellbeing. Survivors were described as experiencing mental health problems, such as post-traumatic stress and depression, health problems and for some, substance abuse problems. These conditions were heightened by the devastating effects of homelessness. Experts emphasized the importance of understanding the journey of survivors and the reasons they become homeless.

A number of explanations were discussed that underscored the different pathways to homelessness among domestic violence survivors. The experts agreed that limited housing options was a direct pathway to homelessness. For many survivors, the urgency of leaving a dangerous situation often occurred without a housing plan. Experts indicated that while some survivors (and their children) obtained shelter from family and friends, their housing needs

often exceeded the help they received. One expert explained that survivors become homeless after they have exhausted all options.

The lack of affordable housing in Los Angeles County was another factor contributing to homelessness among survivors. Experts contended that survivors often came from poverty and had limited financial resources to pay for the current high rents in Los Angeles. Adding to this situation, experts stated that many survivors were unaware of housing resources (such as programs, emergency housing) and how to access these resources. Homelessness also impacts survivors who are receiving subsidized rental vouchers such as Rapid Re-Housing and Section 8. An expert noted that although Rapid Re-Housing is helpful, it only provides temporary housing (up to one year). For those receiving Section 8 vouchers, domestic violence incidents in the home often displaced families who were consequently faced with homelessness. As an expert in housing services explained,

"Our current system (LAHSA) does not have anything in place to transition those people (survivors) into a comparable unit…survivors end up homeless because we don't have preventive measures in place to transition folks from one Section 8 unit to another."

ECONOMIC AUTONOMY

Experts agreed that the pathways to homelessness were interconnected with the challenges in achieving economic autonomy. Experts delineated the barriers to achieving economic autonomy for survivors. Most viewed that it was difficult for women, especially women of color, to become self-sufficient. One expert indicated that the pathway to economic autonomy is not clearly defined for women fleeing domestic violence. A barrier identified was that many women lacked the self-assurance that they can financially support themselves and their children. Addressing this barrier, another expert stated,

"Survivors have been alienated and isolated, this is the first time anyone is listening to them. Women need to be empowered to believe in themselves and that they can make it on their own."

Public assistance such as the *California Work Opportunity and Responsibility to Kids* (CalWORKs) was described as hindering economic autonomy. It was postulated that public assistance contributed to poverty, and in turn, that may prevent women from improving their financial status.

The lack of job availability and limited options for job sustainability were also regarded as barriers. The shortage of jobs that pay a living wage to afford the high costs of housing in Los Angeles is challenging for survivors with children. Experts stipulated that survivors were often forced to take low paying jobs that failed to provide the income for basic necessities. One expert explained,

"Housing costs in Los Angeles County are high, coupled with low living wages, make it difficult for survivors to sustain a household."

Another expert expressed,

"Survivors live paycheck to paycheck, which makes it difficult to have financial flexibility…they don't have enough money."

Approaches to building economic autonomy among survivors were highlighted. For example, providing survivors with ongoing comprehensive support at every juncture of their journey was stated as essential. Experts endorsed applying an empowerment approach that increased women's beliefs that "they can achieve economic independence" and can become self-sufficient. Another approach pointed to developing life skills and for some, re-learning life skills that included financial literacy and budgeting. Experts also focused on providing job

training and enhancing career goals. Obstacles that impede survivors from obtaining and sustaining gainful employment, such as childcare, transportation, interview tools and internet access, also needed to be addressed.

DRAWBACKS OF PUBLIC AND DOMESTIC VIOLENCE SHELTERS

Experts provided a critical analogy of the impacts of both public and domestic violence shelters on women survivors and their children. A major concern with public shelters was the lack of trauma informed practices. Experts collectively agreed that survivors experienced retraumatization and revictimization in these shelters. Experts stated that public shelters were not designed to care for trauma victims and did not have the capacity to meet the multiple needs of survivors. Consequentially, survivors experienced trauma triggers and increased levels of psychological distress. Moreover, staff (in public shelters) had little training on the following: assessing domestic violence; strategies for preventing retraumatization of survivors; and developing safety plans. For these reasons, survivors and children have been turned away.

Restrictive rules often implemented by public shelters were acknowledged to pose challenges for survivors. Experts indicated that rules such as curfews, eating schedules, and limited privacy, were authoritarian and parallel to what survivors experienced in abusive relationships. An expert stated,

"There are a lot of rules (in public shelters) …it's like replacing the abusive person with another institution or authoritative figure."

Public shelters were also noted to be unsafe for women and children. The study's expert on housing services commented that attempts were made to separate shelters by gender however,

this has not always been accomplished. Hence, posing a threat to women for revictimization. The expert further expanded on the current urgent effort to provide emergency shelter for the homeless population in Los Angeles County due to the COVID-19 virus. *Project Roomkey,* it houses people who are homeless in motels and hotels, has shown a high incidence of domestic violence. These settings not only placed women and children at risk for violence but also retraumatized survivors as domestic violence may occur "next door." The lack of confidentiality in public shelters also presented safety concerns among the study's experts. Shelters do not often have the capability to establish and implement safety plans to protect survivors. Thus, increasing the safety risks for women fleeing an abusive partner.

Experts asserted that domestic violence shelters shared similar drawbacks as public shelters. One expert expressed that "it is not a perfect system." Not all domestic violence shelters utilized a trauma informed model. Some survivors were reluctant to enter DV shelters because of their experiences with public shelters. It was noted that domestic violence shelters also applied restrictive rules that has resulted in some survivors leaving prematurely. One expert explained,

"DV shelters need to give more autonomy (to survivors) rather than making decisions for them, which is taking away their power…staff limit them from going out, using the phone, making their own decisions. There are ways of keeping people safe without taking their autonomy. Some women go back to the dangerous situation because of the rules."

Another drawback was that domestic shelters have long waiting lists, limited spaces for women with children and do not provide bilingual services.

SYSTEMIC ISSUES THAT PERPETUATE HOMELESSNESS

The study's experts contended that homelessness was intertwined with sexism, racism, oppression, and the cycle of poverty. This was especially true for survivors of domestic violence. Sexism was described as permeating the multiple systems that survivors interfaced with. These systems included the Department of Children and Family Services (DCFS), Department of Public Social Services, Health Department, Mental Health Department, Homeless Services, Law Enforcement, Legal Services, and Courts. Experts conceptualized that systems continued to "blame the victim." In discussing the 2020 homelessness rates (in Los Angeles) for survivors, one expert clearly noted,

"So, when you look at the [DV homeless] numbers, they are way higher than the veteran, mental health or substance abuse population, and yet we are not getting nearly the recognition or support that those other groups get…
we don't blame veterans for going to war and getting traumatized,
whereas the sexism aspects and the patriarchy aspect is blaming victims for being in a DV relationship and so then it's like, why should we help you?"

Another expert expanded on the continuum of blaming the victim by pointing out that women were judged and punished by DCFS and law enforcement, which in turn, negatively affected how survivors and their children were protected. The expert explained,

"More things happen to the victim than the perpetrator; survivors are victims of the system…when women fight back, you go to jail for protecting yourself, and when children are detained by DCFS, survivors are blamed for failure to protect."

Systemic racism was attributed to the high incidence of domestic violence and homelessness among women of color. Notably, systemic discriminatory and oppressive practices continue to persist for African American and Latinx survivors coping with homelessness. Experts

recognized that the cycle of poverty contributed to the disproportionate rates of domestic violence and homelessness among women of color and that these groups including all women, were oppressed by the homeless service system. One expert stated that homeless service systems were not designed for oppressed populations such as immigrants, disabled adults, transwomen, and undocumented individuals. The experts further indicated that women were victims of the system and advocated for the need to change the dynamics of systems in order to alleviate gender and racial biases.

Another issue voiced was the lack of integration of systems, particularly the homeless and domestic violence systems. Experts stated that systems operated in silos and limited coordinated care for survivors. One expert commented,

"Systems are not coordinated to provide a pathway for people to be successful."

A major challenge identified was that domestic violence and homelessness were addressed separately. One expert expressed that different systems meet different needs, and survivors were forced to deal with them separately. Consequently, survivors experienced increased stress, frustration, and revictimization. This was particularly true for non-English speaking immigrant survivors.

Experts underscored that systems needed to be interconnected when working with survivors. Some believed that a coordinated process (for services) has not been established although efforts towards this goal were improving. One expert explained,

"Originally survivors were turned away from homeless services because homeless services as a system had the assumption that DV agencies had the same resources…I want to say that things are getting better and the silos are coming down. There's a little more trust between DV agencies and homeless services."

IMPLICATIONS OF FINDINGS

Focus Groups

The findings from the focus group discussions supported the tenet that domestic violence led to homelessness. For the study's survivors, homelessness, including chronic homelessness, was an antecedent to and consequence of domestic violence. The survivors believed that they escaped the "cycle of abuse only to enter the cycle of homelessness." As evidenced, the intersection of homelessness and domestic violence was substantiated. Survivors and their children are more likely to become homeless after leaving abusive partners. There are several extenuating factors that contribute to homelessness among survivors. The cumulative effects of persistent poverty, limited economic resources, financial abuse, and limited job skills, diminish survivors' capacity to afford housing and transition out of the cycle of homelessness.

A number of inferences can be drawn from the study's findings. The current efforts to provide homeless services that are tailored to the multiple needs of survivors should be a priority and in concert with domestic violence services. Homeless services that focus on permanent housing rather than temporary housing, are critical to housing stability and preventing homelessness.

An important finding was that survivors experienced severe domestic violence abuse, re-abuse, and childhood victimization. As a result, survivors suffered from post-traumatic stress and other mental health problems including substance abuse, and poor health. These conditions are worsened by the overwhelming effects of homelessness. The risks of revictimization and retraumatization are increased by the lack of knowledge of the impacts of

domestic violence among public agencies. In addition to being revictimized and retraumatized, the study survivors felt disempowered and hopeless when seeking help from service providers. Survivors advocated for trauma-informed trainings to public social systems.

The findings suggest that self-sufficiency can be a protective factor. Supporting the attainment of self-sufficiency skills among survivors, will procure economic independence and sustained housing. For example, job training and education will provide the necessary skillset for survivors to obtain employment and support themselves and their children. Additionally, self-sufficiency will empower survivors to seek help and navigate social systems.

Establishing comprehensive service centers or service hubs, that are designed to meet the multiple needs of survivors is essential for survivors. Based on the findings, survivors are faced with multiple challenges when seeking services from different agencies. Moreover, survivors have limited knowledge or access to available services. A streamline process that facilitates access to domestic violence services, such as housing, therapeutic interventions, and health care, will meet the complex needs of survivors and their children.

The findings underscored the barriers that exist for immigrant Latina survivors. Immigration status, language barriers, culturally rigid gender roles, and fear of deportation, impede employability, access to services, self-sufficiency, and economic independence. Consequently, obtaining housing services and transitioning out of homelessness, is more difficult for immigrant Latinas. It is imperative that service providers understand these unique challenges when designing programs and delivering services to this group.

The importance of providing trainings on the intersection of homelessness, domestic violence, and culture specific factors to police departments, housing services, domestic

violence service providers, health care providers, public social services, mental health/substance abuse treatment centers and other community service agencies, was highlighted by the study's findings. Providing culturally competent trainings that address the complexity of domestic violence and homelessness, will increase awareness, knowledge, and services for Latina survivors, including immigrant Latinas coping with homelessness.

Interviews

The interview findings advanced several implications that addressed the complexity of understanding the journey of survivors faced with homelessness. The findings revealed that the scarcity and the unaffordability of housing contributed to the pathways to homelessness for survivors. This was particularly evident in Los Angeles County. The findings also indicated that housing programs for homeless survivors were limited, mainly because the majority of these programs were temporary. The need to increase permanent housing for homeless survivors as well as preventing homelessness, continues to be at forefront. Another implication of the findings included fostering economic autonomy by empowering survivors to garner job skills and life skills, would lead to self-sufficiency and economic independence.

Public shelters were found to place survivors at risk for retraumatization and revictimization. Additionally, public shelters lacked confidentiality and failed to protect survivors. Utilizing a trauma informed approach in public shelters including staff trainings on developing safety plans for survivors was recommended. Both public and domestic violence shelters applied restrictive rules. While rules were an essential part of shelters, such rules were authoritarian in nature, and were particularly difficult for women fleeing abusive

partners. In particular, restrictive rules in domestic violence shelters may be the reason some women leave prematurely and return to their abusive household.

The findings asserted that systemic challenges and institutional barriers hindered the access and delivery of services to survivors. Survivors coping with homelessness, interacted with housing services, public assistance services, domestic violence agencies and health services.

Mitigating factors that negatively impacted survivors as they navigated these different systems were highlighted. Systemic sexism, racism, and oppression permeated policies, funding, perspectives, and service practices when dealing with gender violence. Service systems were found to function in silos, which posed barriers to survivors. Consequently, survivors were vulnerable to retraumatization as they repeatedly told “their story” to the different service agencies they interfaced with. Some service systems have not implemented mechanisms to meet the complex needs of survivors. For example, a cohesive interagency comprehensive plan designed to provide housing services to survivors, has not been fully been developed. The findings suggested that the integration of service systems would be more effective, especially for women survivors and their children.

ELAWC – MEETING THE CHALLENGES OF LATINX DV SURVIVORS

The East Los Angeles Women’s Center aims to be part of the solution to ending homelessness for domestic violence survivors in Los Angeles County. We believe survivors and the broader community share a similar vision: safety in our homes and in our

communities. Addressing domestic violence as a community problem will shift norms away from victim-blaming to the role of communities as a conduit to change and prevention. We hope that during this time, we can reimagine our communities to create healthy communities with available housing, health care, and mental health. We support transformative and restorative forms of justice that address the root causes of harm and violence.

The East Los Angeles Women's Center advocates resilience and the ability of individuals and communities to heal and recover from trauma. We understand that healing takes place within the context of a collective community that differs from a mainstream model that emphasizes person-centered therapy. Indeed, healing connections may occur in a "healing circle" that reflects the origins of culture. Throughout our organization, we embrace and apply three cultural core values: respeto, simpatia and personalismo.

Respeto (Respect) – The mutual respect for one another: Staff, clients, and community.
Simpatia (Sympathy) – An environment of compassion, understanding, and interpersonal harmony.
Personalismo (Personal Connection) – Fostering authentic, trusting, and positive personal connections that empower and support clients.

ELAWC recognizes the origins of historical, structural, and intergenerational trauma, and actively addresses systemic inequities including cultural and gender biases. We incorporate policies, protocols and procedures that are responsive to racial/ethnic diversity, gender specific, and culturally sensitive.

ELAWC's model of services uses a trauma-informed model and a culturally responsive approach that brings relationships to the forefront. An essential part of the healing process for survivors, is reconnecting with family, friends, and developing new friendships which is the

basis for building a social support network. ELAWC's model applies a comprehensive array of supportive services that include advocacy, access to multiple services, safety planning, and community supportive services. ELAWC offers linkages to health services including substance abuse treatment, and provides mental health services. Most importantly, ELAWC provides interventions that facilitate the healing process and empowers women to find their voices. This approach increases self- sufficiency and wellbeing. We acknowledge the strength of survivors, their wisdom and journey. We respect clients' decisions, choices, and their goals to guide their plan of action to heal and move forward. Our staff serve as facilitators of recovery and not as controllers or enablers of their recovery.

ELAWC has responded to the crisis of homelessness for survivors of domestic violence through the Hope and Heart Project, a one a kind hospital-based emergency shelter and the transitional housing program (THP). ELAWC has implemented the Washington State's DV Housing First Model that underscores survivor driven, trauma-informed services that promote safety, self-sufficiency, and housing stability (Washington State Coalition Against Domestic Violence, 2020). The key elements of this model are to provide survivors with a choice of housing options, wraparound support, and flexible financial assistance. ELAWC utilizes a trauma-informed, culturally competent approach in meeting the housing needs of women survivors, particularly, Latina and immigrant women. ELAWC provides stable housing, rapid rehousing, rent and moving financial assistance, advocacy, case management, and other supportive services necessary to ensure survivors and their families are safe and provided with opportunities to rebuild their lives, enhance well-being, achieve economic empowerment, and obtain safe permanent housing. Of particular importance are

the housing challenges faced by immigrant survivors. As such, services are provided in Spanish that are tailored to meet the complex needs of immigrant survivors.

In applying a Housing First approach, ELAWC acknowledges that each survivor and each family are unique. Some survivors will need to be in an emergency shelter in order to have a safety net and a path to independence. Entering a shelter may not be the first choice for other survivors who may prefer a transitional setting, that provides a longer stay, and assists survivors to stabilize and renew their lives. Providing housing options for survivors is critical to the success of permanent and stable housing.

ELAWC continues to address systemic and policy issues that impact domestic violence services by establishing the Domestic Violence Task at LAC+USC Medical Center. The task force is comprised of a network of domestic violence, health, mental health, law enforcement, legal, child welfare and family services providers. The focus of this collaborative network is to establish a streamline service delivery system to survivors and their children.

ELAWC aims to be part of the solution to homelessness among domestic violence survivors. The study's Latina women shared a common view: Survivors move from the cycle of domestic violence to the cycle of homelessness. ELAWC has provided solutions to disrupt these cycles by meeting the complex and multiple needs of Latina survivors in Los Angeles. ELAWC will continue to be a driving force to end homelessness for domestic violence survivors and further the dialogue on the intersection of domestic violence and homelessness.

COVID -19 PANDEMIC

At the time of this report, the country is faced with the COVID-19 pandemic. Prior to the pandemic, violence against women (intimate partner violence and domestic violence

were) was a public health crisis in the United States. The Coronavirus pandemic has further exacerbated this crisis as evidenced by the increasing numbers of domestic violence incidents across the nation and the world. The United Nations called for urgent action to combat the worldwide surge in domestic violence. In his statement, Secretary General António Guterres wrote “I urge all Governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19” (UN Press Release, April 5, 2020). According to the United Nations Women’s brief, the significant increase of violence against women, particularly domestic violence, is attributed to the worldwide strategies of “Shelter in Place” and “social distancing” implemented to prevent the spread of COVID-19 (UN Women, 2020). In the United States, the surge of domestic violence incidents has been reported by police departments across several states during the COVID-19 national lockdown (Boserup, McKenney & Elkbuli, 2020). The National Domestic Violence Hotline reports a nine percent (9%) increase in domestic violence contacts due to COVID-19. Experts explain that quarantine measures used in pandemics, amplify social isolation and uncertainty, as well as prevent victims from escaping violence and accessing safety nets (Peterman, Potts, O’Donnell, Thompson, Shah, Oertelt-Prigione, & van Gelder, 2020).

The COVID 19 pandemic crisis has caused domestic violence organizations, advocates and shelters to adapt and implement virtual platforms to meet the needs of domestic violence victims and children. The first author of this report, Barbara Kappos, LCSW, Executive Director of the East Los Angeles Women’s Center, warns that as a result of the pandemic, “Survivors of domestic and sexual violence are facing uncertainty, instability, isolation, anxiety, depression and are fearful of the unknown.”

LA County has reported high prevalence rates of COVID 19 positive cases within communities of color, specifically in the Latinx and African American communities who are disproportionally impacted at a national level. Prior to the pandemic, Latinx and African American women have reportedly experienced high rates of domestic violence in Los Angeles County (Smith et al., 2018). Survivors are at higher risk for experiencing domestic violence during the COVID 19 pandemic. Los Angeles County has reported an increase of domestic violence calls during the pandemic (Los Angeles County Public Health Department, 2020). The Los Angeles Mayor's Office has implemented the Safe Haven Project as a COVID-19 emergency response to the rise of domestic violence. The project provides emergency housing, counseling and supportive services for victims of domestic violence. ELAWC is part of this current effort, along with other domestic violence agencies, and has housed 90 families in a Los Angeles Downtown Hotel.

In response to the urgency of the COVID-19 crisis, the following services are needed to support survivors; (1) Securing survivors' safety from abusive partners is paramount, (2) provide survivors with emergency housing options to prevent homelessness, (3) outreach and educate families, particularly Latino families, on COVID-19 prevention, transmission and testing; (4) assist with COVID-19 related job lost by providing linkages to employment, and (5) assist families with grief and loss, and the collective grief of communities. Further, domestic violence service providers require financial support to implement virtual platforms, and obtain PPE training, education and testing.

It is certain that the above supportive services will persist during the post pandemic period. It is imperative that the needs of survivors and their families, continue to be addressed during the pandemic crisis and its aftermath. Listening to the voices of survivors and the different areas that are impacted, will guide the work of all service providers.

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