



**Domestic Violence
and Homeless Services
Coalition**

FOCUS GROUPS REPORT

Survivor Solutions to Program and Systems Change

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EXECUTIVE SUMMARY

In Los Angeles County, the number of women experiencing homelessness increased by a staggering 55% between 2013 and 2016. Research shows that domestic violence is a primary driver into homelessness for women and that gender-based violence is the most significant difference between men and women experiencing homelessness.

Domestic violence and homeless/housing services no longer run on parallel paths. While the identification of the connection between these two social problems has engendered change, more work is needed to formulate strategies that are client-centered and survivor-driven. Thus, the Downtown Women's Center, along with co-lead Rainbow Services, with the support of the Conrad N. Hilton Foundation, is building and leading a cross-sector Domestic Violence and Homeless Services Coalition (DVHSC) to create a client-centered system that increases access to safe housing and supportive services for survivors of domestic violence and their families. Leading partners in the coalition include the Los Angeles Homeless Services Authority (LAHSA), the City Attorney's office, Neighborhood Legal Services, and County Supervisor Sheila Kuehl's office.

In looking at housing instability and chronic homelessness through the lens of domestic violence, survivors face a host of barriers to secure safe and sustainable housing. While there is recognition that changes in systems and service delivery will create stronger channels to housing stability and prevent the experience of chronic homelessness for survivors of domestic violence, the changes need to be driven by the needs of those with lived experience.

The purpose of this report is to give voice to the opinions and perspectives of those with lived experience to guide client-centered systems change and develop coordinated community responses that meet the direct needs of this population. **This report examines and incorporates understandings from survivors to:**

- o Decrease the number of women entering homelessness from domestic violence situations in Los Angeles
- o Decrease the number of women entering chronic homelessness in Los Angeles as a result of past experiences of domestic violence and other forms of violence

- Increase the number of women moving into permanent housing in Los Angeles
- Create a model for replication and scale for dissemination across the U.S.

DVHSC conducted 12 county-wide focus groups in 2017. The findings from these focus groups were stark. Participants in all groups consistently described challenging service experiences, which not only interfered with their ability to obtain support and housing, but very often reinforced their lack of power/choice, and re-traumatized them in the process. Participants recounted feeling judged and dismissed when interacting with providers. Many felt as though they had no recourse and a few expressed a conscious decision not to engage with supportive services systems any further. **Key findings from the focus groups are:**

- A myriad of barriers exist to accessing services, leading to survivors' feelings of hopelessness, re-traumatization, and disconnection.
- Survivors need support and advocacy in navigating the complex housing continuum and service system.
- Survivors have a deep desire to stay connected to their communities and social networks, especially those with children.
- When survivors do receive trauma-informed services and safe housing, they report increased trust in themselves and the system.

It is clear when listening to survivors of domestic violence that service delivery in both the homeless services and domestic violence sectors is, at best, inadequate, and in many cases harmful. As providers and leaders in both sectors, we are in a position to change how we do business by listening to the experiences of survivors and acting on their recommendations with intention. This report gives us solutions directly from survivors to guide our systems change work ahead.

METHODOLOGY

This section explains our approach used to gather the experiences of women with lived experiences of domestic violence and housing instability/homelessness.

Participants and Procedures

With the support of organizations across Los Angeles County, DVHSC solicited the help of several domestic violence and homeless service agencies to conduct focus groups to better understand the unique needs of women's experiences at the intersection of homelessness and domestic violence. **From September to December of 2017, 12 focus groups were conducted in all eight service planning areas (SPAs) of Los Angeles with 81 participants.**

The women participated in a group session that lasted one and a half hours and then filled out a survey on basic demographic information (Appendix A) during the last 15 minutes. The women's participation in the focus group was voluntary, anonymous, and confidential. After the focus group, the women were provided a gift card to thank them for their time and feedback.

Each group was homogenous in that it represented anyone who: 1) identified as a woman 2) had experienced domestic violence, and 3) has been or is at risk of homelessness. Given some of the cultural complexities and barriers women face in terms of accessing services, groups were also held in Spanish, Asian Pacific Islander (API) Languages, and American Sign Language.

Informed-consent procedures were explained at the beginning of each focus group and after distributing the consent forms (see Appendix B). Some focus group discussions were tape-recorded with the permission of the participants. The anonymity of participants in the focus groups is protected in this report.

Facilitators

Using open-ended interview protocol, members of the DVHSC Client-Centered Workgroup facilitated the focus groups with the assistance of graduate level interns and community partners with the capacity to facilitate in a specific language. Interview questions (see Appendix C) were developed with the direction and input from the Client-Centered Workgroup and National Alliance for Safe Housing (NASH), and were designed to cover a range of survivor-related issues and address specific questions and concerns raised during our preliminary research. NASH, a project of the District Alliance for Safe Housing, is a national technical assistance and training

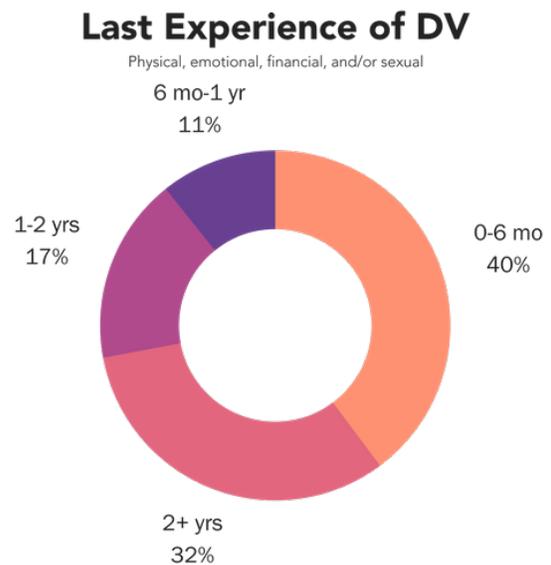
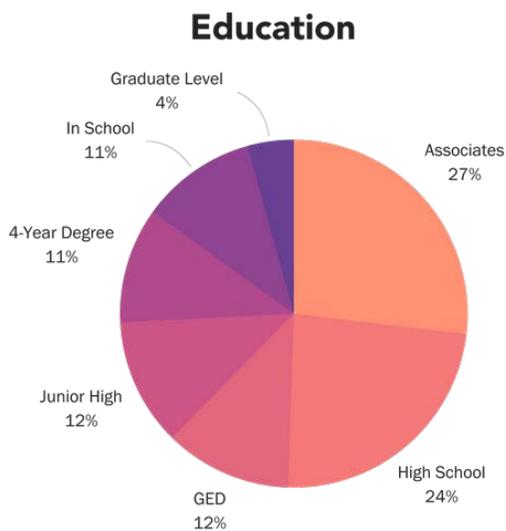
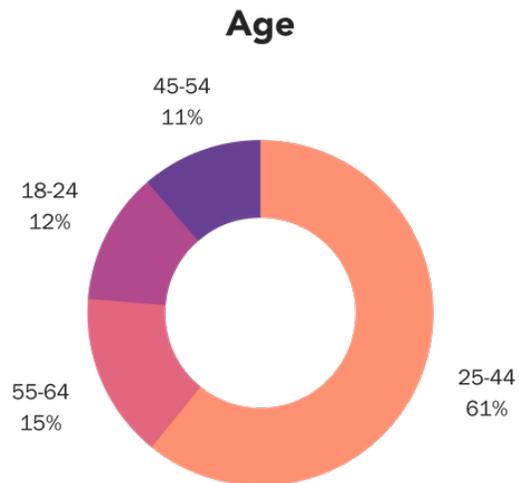
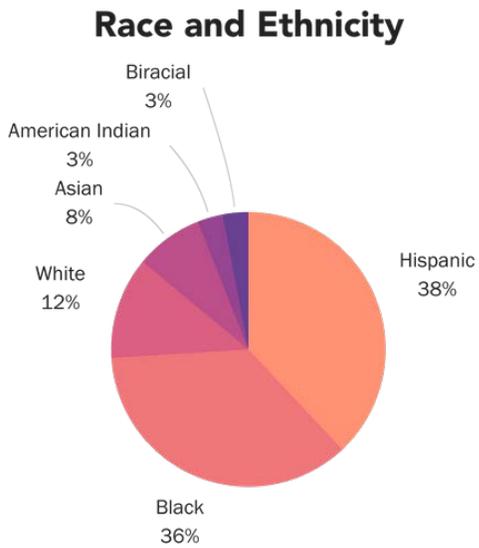
provider. They provide programs and communities with the tools, strategies, and support necessary to improve coordination between domestic and sexual violence services and homeless and housing providers, so that survivors and their children can ultimately avoid homelessness as the only means of living free from abuse.

Data Analysis

To begin the data analysis process, facilitators debriefed after each focus group to discuss session content, what was learned, what was surprising, and to process any emotions evoked throughout. Next, facilitators conducted a preliminary analysis to get a general understanding of the data and reflect on its meaning. An individual summary report was drafted for each focus group that analyzed major themes. Once individual reports for each group were completed, the data was further analyzed across all focus groups and organized into themes. These themes or key findings helped determine the interconnectedness of issues and conditions domestic violence has in relation to homelessness and housing instability. The themes were then turned into recommendations for program and system changes to improve service delivery to this population.

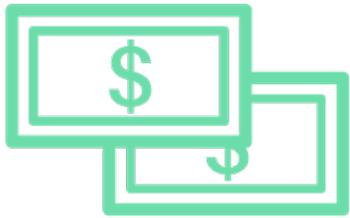
PARTICIPANT DEMOGRAPHICS

The following demographics reflects the self-reported information by the 81 participants in the 12 focus groups:

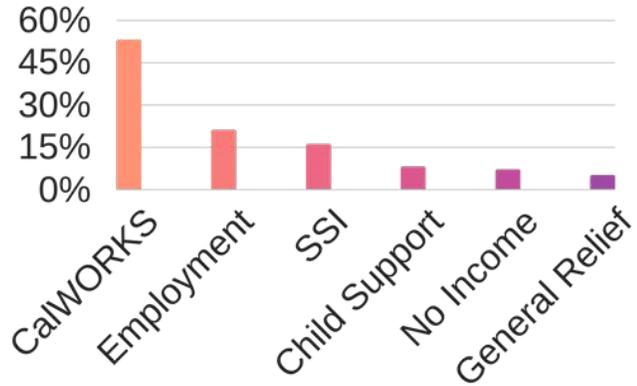


Average Monthly Income

\$607.12



Types of Income



Homelessness

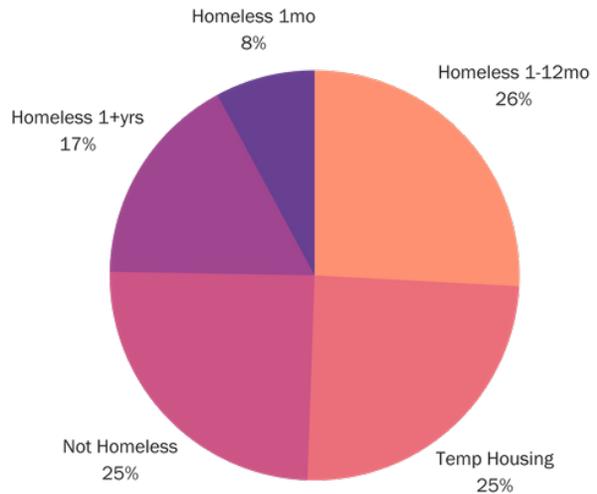
90%

have experienced homelessness

62%

are currently homeless

Current Situation



KEY FINDINGS

Qualitative analysis revealed four overarching themes across the focus groups with related subthemes. Findings across all groups consistently underscored challenging experiences that not only hindered women's ability to access impactful services, but also very often reinforced their powerlessness and re-traumatized them in the process. The four key findings are:

- A myriad of barriers exist to accessing services, leading to survivors' feelings of hopelessness, re-traumatization, and disconnection.
- Survivors need support and advocacy in navigating the complex housing continuum and service system.
- Survivors have a deep desire to stay connected to their communities and social networks, especially those with children.
- When survivors do receive trauma-informed services and safe housing, they report increased trust in themselves and the system.

Key Finding #1: A myriad of barriers exist to accessing services, leading to survivors' feelings of hopelessness, re-traumatization, and disconnection.

Focus group participants were asked to speak about what safety looked like when they left an abusive environment, including what helped and what made it harder. Nearly all participants described safety as physical distance from their abuser. As noted by a woman who participated in one group:

"When the last incident happened, I went to a police station and called my family. When I was there, I thought, 'now I'm free of him and I am safe.' Being in a shelter made me feel even safer. I felt protected."

Similarly, a respondent who was seeking services through transitional housing program noted:

“There was no conception of safety. I just needed to get out of the house. Sadly, I went back two or three times before I couldn’t take it anymore. So safety was anywhere outside the home he was in.”

There was consensus on the part of the women of how this feeling of being safe was only momentary. The safety of separating from their abuser was juxtaposed by the fear of what came next. The women described fear of the system and fear of further isolating themselves from friends and family. For all of the women, safety included access to basic human needs for themselves and children, such as shelter, food, and social support. Women discussed significant barriers when attempting to access services. Many felt they had nowhere to go and expressed the lack of helpful knowledge of available resources as a reason for returning to their abuser. One woman noted how the system set her up for failure and disappointment:

“People think help is readily available. I thought I was going to get help when I started seeking services, but it got harder.”

A participant from a separate focus group also acknowledged:

“I felt hopeless. I called 211, I was on their website every day since we were staying in an RV storage facility and I was pregnant. They tell you to call 211 and then you call and there are all these different things that make it harder for you.”

The sentiment over the lack of care coordination was overwhelming. Many spoke about the lack of available resources and the “hoops” you need to jump through in order to locate and access services. Similarly, women agreed that a myriad of barriers made them feel they had to fit a certain “victim mold.” It was noted that services were so sparse that many needed to alter their personal narrative to say just the “right” words in order to access services. Many of the women felt that providers were looking for a particular profile that fit their preconceived picture of a survivor.

Once services were located, many women expressed how disempowered service providers made them feel. Participants spoke about how the process of accessing services was re-traumatizing. Many referenced the intake and interview process, and the lack of providers’ attunement to the needs resulting from their experiences. They correlated the shelter interview process to that of interviewing for a job. One woman

who currently resides in a domestic violence shelter spoke about how she felt she needed to change her personal story to prevent herself from being seen as homeless rather than a survivor:

“Like if I wasn’t beat up enough or my story wasn’t good enough [I wouldn’t receive services]. I had three interviews to get into this shelter. The interview felt very invasive. You feel like you have to sell yourself just to get in.”

The common sentiment felt by many of the women was one of having to fit into the model of a program, rather than the program recognizing their needs. The same woman voiced how unsure she was about how to respond to some of the questions in her shelter intake interview. She recalled being asked where she saw herself in five years; she didn’t know what to say, and all she could think about was what would be the best answer to convey how much she needed help. In a similar situation, a different woman felt like she was competing to be safe, competing to have her basic needs met for her and her family. Many felt they couldn’t be honest when discussing their experiences out of fear they would be denied services if they did.

“Staff had a fundamental lack of understanding of trauma. The requirements are infantilizing...it’s hard to pick yourself up when you are running for your life. We are in fight or flight mode.”

Shame and judgment was a central theme felt by many as they attempted to access services. The women spoke openly about the lack of empathy and respect they received from service providers. They indicated that telling a housing provider they had an experience of domestic violence immediately shut down conversations. There was a feeling from women that they were being “blamed” for their experiences. One woman recounted a response by her county caseworker when trying to get help:

“How are you homeless if you are working?”

This caseworker’s assumption seemed to be that employment ensured a stable home environment. Like this participant, many women felt they were perceived to be trying to “milk the system.” Women spoke about the lack of compassion by many direct service providers. It was their contention that they would benefit if more individuals on the frontline of these agencies had lived experience.

“I feel I could get more help if I worked with people who understand what has happened. They say, ‘I understand,’ but they really don’t. I’m

trying to get help and the only thing I wanted was to come across someone who can understand and help uplift me."

Women's obligations to their children proved to be an additional barrier and often resulted in a heightened level of interactions with service providers that felt disempowering. A number of women spoke about the fact that providers would use intimidation tactics, threatening to call Department of Children and Family Services (DCFS) and having their children taken away as a means to force them into compliance around program and housing rules.

"Shelters are scary. Employees in shelters are mandated reporters and if you raise your voice to your kid, they'll call DCFS and take them away from you."

The same woman shared how being in a shelter with her children increased her stress levels and sometimes she couldn't help but unleash the tension on her children. Women from different groups conveyed similar sentiment of how these experiences left them re-traumatized.

"They wait until a mom snaps and then they have to call it in [to DCFS]. Sometimes it's easier to go back to that man [the abuser] rather than losing your kids."

Some women experienced delays in finding respite from their abusers because of their obligation to their kids. Women explained how they were rejected from certain shelter programs because of the number of kids they had. One woman spoke about her experiences when she finally found help:

"They asked me which three of my four kids would be joining me in the program. I told them, 'I'd rather be homeless in a box on the street with all my kids than choose which one couldn't stay.'"

Women expressed the need to have more support for their children. Women with children found additional solace knowing their kids could be in a stable environment. Many couldn't move forward in their trauma recovery without taking their children into consideration. Paradoxically, a few women expressed difficulty accessing services not because of children, but for the lack thereof.

Dovetailing off the need for more trauma-informed services, women discussed negative experiences with law enforcement, especially in regards to reporting abuse and enforcing restraining orders, which were prevalent among different focus groups.

"If you don't have the bruises or bloody face, they're not going to believe you. If you don't have those, you're on your own."

Women detailed their experiences of not being believed, or being ignored, harassed or demeaned when reporting abuse. Many times police sided with the abuser or the abuser's family, often re-victimizing the women and forcing them into silence.

The lack of empathy and compassion among service providers underscores the multigenerational impact violence has in the community. Some women discussed how the normalization of violence in their communities and/or families of origin was desensitizing and slowed recognition of what they were experiencing as abuse. One woman shared the experiences from her upbringing:

"My family history really impacted my self-talk. My mom and dad fought and no one taught me anything different. I would tell myself that he was my baby's father so I have to be with him. He was manipulating me, saying I had to be with him. Calling me names like, "Bitch" saying I had to be with him. I thought that was love. It started from there and it progressed."

Women expressed that the stigma around domestic violence was a barrier to them seeking or receiving services and increased the length of time in a violent relationship. They expressed that abuse was not something that the community wanted to acknowledge. In one group, it was unanimously agreed there is a perception that domestic violence is something that could have been prevented. Many conveyed the need for more education and awareness about domestic violence and healthy relationships. One woman who is a mother said:

"There needs to be more school-based education and prevention, something that can help teach children about healthy relationships, bullying, self-esteem, and domestic violence. It's a touchy subject but if kids are taught right and are able to talk about this at a younger age, they'll know the resources available."

Many expressed that if there had been more awareness about domestic violence or knowledge that services even existed, they could have received help faster. The

knowledge gap of available resources hindered the start of the recovery process for many of the participants.

“Now that I’m in my 40’s, I realize how interconnected the cycle of violence is after I fell into one violent relationship after another. I finally understand the cycle and now I can identify it. I didn’t seek services because I didn’t know where to go. Do you go to the police? No, because you will lose custody [of your children].”

Many agreed that there was little to no direction about *where* to locate services or *what kind* of services were available for women experiencing domestic violence. They spoke of moments where they were directed to call 211, which was “virtually useless.” If women were lucky to access services, many were subjected to long and invasive intake processes, which left them feeling re-victimized all over again.

Re-traumatization was widely cited across focus groups, especially by women with specific language and cultural needs. Of the twelve focus groups that were conducted, three gathered the experiences of women from the American Sign Language (ASL), Asian Pacific Islander (API), and Spanish-speaking communities. Language barriers proved a significant hurdle in not only accessing, but also maintaining services. Women from each linguistic- and culturally-specific group voiced the need for interpreters. In a detailed account, one woman said:

“Even though I know how to speak English, sometimes the terms are very deep. In court, I always need interpreters. When I ask for interpreters, they told me that my English was fine. However, I was not able to understand those legal terms.”

Another woman recounted:

“In the hospital, I had a difficult time understanding the medical terms. They did not let me find an interpreter.”

As it is, accessing domestic violence services can be difficult, however when compounded with communication barriers, it creates additional obstacles. Responses from women in the deaf and hard of hearing focus group echoed similar challenges. Locating services was particularly harder given their disability.

“There needs to be more direct services for deaf women. Communication was difficult with the current system. They [service

providers] didn't understand me and I needed an ASL interpreter, and I think that hindered me when receiving services."

Individuals from culturally and linguistically diverse backgrounds are confronted with additional barriers when trying to flee an abusive environment. Domestic and interpersonal violence can affect any person irrespective of age, gender, education, socio-economic status, or cultural background. Of the 81 focus group participants, 41% were Hispanic/Latina, 36% were African-American/Black, 7% Asian, and 2% were American Indian or Alaskan Native. The effects of structural oppression are irrefutable. Although no specific questions were asked regarding how race, national origin, and/or cultural beliefs impacted survivors' treatment and access to safe housing, the demographic makeup of focus group participants have major implications that race and cultural differences are a critical hindrance when trying to access services.

When asked about specific language or cultural needs, one respondent noted the following when talking about safe housing:

"For housing opportunities outside of transitional and emergency shelters, there is a lot of discrimination, and there are not a lot of people that are willing to help us women, survivors, Latinas."

The cumulative adverse effects of the negative outcomes of discrimination warrant the need for more culturally responsive care. It is essential that service providers integrate cultural humility into their work to provide the appropriate tools and to respond effectively to the unique needs of survivors.

Key Finding #2: Survivors need support and advocacy in navigating the complex housing continuum and service system.

"When you know there's no place to go, it makes you feel like you can't leave [the shelter]. They need more places for people to go."

Women shared that there is often misinformation in the community about social services, which results in reluctance to inquire about services. It was shared that if services were better explained throughout the process, it would be helpful in reducing fear and increasing the effectiveness of communication between service providers and those seeking safe housing. For many women, attaining housing is challenging due to program models that lack flexibility, extensive rental requirements, and landlords' discriminatory practices.

"Awareness of shelters, valid information of shelters as opposed to myths or word of mouth... Information regarding custody of children... We didn't know anything. I didn't know what a shelter would be like. Everyone told me that I wouldn't be able to sleep there or that I wouldn't be allowed to leave."

However, it wasn't just shelter that was the problem. Women spoke to the significant delays in resources from welfare to mental health to childcare services. Many spoke extensively about the need for assistance in navigating support services (a fundamental component of housing stability). Women felt in "limbo" waiting to access and receive services. One woman felt like she was still in a "state of emergency." This sense of uncertainty resulted in women's inability to remain positive.

"I keep calling the GAIN office and the DPSS office because there is no communication given to me and that is hard. It is hard for me to make a connection because they do not communicate with me."

Participants expressed the desire for a single case manager that could help navigate the system. They spoke about the fact that they often had more than one case manager and that none of them knew anything about navigating other systems. One woman who needed disability benefits detailed how helpful it would have been had a case manager walk her through the process of obtaining benefits because it was too difficult to do it on her own.

For many women, safety from their abusers was jeopardized due to the unavailability of shelter beds at the time they fled their abusive homes. Women indicated that there were not enough places for them to go, which often resulted in them returning to their abusers.

"I got 'no' for six months! They kept telling me that I wasn't being abused, that I was just homeless."

Women acknowledged the need to increase the number of services for domestic violence survivors. It was widely suggested that additional funding be allocated for shelters as a way to help participants in greater numbers. The lack of available space coincided with relatively short shelter stays. The average length of stay in a shelter ranges from 30 to 60 days. Women spoke about their housing instability as many had to move from shelter to shelter due to time limitations in transitional housing. One woman in a 60-day transitional program shared her feelings:

"Right now I'm in a calm and peaceful place, but I don't know what the future looks like. So much is uncertain. I need help with next steps. I need help applying for housing. I'm hiding myself with a smile but I worry every day."

Women expressed the desire to stay in shelters for a longer period, mainly because many had no other options. While the women expressed the need for short-term, temporary housing, all participants stressed that what they really wanted and needed was a permanent home, as quickly as possible. They strongly expressed their dislike of the rules of short-term and emergency housing.

"DV shelter told me I couldn't accept a job I'd been offered and had to be in hiding. I didn't want to go [into the shelter] because I needed a job. They don't want you to have a job, only keep you in hiding for 30-45 days. How can you get your life together in that time if you've been with someone for years?"

Had support been available, many would have preferred to move as quickly as possible into a home or an apartment of their own (with supportive services). They were very vocal over the fact that no one was helping them look for or find permanent housing and felt that this was because they were coming from domestic violence situations.

"Getting housing, that is my setback. I wanted to get into permanent housing as soon as possible. We shouldn't have to wait because of system problems."

In addition to the lack of cross-sector collaboration, attaining permanent housing was unrealistic due to the lack of affordable housing options in Los Angeles. Numerous women spoke about how the lack of available housing options is a primary driver either into homelessness or back to life with their abuser.

One woman indicated that it took her multiple years to find housing. Many felt misled by Section 8, saying they were informed they would be moved to the top of the list given their experiences of domestic violence and homelessness. Although the women expressed the fact that they were grateful to have a place to stay in transitional housing, many felt that there needs to be more targeted solutions on the permanent supportive housing end. One woman with full-time employment expressed:

"I won't have any luck. Because I make too much money I won't qualify for services and I will have to find an apartment on my own."

Women are told that permanent housing isn't a guarantee, which felt discouraging. This caused them to lack the motivation needed to meet with different housing services providers.

"There are so many barriers when it comes to housing. There are so many prerequisites, you need so many things, like references and a stable job, and when you are in this situation you are just starting to build your life."

One woman felt that domestic violence survivors are not given or offered services through homeless providers because shelters are assumed to be a type of housing. It was widely agreed that homeless service providers cater to the needs of individuals rather than the needs of survivors and their families.

"I thought we were going to lose this place back in September and I wanted to try and find housing for me and my kids. But we didn't qualify for permanent housing. I reached out to a service provider and they asked me to provide a verification letter of my homelessness, but technically we weren't homeless because we hadn't been kicked out of the shelter program. I wouldn't progress in life if I waited around for things to happen."

Additionally, a common theme among the participants was difficulty finding affordable housing. Many expressed challenges, especially in Los Angeles with limited income and resources. Several have contemplated moving out of the city in search of additional housing options.

"When I leave this transitional shelter, I will not have much savings. The anticipated challenge I may face is the affordability of the housing."

For women who had secured permanent housing, a primary challenge faced while trying to remain housed was the discriminatory practices by landlords and management companies. Given their hardships, women felt they were often seen as targets, someone who could easily be taken advantage of. Many conveyed the need for additional resources around survivors' rights about eviction prevention and eviction amelioration.

Key Finding #3: Survivors have a deep desire to stay connected to their communities and social networks, especially those with children.

While it is sometimes in the best of interest of survivors to create geographical distance from their abusers, many women in the focus groups expressed the desire to remain connected to their social support networks. One woman felt that the standard safety protocol relied upon by providers was unrealistic when you have other priorities. She said it was assumed she would want to relocate far from her abuser, when in fact she wanted to maintain a life close to home so she could keep her job and provide as much stability for her son as possible:

"It's not a one-size-fits-all. They assumed I wanted to be sent far from the neighborhood where I lived. I have a stable job and I don't want to lose it."

The need for consistency, for connection to community and neighborhood was echoed by many in the focus groups, especially for women with children. One woman spoke about how her transitional shelter program wanted to uproot her children from their school, taking away the only familiar thing in their lives. She expressed how critical it was to keep her children in the same school, especially since her stay in the shelter would be limited and she would be forced to relocate them an additional time once they left.

"They've had enough changes, and school was the only place where I knew I could provide some stability. The principal, staff, teacher, and therapist all know we're in a shelter. If one of my kids came late to school no one would give them a hard time because they knew my kids and what was going on."

She conveyed how grateful she was that everyone at her kid's school understood their current circumstances. It instilled faith that if her children were having a difficult time, staff would be there to provide the necessary support.

Women who relocated far away from where they had been living experienced a deep sense of isolation due to the lack of communication with family and friends. Unfamiliarity with their new surroundings compounded those feelings of isolation. A common sentiment among the women was the need to find a safe and nurturing environment. A woman from the API focus group said:

“The number one thing I seek in housing is safety for me and my children. I agree with others that the neighborhood and the environment are very important.”

Similarly, participants shared that they were worried about what kind of neighborhood they would find themselves and their children living in and how they would fare in a different environment.

“It is important that after my kids get off school, there is a community center for the children to attend. That is helpful for parents who are still working.”

The sense of belonging, being part of a community resonated with many. And while this rang true for women who transitioned out of a shelter and into permanent housing, many noted how they were able to develop a similar sense of community with women in the shelter. These positive experiences engendered a sense of altruism and deepened a few women’s desires to give back.

At the end of each focus group, many expressed interest to be part of systems change efforts.

Key Finding #4: When survivors do receive trauma-informed services and safe housing, they report increased trust in themselves and the system.

Most women discussed difficulty with trust after the experience of domestic violence. Lack of trust wasn’t solely a result of the power dynamics of the abusive relationship, but also grew out their experiences with service providers. They explained that program guidelines are too restrictive, case management skill levels are inconsistent, and that survivors are often re-traumatized in the process. However, once women began receiving comprehensive services (mental health, housing, substance use, parenting classes, etc.), their perception of self-worth improved.

“For me to leave 11 years of marriage and come here, it has been a really humbling experience.”

This woman recognized that she had struggled adjusting to the rules and regulations of the shelter. It's been difficult for her, but through the support she is receiving, she has been able to learn and process things in a positive manner. For many of the women, this new feeling of positive self-worth is increasing their resilience to push forward.

"When you are in those [abusive] relationships you don't feel like you have a lot. But being here in the support groups makes me feel like I am worth a lot. I wake up every day fighting for my life and it feels good."

Many women better understood the trauma they endured after receiving mental health treatment and peer support. One woman spoke about her increased sense of self-confidence as a result of the different services she has received:

"I'm able to set boundaries now. Before I would give everyone else power, but now I'm working on myself and going back to school and learning how to be independent. I'm not giving anyone that power anymore."

Numerous women throughout several focus groups felt the same sense of empowerment. One woman acknowledged how the support she has received hasn't just helped build her self-esteem, but has also made her aware of red flags in relationships.

"I do feel stronger than I use to be. I don't want to live like that anymore and I like that I can choose not to live like that."

Similarly, the women noted how support services directly impacted their children's happiness, which also helped instill a sense of empowerment for them. Women were humbled by the support their families have received. Many said they understood that the system isn't perfect, and acknowledged how overwhelmed agencies and staff can get at times. Despite the hardships they had to overcome in order to access impactful services, women said they felt fortunate when they found an advocate, someone on their side who provided information, direction, and support along their journey.

"Even if I am not completely independent, I feel much stronger than before."

DISCUSSION AND IMPLICATIONS

The focus group findings highlight the complex and dynamic implications of domestic violence on homelessness and housing instability, and the necessary improvement to services and systems to be more responsive to the needs of survivors. Four overarching findings were presented which summarize a variety of deleterious experiences for women at the intersection of domestic violence and homeless services.

Further, it is important to note that many of the adverse experiences discussed also exist within the framework of similar themes in the broader national dialogue of coordination and alignment between these two different systems. Thus, key findings suggest that gaps in service delivery are not unique to Los Angeles County but rather reflect a larger pattern that has affected survivors of domestic violence for years in the U.S. Nonetheless, the experiences of these women denote a call to action.

Echoing themes in survivor literature, when asked, women know about the barriers to fleeing an abusive environment. This was well reflected by the sentiment expressed by survivors about the need to eliminate barriers when accessing services. While many of the recommendations presented in this report require a higher level of systems coordination, efforts are currently underway by the DVHSC to undertake a wide range of initiatives that provide solutions to this problem. Inclusion of women with lived experience throughout this the process is critical to developing resolutions that are client-centered and survivor-driven.

STRENGTHS

Connecting Domestic Violence as One Determinant of Homelessness and Housing Instability

From a systems standpoint, these findings highlight the fruits of the women's movement of the 1960s, where battered women silently suffered because of little to no options for shelter. Through the years however, developments on a policy level reflected recognition of the pervasiveness of abuse in homes across the country and the need to develop adequate responses.

From the focus groups, different provider and systems strengths were reported, some of which are widely discussed in the broader intersectional literature. These strengths included participants feeling safety immediately after fleeing an abusive environment,

feeling connected to basic supportive services, and gaining a sense of empowerment because of some of the services they received. Taken together, these results reflect a well-established finding that safety and support services, albeit not perfect, are the foundation in a women's journey towards long-term safety and stability.

CHALLENGES AND GROWTH AREAS

Better Cross-Sector Collaboration

While some provider and system strengths were noted, also discussed were a number of negative experiences when interacting with both domestic violence and housing services domains. For instance, not only are both systems working beyond capacity, but they also operate under different frameworks. Domestic violence service providers' primary focus is on safety and crisis intervention, while housing services direct their efforts towards housing and financial stability. Focus group respondents felt stereotyped by providers in each system and felt that providers didn't understand the complexities of the other system, resulting in the inability to provide comprehensive level of care. These findings suggest that domestic violence providers must increase their comprehension of housing, while housing providers must increase their understanding of domestic violence.

Comprehension and Integration of Trauma-Informed Care

Understanding trauma and its implications can be complicated. For survivors of domestic violence, the underlay of trauma originates either from a single incident, multiple incidents, or from the multigenerational impact of community and familial violence. A prominent theme that respondents communicated was the re-victimization at the hands of the very service providers they looked to for help. Traumatic experiences can influence how clients receive services in the setting in which those services are rendered. As a means of improving comprehensive care and fostering an environment that minimizes the chances of re-traumatization in the helping relationship, it is recommended that providers make efforts to apply their work through a Trauma-Informed Care (TIC) lens. TIC is an evidence-based practice which underscores the need to create services that are sensitive and directly respond to the needs of those impacted by trauma and other adverse life experiences. Service providers who adopt TIC as a best practice will be better informed to assess for triggers, navigate vulnerabilities, and overall provide effective intervention that at the core is holistic.

Better Attunement to the Needs of the LGBTQQ Community

The best intentions were put forth to capture the experiences of specific cultural groups. Our efforts included focus groups of women from the API, Spanish-speaking, and Deaf and Hard-Hearing communities. Our workgroup, however, encountered challenges during outreach efforts to recruit survivors from the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) community. Our inability to engage participants does not exclude the prevalence of domestic violence from those who identify as LGBTQQ. Rather, it is indicative of the added barriers this community faces when seeking safety and support.

While abusive partners in LGBTQQ relationships employ similar tactics to maintain power and control, the fear and ostracism plaguing this community has created additional barriers based on one's gender identity and/or sexual orientation. Historical social and cultural marginalization has silenced this community. As a result, the advent of the battered women's movement excluded individuals from gender and sexually diverse populations.

The discriminatory and social isolation implications are seen today, as domestic violence services are deeply rooted in heterosexual and cisgender ideologies. Rarely do service providers adjust their services to serve these survivors differently. For instance, shelters and other service providers seldom use inclusive language that make LGBTQQ survivors feel welcome. It is imperative that service providers adopt culturally inclusive practices to mitigate barriers when providing safety and crisis intervention services.

Increased Opportunities for Advocacy

Resoundingly, the women vocalized a desire to share their stories in order to impact systems change and improve the experience for other survivors needed services. The DVHSC will continue to elevate the voice of anyone who identifies as a survivor in Los Angeles County who has experienced domestic violence and homelessness. Through a series of trainings and educational workshops, survivors will receive technical assistance on how to hone their advocacy skills by sharing their personal story and experiences when trying to access impactful services. Opportunities to share these experiences will be used to affect systems change efforts.

RECOMMENDATIONS

Based on the themes from the focus groups, clear recommendations emerged that cluster in five different topic areas.

Permanent Housing Access

In an effort to reduce homelessness and housing instability among victims of domestic violence, recommendations highlight the need to increase cross-sector collaboration between domestic violence and homeless services providers:

- Increase access to affordable and safe housing throughout the housing continuum
- Through outreach and education, develop flex funding for significant one-time costs (e.g., security deposits, eviction prevention costs, utilities) and rental assistance programs that foster effective relationships between landlords and survivors

Assess Barriers and Improve Access to Services

Access to and information about domestic violence services in general is scarce. The growing awareness that violence against women is multifaceted requires coordinated community responses to increase the availability of impactful services:

- Co-locate staff to increase the care coordination amongst service providers to provide comprehensive resources such as mental health treatment, childcare, transportation, and employment opportunities
- Limit time and other restrictions to qualify for services, not just when fleeing an abusive environment, but throughout the various stages of a survivor's journey
- Provide mobile advocacy services for restraining orders, obtaining public benefits, and searching for safe and affordable housing, among other services

Understanding Trauma and its Impact

Survivors of domestic violence require services and responses that are sensitive to their needs and experiences:

- Provide trauma-informed care services, including improvements to intake process and streamlining services for more immediate access
- Begin a larger initiative to provide Trauma-Informed Care trainings to domestic violence and homeless services providers to mitigate the re-traumatization of survivors

Domestic Violence Advocacy and Education

Based on the participants' responses, communities play a pivotal role in enabling women to flee abusive relationships:

- Foster opportunities for peer support, including advocacy efforts and support groups
- Increase access to information regarding legal rights of survivors, including information about housing, protecting custody of children, and obtaining restraining orders
- Contribute to culturally sensitive de-stigmatizing efforts around domestic violence and homelessness to increase awareness of services and inroads to receiving help

Reasonable Accommodations for Survivors with Unique Needs

Access to services is ever more crucial given the unique needs of survivors with disabilities or survivors with language barriers. To reduce such obstacles, the following is recommended:

- Acknowledge the linguistic limitations of programs and services by providing translation services, especially for complex matters regarding legal and medical matters
- Increase services to those without documentation, including legal assistance, language classes, support groups, and vocational opportunities
- Develop training, technical assistance, and standards for providers to better ensure system-wide progress on issues of diversity, equity, and inclusion
- Eliminate structural barriers to people with disabilities and provide reasonable accommodations

CONCLUSION

Undertaking this evaluative work speaks to the DVHSC's enthusiasm to ask difficult questions and engage in self-reflection regarding the domestic violence and homeless services experience for survivors. It reflects our pledge to build a system of care that is responsive to the unique values and needs of survivors seeking options and care. This commitment will fuel efforts to build a system based on the feedback presented in this report.

It is essential that the findings offered here are further developed and prioritized such that solutions are aligned from multiple perspectives along the systems continuum. True success will be seen once care coordination is conducted in a holistic manner and the needs of both housing and safety are met for survivors and their families.

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The Domestic Violence Homeless Services Coalition (DVHSC) is led by the following organizations: Downtown Women’s Center, LA City Attorney's Office, LAHSA, Neighborhood Legal Services, and Rainbow Services.

Client-Centered Services

Workgroup Members:

Ambe Regina, Amy Turk, Ann English, Araceli Mendoza, Araceli Patino, Cristina Cortes, Jacqueline Luna, Jerry Jones, Larae Cantley, Laura Estrada, Linda Arnold, Lucia Pena Corral, Martha Delgado, Monica Mooring, Rachel Kassenbrock, Sara Tower, Sylvia Williams, and Victoria Hurtado.

Report Writer:

Victoria Hurtado

Report Design:

Downtown Women’s Center

Focus Group Facilitators:

Ambe Regina, Amy Turk, Ann English, Anne Miskey, Araceli Patino, Ashley Stacy, Courtney Beamer, Erika Hartman, Gabrielle Warring, Jacqueline Luna, Jessica Ward-Ramirez, Laura Admans, Laura Ripplinger, Maria Hernandez, Mariana Lopez, Patima Komolamit, Rosalinda Erazo, Victoria Hurtado, and Vivian Lee.

Host Focus Group Agencies:

The People Concern, Special Service for Groups, Downtown Women’s Center, Peace Over Violence, The Salvation Army, Jenessee Center Inc., Rainbow Services, Door of Hope, Valley Oasis, PATH, Little Tokyo Service Center, and Center for Pacific Asian Family.

Evaluation:

National Alliance for Safe Housing (NASH)

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A very special thank you to the Conrad N. Hilton Foundation for their support. Through their generosity, we are one step closer to creating coordinated community responses at the juncture of domestic violence and homelessness. Together, we’ll work towards systemic change that puts the needs of survivors first.



For additional information, please visit www.DowntownWomensCenter.org/DVHSC or contact Amy Turk at (213) 680-0600 or AmyT@DowntownWomensCenter.org.

APPENDIX A: DEMOGRAPHIC SURVEY

Date: _____

Location: _____

Thank you for participating in our Focus Group. We appreciate your input and your willingness to share your experiences with us. In addition to our conversation, we would like to ask you some questions about yourself to better understand the experiences of women participating in our discussion. Please do not write your name, your answers are anonymous.

Tell us a little about yourself,

1. Are you . . .
Hispanic or Latina Yes No
2. What is your race? Do you consider yourself to be. . .
 African-American or Black
 American Indian or Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 White
 Other (please indicate) _____
3. What is your age? _____
4. Do you identify as an immigrant or a refugee? Yes No
5. What is your gender?
 Female
 Transgender
 Other _____
6. What is your current monthly income? \$_____/month
7. What type of income do you receive (check all that apply)
 General Relief
 SSI
 SSDI
 CalWorks
 Employment
 Veteran Benefits
 Other _____

8. What is your highest level of education achieved?
- Graduated from High School
 - Graduated from High School or obtained a GED
 - Received and Associates degree or attended some years of college
 - Graduated with a 4 year college degree
 - Currently in school
 - Obtained or had some years of school for higher education (masters, PhD)
 - Other_____
9. Do you have any children under the age of 18? Yes No
- 9A. **If yes**, do your children currently live with you? Yes No
10. Have you ever been homeless? Yes No
- If yes**,
- 10A. Are you currently homeless? Yes No
- 10B. Please select the one that applies the best for your situation right now:
- I have been homeless for less than 1 month
 - I have been homeless for 1-12 months
 - I have been homeless for at least 1 year
 - I have been housed in the last three years, but it was temporary. I have been homeless for at least 4 separate times within the last 3 years
 - I am no longer homeless
11. Are you permanently housed (*for example, live in a place where I will pay rent, signed a lease, will not have to leave unless I decide to leave*)? Yes No
12. If yes, what type of housing do you live in:
- Permanent Housing with no financial subsidy
 - Section 8 with no supportive services
 - Section 8 with supportive services
 - Permanent Supportive Housing
 - Board and Care
 - Other_____
13. If you are not permanently housed, where are you currently staying?
- Emergency Shelter for domestic violence?
 - Emergency Shelter for anyone experiencing homelessness?
 - Transitional Housing for domestic violence?
 - Transitional Housing for anyone experiencing homelessness?
 - Streets
 - Other_____

14. If you are housed, how long were you homeless before you obtained your current housing?

- less than 1 month
- 1-12 months
- at least 1 year
- more than 1 year

15. Please check all of the services that you current access:

- Housing (for example, cost, utilities, phone, safety, basic maintenance, support with rent)
- Domestic violence/sexual violence
- Immigration (e.g., petitioning residency, immigration services)
- Transportation (e.g. bus pass, vehicle maintenance, insurance, license, bicycle)
- Legal (e.g. court fines, child custody, divorce, probation/parole, treatment)
- Financial (e.g. income, food stamps, credit/rental history, bank accounts, budgeting)
- Education (e.g. GED, High School diploma, job training, classes, conferences)
- Employment and career (e.g. job searching, resume assistance, job training)
- Community outreach (e.g. groups, friends, organizations, faith community, tribal community)
- Parenting and children (e.g. skills, emotional needs, physical needs, childcare, counseling)
- Health and Wellbeing (e.g. emotional, counseling, medical, dental, nutrition, addiction, fitness, self-care)
- Coping skills/self sufficiency
- Counseling (e.g. seeing a professional counselor or therapist, individual or group)
- Creating a safety plan for self

16. The last time I experienced domestic violence (physical, emotional, financial and/or sexual)

- 0-6 months ago
- 6 months to 1 year
- 1 year to 2 years
- 2 years or more

17. The first time you reached out for help, (approximately) how many phone calls did you make before you connected to the right kind of help? _____

APPENDIX B: CONSENT FORM

CONSENT FOR FOCUS GROUP

The undersigned consents to participation in a one-time focus group.

The undersigned understands:

1. This is a confidential focus group, and no identifying information will be shared with anyone.
2. Participate in the focus group is not required; I can leave the focus group at any time.
3. Information from the focus group will be put together in a report to help make services better for people experiencing homelessness and domestic violence.
4. Contents of the focus groups may be audio recorded but will be deleted once they are transcribed
5. Communications to the focus group facilitators will remain confidential with the following exceptions:
 - (A) Participant gives written consent to release information,
 - (B) Participant is suicidal, homicidal, or gravely disabled, or
 - (C) There is reasonable suspicion of neglect or abuse of a child or an elderly/dependent adult.

Signature of Participant

Date

APPENDIX C: INTERVIEW QUESTIONS

Focus Group Interview Questions

Safety

- When you left an abusive environment, what did safety look like for you?
 - What helped? What made it harder?
- How was your sense of safety changed since you began receiving services?

Services

- When seeking services, what would have helped you out the most?
 - How did timing of services align with your needs?
 - How did the services you received support other priorities, i.e. children and family?
 - What helped the most?
- In a housing/shelter crisis, what kind of services and support would you need to feel safe?
- What is one thing you can identify as a needed improvement for those fleeing an abusive environment and who seek safe housing?

Housing

- How do you define safe housing? Does/did it require services?
- Please describe your current housing situation?
 - What challenges have you faced while trying to attain or keep your housing?

For Special Groups

- Did you have any specific language/cultural needs when seeking services?
 - If so, how did that go? Were the services available?