

**Abused and Unhoused: Survivors' Struggle
to Access Housing Assistance in the
District of Columbia**



TABLE OF CONTENTS

03 The Problem

03 Domestic Violence Survivors' Pathways to Safe Housing

03 Barriers to Safety for Survivors of DV Navigating Housing Instability

05 The Landscape for Housing-Insecure Survivors in the District of Columbia

06 The District of Columbia's Response to DV Survivors with Housing Needs

06 Research Study Aims

07 Method

07 Participants

08 Procedures

09 How Survivors Became Unhoused in DC

10 Overview of the Paper Series



The Problem

Domestic violence (DV) is a significant problem in the District of Columbia, and it is closely intertwined with housing instability. For example, in 2010-2012, 39% of adult women living in Washington, DC reported that at some point in their lifetime they had experienced violence inflicted by an intimate partner, with forms of abuse ranging from assault and rape to coercion and stalking.¹ DV severely compromises survivors' physical and psychological health, isolates them and ruptures their social support networks, and interferes with their ability to regularly attend school and work.² Research has documented the link between these experiences and survivors' vulnerability to homelessness and housing instability,³ and a city-wide survey has found that DV is significantly related to family homelessness in DC specifically. In 2021, for example, the DC Point in Time survey found that of the individuals experiencing homelessness, about one

in four reported a history of DV. Of those, 42% stated that DV was the direct cause of their homelessness.⁴

Survivors of DV experience a particularly acute set of destabilizing factors that contribute to housing instability and, subsequently, complicate survivors' efforts to regain a reliable place to live. This instability has profound negative effects not only for survivors, but also for the long-term wellbeing of their children.⁵ For all of these reasons, any successful attempt to assist survivors with housing must directly take their experiences of DV into account. This paper, the first in a series, introduces a large, qualitative study exploring the extent to which this imperative is met by the housing services that the Department of Human Services (DHS) in Washington DC, provides to survivors with children through the Virginia Williams Family Resource Center.

Domestic Violence Survivors' Pathways to Safe Housing

Barriers to Safety

At the onset of displacement from their homes, survivors often try to enter the traditional housing market-- a significant challenge even without the added burden of DV.⁶ Rapid gentrification and the low number of affordable housing units leave many, including survivors, without hope of leasing or owning independently. In DC, the average two-bedroom apartment rents at a rate of approximately \$2,811 per month,⁷ an amount equivalent to 116% of the pre-tax income of a person working a minimum wage,⁸ 40-hour week. This amount, of course, far exceeds the recommended percentage spending allotment for housing. In addition, at the time of this writing, waitlists for public housing vouchers have been closed for about eight years. Prior to closing, these lists boasted a 28-year wait for a one-bedroom apartment.⁹

Unable to access housing through the traditional market, survivors often turn to family and friends to avoid homelessness.¹⁰ But this option also presents significant challenges, even without the added complexity of DV. Well-resourced members of a survivor's network may assist by helping with rent, cosigning for apartments, helping with an out-of-state move, or even offering emergency financial assistance for violence-related needs. Survivors whose networks have fewer resources also have fewer buffers to stave off homelessness and continued displacement.¹¹ Not only may network members have limited financial resources, they may live in housing with policies prohibiting them from inviting others to live in their homes.

In addition to these common obstacles, survivors must contend with barriers of navigating safety and enduring the lasting consequences of abuse. Even for those survivors who have sufficient income to meet housing costs in DC, common financial repercussions of abuse make it nearly impossible to rent successfully. These can include partner-imposed harm to credit, debts resulting from legal fees related to child custody and other family law disputes, and a history of DV-related evictions. Social networks are often already exhausted by survivors' repeated requests for support. Many abusive partners stalk survivors after they move, presenting a potential threat to anyone who offers them shelter.¹² Conversely, when survivors' and abusive partners' networks are intertwined, family and friends may exacerbate a survivor's physical and emotional risk by sharing their location with an abusive partner or by blaming them for the situation.*

Survivors often choose to engage with formal housing services when their informal networks are either unable to support them or present further risks to their safety. Short-term DV housing programs are the most commonly studied formal housing response for survivors. DV housing programs, especially shelters, can provide immediate crisis housing intervention and supportive advocacy to enhance survivors' safety and well-being.¹³ Despite the fact that housing is often critically important for survivor safety, it can also be very challenging for survivors to find DV housing

that meets their needs. For example, a national survey showed that only about half of the general survivor population who reported needing housing resources actually receive this support.¹⁴

An array of barriers explain this low rate. First, capacity at housing programs is often too limited to accommodate the level of need.¹⁵ Second, shelters are often designed for crisis response; if time has passed between the violent incident that displaced the survivor and the request for shelter, available beds are likely to go to someone fleeing more immediate risk. Third, even when survivors are able to access shelters, common shelter policies may result in their eventual eviction, placing them once again into a situation of housing instability.¹⁶ For example, if the person who harmed the survivor stalks them and discovers the shelter's confidential location, shelter rules often dictate the survivor will be required to leave for safety reasons. Finally, even when survivors remain in a DV housing program for a full stay, they may still cycle back into homelessness, given the limited permissible length of housing stays. These limits range from 30 days in a typical crisis shelter, 90 days in an emergency shelter, and two years in transitional housing programs. Permanent supportive housing is incredibly rare.¹⁷ This confluence of barriers means that many survivors do not access the DV housing system and, instead, enter directly into the DC government housing system.



*We recognize that domestic violence is the result of inequitable relational power dynamics and oppressive cultural norms such as racism, classism, sexism, transphobia, etc. Therefore, we have used gender-specific language when citing specific studies that reported data based on samples of women, but use gender-neutral language when writing about the general experience of survivorship.

The District of Columbia's Response to the Housing Needs of Survivors Experiencing DV

The Landscape

The DC government fails to sufficiently fund DV-specific housing, which ensures confidential housing options with access to advocates, crisis intervention, and safety planning. The Domestic Violence Housing Continuum (DVHC)¹⁸ consists of six organizations offering 17 DV housing programs. As of July 1, 2021, the DVHC had a total of 297 units, most of which were full; only 13 units were available for survivors fleeing DV. The DVHC provides four kinds of DV specific housing:

- 1. Crisis Housing:** DC SAFE provides 10 units of crisis housing in their shelter, and houses survivors in hotels when additional capacity is needed. Survivors may stay in crisis housing for up to 30 days.
- 2. Emergency Housing:** My Sister's Place provides 15 units of emergency housing in their shelter. Survivors may stay in emergency housing for up to 90 days.
- 3. Transitional Housing:** The vast majority of DVHC housing is transitional housing, with a total of 224 shelter units offered through Calvary Women's Services, Community Family Life Services, District Alliance for Safe Housing My Sister's Place, and House of Ruth. This includes single-site housing facilities as well as vouchers for scattered site programs, and programs for individual survivors as well as families. Each program has different expectations around time, but transitional housing is traditionally a two-year program. To qualify for transitional housing, a survivor must be experiencing homelessness and require a structured program of supportive services.
- 4. Permanent Supportive Housing:** House of Ruth provides 48 units of Permanent Supportive Housing for families through four different programs. These programs are specifically for survivors who: (a) have a disabling condition, including a mental health issue such as PTSD from trauma; (b) are experiencing chronic homelessness; (c) are interested in regular case management, and (d) have children.

Even when housing units are available, survivors still may not be able to find the housing they need. For example, a survivor may need family housing, but the only space available is at a program for individuals, or, perhaps, the only available space requires a voucher the survivor lacks. Even survivors who obtain vouchers may face serious challenges; landlords may not accept vouchers, or may fear the person's experience with DV will lead to property damage or noise ordinance violations. Some programs have expressed challenges in finding units for survivors even when they have the funding to support the vouchers.¹⁹

These problems are exacerbated by the serious mismatch between the quantity of DV housing units and the number of survivors who need them. The number of adults who state that DV is the primary cause of their homelessness on a single day in DC (411),²⁰ is far greater than the total number of units for DV survivors (297). And when one considers that less than five percent (13) of those beds may be unoccupied at any particular time, the impossibility of the situation becomes clear. Unhoused survivors may enter into general housing services rather than DV-specific programs, but this means that their particular safety and other needs will remain unaddressed.²¹

The Virginia Williams Family Resource Center (VW) is the DHS' sole intake point for family crisis housing services in DC. To date, despite its critical role in survivor access to housing, we are unaware of any formal research or evaluation documenting the screening process or the receipt of housing from VW. Relevant policies mandate that VW conduct an initial DV assessment,²² and VW includes a series of questions about DV in the intake packet that all clients complete.

However, anecdotal evidence from service providers and survivors suggests that challenges exist in VW's screening process and housing placements. Specifically, staff at community organizations and advocates consistently express concerns that the VW process fails to support, and may even actively compromise, survivors' safety and well-being. This created an urgent need for the systematic collection of context-specific empirical evidence, to shed light on the nature and scope of the problem and serve as a basis for local policy and practice reforms.

The District of Columbia's Response to DV Survivors with Housing Needs

Research Study Aims

In response to this need, the Domestic Violence Action Research Collective (DVARC)—an interdisciplinary group of practitioners, lawyers, and researchers invested in community and systems change in the District of Columbia—developed a multi-stage qualitative, community-based research study. We began by conducting listening sessions with domestic violence practitioners, confirming the need for the study. We designed the study to understand:

- (a) the process that VW used to screen for applicants whose homelessness stems from domestic violence;
- (b) survivors' perspectives on the effectiveness of the VW screening process; and
- (c) the impact of the screening process on survivors' requests for housing assistance.

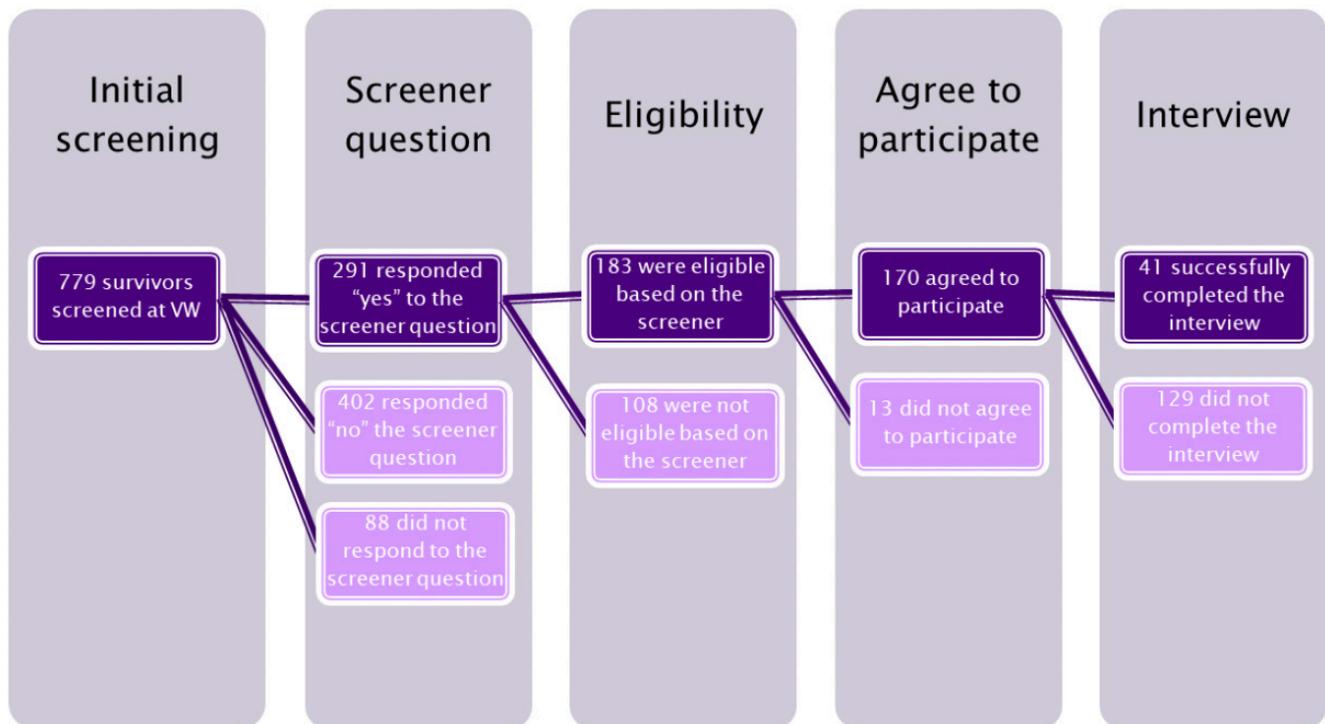


Participants

With the permission of the Department of Human Services, research team members screened 779 participants over the age of 18 who were seeking housing services from VW between May 2018 and May 2019.* The initial paper screener was administered along with other paperwork in the VW waiting room. It included a single question, designed to identify survivors of DV: "There are many reasons why people need help with housing. Are you here today because someone you were involved with or previously involved with (partner, boyfriend, girlfriend, child's parent, sexual partner, husband, wife, spouse) made it difficult for you to stay where you were living?" Twenty-three percent (183) of those screened responded positively and were determined eligible for the study.

Of those, 170 agreed to participate, and 41 participants successfully completed the interview. All participants were compensated \$50 in cash for their participation.

Thirty-nine survivors (95%) identified as Black, and two identified as Latina. All but one survivor identified as women, and all had dependent children in their household (dependents such as children or other family members were a requirement for VW service eligibility). Participants ranged in age from 18–52, with an average age of 29. At the time of the interview, six survivors (15%) reported concerns about their physical health, while 16 (38%) reported concerns about their mental health.



*There has been a time lag between data collection time and report dissemination. This lag is partially attributed to administrative and personnel delays due to the onset of the COVID-19 pandemic. As a result, we recognize that the eligibility policies and procedures at Virginia Williams may have changed.

Procedures

At the time of the study, Virginia Williams staff reported collecting only quantitative indicators such as demographic data or eligibility determinations available about their clientele based on information from HMIS. There was little to no systematic data collection on the nuanced reasons why clients came to Virginia Williams and how the eligibility determination process influenced their short-term and long-term housing needs. In order to fill this gap, we chose to utilize a qualitative, inductive research design. Qualitative methods use interviews to focus on understanding the depth of the human experience, while quantitative methods focus on generalization, enumeration, and prediction. As a result, our study describes the in-depth experiences of a small group of survivors, rather than relying on decontextualized numbers to make interpretations.

DV advocates and VW staff contributed to the conceptualization and development of this qualitative study. We completed cognitive and pilot interviews to refine and test the interview guide. All data collection procedures were consistent with ethical standards for creating empirical studies with trauma survivors, and were approved by the Human Subjects Review Board

at George Mason University, University of Maryland, Baltimore County, and Georgetown University. We analyzed interview data utilizing a six-step inductive thematic analysis process (Braun & Clarke, 2006). Members of the research team familiarized themselves with the data and used open, inductive coding procedures. These procedures included the development and refinement of a codebook with a set of codes that were later translated into themes, a pattern of experience shared by five or more people. We then reviewed, refined, and finalized those themes, and generated recommendations. Consistent with our qualitative approach, except in places where numbers were required for clarity (e.g. amount of wait time, number of participants placed in shelter), our results center on shared experience rather than precise counts. To be clear about the strength of our findings, throughout the three papers, we use terms such as many or most to connote that more than 50% of the sample endorsed this idea; we use some and several to connote that fewer than half reported this idea; and we use a “few” to demonstrate that less than a quarter of the participants shared this experience.



How Survivors Became Unhoused in DC

Survivors of color in this sample who accessed services had a range of histories and ongoing experiences with violence caused by abusive partners: Some abusive partners sexually and physically assaulted participants; some had used, or threatened to use, guns and other weapons to harm survivors; and some emotionally and psychologically degraded survivors or exercised control over their reproductive health. These forms of abuse were connected to survivors becoming and remaining unhoused in a variety of ways. Many participants fled their homes to escape or avoid physical and/or psychological harm. Others were forced to leave their homes to avoid stalking.

Abusive partners also engaged in financially abusive tactics that undermined survivor-participants' access to housing. These included running up credit card bills, freezing financial assets, or refusing to pay the rent or cover basic living expenses. These control tactics had a significant negative impact on participants' financial resources and credit histories, impeding their ability to maintain housing. Evictions because of abuse were common. A few participants also described being "put out" by their abusive partners and having no other place to go. These abusive tactics had significant physical, social, psychological, and emotional effects on survivor-participants, which compounded the difficulty of securing housing. For example, participants lost their jobs or experienced numerous medical emergencies because of the violence; these experiences, in turn, negatively affected their income and ability to pay rent.

For several participants, the end of a relationship due to domestic violence led directly to financial instability, particularly when the abusive partner was the primary wage-earner for the family unit.

Survivor-participants were forced to cope with the psychological and emotional harm created by their abusive partners while also navigating the housing system and meeting their basic needs. One of the most consistent concerns identified by survivors was the market-rate cost of housing in DC. Few, if any, survivors in this study could afford the cost of housing in the city despite being employed. Survivors specifically described how the waitlists for affordable housing units were either unattainably long (upwards

of five years) or were closed. Survivors also shared that even when apartments did become available, the applications relied on credit checks, eviction records, income process, and criminal background checks, and further imposed large fees. The lack of affordable housing units, extensive wait times, and restrictive eligibility policies prohibit survivors from accessing affordable housing in the DC rental market.

One of the most consistent concerns identified by survivors was the market-rate cost of housing in DC

As they attempted to maintain their income and take care of their families, many participants described coming to VW overwhelmed and exhausted. Some people had come to VW after failed attempts to stay with family and friends who left them feeling unsafe. For some participants, family and friend networks did not have the resources or means to provide them with housing support. And many experienced institutional barriers that made it difficult to access, or continue participation in, formal services. As a result, when survivor-participants came to VW, they felt that they had nowhere left to turn. Some stated that if they were not able to access housing, they would end up dead. Seeking services from VW was a last resort.



Overview of the Paper Series

The aim of this paper series is to improve the process that VW uses to identify, assess, and provide placements for families, including survivors of DV. Across three papers, we will illuminate the experiences of survivors of DV who sought housing from VW. These papers describe how survivors' disclosures of DV, interactions with staff, and general experiences seeking support influenced their housing access and placement.

Each paper ends with a series of critical recommendations to improve access to safe housing for survivors. In general, our recommendations fit within the concept of trauma-informed services. As defined by the District of Columbia's Department of Human Services:

Trauma-informed describes an approach that recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization's administration, culture, environment, and service delivery. A trauma-informed organization actively works to decrease re-traumatization and support resilience, healing, and well-being through a person-centered approach and honor survivors' confidentiality and choice. Additionally, trauma-informed organizations recognize ongoing and historical experiences of discrimination and oppression and are committed to changing the conditions that contribute to the existence of abuse and violence in people's lives. A trauma-informed approach provides guidance on how trauma can affect people's experience of services and choices in their life and how we can reduce re-traumatization at every level of the organization.²³

In addition, our recommendations foreground the need for housing services, generally, to adopt survivor-centered approaches to service provision—using practices, processes, and ways of being that centralize and prioritize survivors' autonomy.

Survivor-centered providers assume that survivors themselves are most knowledgeable about their own circumstances and needs, and therefore collaborate with survivors to develop effective solutions.

Given the fact that domestic violence and housing instability are often greater among communities of color,²⁴ a focus on increasing racial equality should be central to all efforts to improve outcomes for unstably housed and homeless survivors. In our recommendations such efforts broadly translate to: (1) recognition of the interpersonal (behaviors), structural (policies, procedures) and cultural (norms) that contribute to racial disparities in housing; and (2) creation of conditions where all individuals are equally likely to meet their basic needs, access justice, have their rights respected, and see their life valued by fellow citizens.

Findings from this study also support the broader structural need to invest in more affordable housing options for DC residents.

While there are numerous policies and procedures that can be implemented or improved upon to facilitate housing placement for survivors, the findings from this study also support the broader structural need to invest in more affordable housing options for DC residents. This may mean to increase the number of units available for inclusionary zoning or encourage the development of community land trusts. These structural recommendations complement and expand on the interpersonal and institutional recommendations which create a more holistic response to housing instability among survivors.

Funding Acknowledgement

We would like to thank our funders for their generous support: DC Coalition Against Domestic Violence, American Psychological Association, Division 27: Society for Community Research and Action, Georgetown University Law School, and the Center for Victim Research and Action.



Domestic Violence Action Research Collective

The Domestic Violence Action Research Collective (DVARC), is a multidisciplinary group of DC-based researchers and practitioners committed to building an empirical evidence base, generated through collaborative inquiry and shared capacity building, to strengthen services available to survivors of domestic violence in the District of Columbia. We aim to design and conduct community-based research and evaluation studies that will enhance individual and community safety, build survivors' power, and support policy and practice action efforts that improve services to survivors of violence.

Our mission is to generate and implement high-impact, survivor- and community-centered research and evaluation projects that build survivors' power, increase survivor-responsive care within systems, and enhance individual and community safety. We seek to increase access to empirical knowledge by serving as a resource hub to DC-based practitioners, survivors, and policy makers. DVARC includes lawyers, social scientists, and policy advocates from universities across the city, and the DCCADV, which lifts up the voices of DV advocates and survivors in Washington, DC.

1. Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 128. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
2. Adams, A. E., Bybee, D., Tolman, R. M., Sullivan, C. M., & Kennedy, C. (2013). Does job stability mediate the relationship between intimate partner violence and mental health among low-income women? *American Journal of Orthopsychiatry*, 83(4), 600–608. <https://doi.org/10.1111/ajop.12053>
3. Sullivan, C. M., Bomsta, H. D., & HacsKaylo, M. A. (2019). Flexible funding as a promising strategy to prevent home-lessness for survivors of intimate partner violence. *Journal of interpersonal violence*, 34(14), 3017-3033. <https://doi.org/10.1177/0886260516664318>
4. The Community Partnership for the Prevention of Homelessness (2021). 2021 *Point-in-Time Count*. <https://community-partnership.org/homelessness-in-dc/#pit-dashboard>
5. Marçal, K.E. (2021). Intimate Partner Violence Exposure and Adolescent Mental Health Outcomes: The Mediating Role of Housing Insecurity. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/08862605211043588>
6. Nnawulezi, N., & Dones, M. (2021). Housing strategies for addressing domestic violence and abuse. In J. Devaney, C. Bradbury-Jones, S. Holt, C. Øverlien, R. Macy (Eds.), *The Routledge Handbook of Domestic Violence and Abuse*. Routledge.
7. Ahmad, N. (2021, September 8). *Income Needed to Pay Rent in the Largest U.S. Cities – 2021 Edition*. SmartAsset. <https://smartasset.com/data-studies/income-needed-to-pay-rent-largest-us-cities-2021>
8. DC Department of Employment Services (2021, June 30). *D.C. Minimum Wage to Increase to \$15.20 on July 1, 2021*. <https://does.dc.gov/release/dc-minimum-wage-increase-1520-july-1-2021%C2%A0#:~>
9. DeBonis, M. (2013, April 3). *D.C. public housing waiting list to close; no new applicants after April 12*. The Washington Post. https://www.washingtonpost.com/local/dc-politics/dc-public-housing-waiting-list-to-close-no-new-applicants-after-april-12/2013/04/03/9cf7abe4-9c96-11e2-a941-a19bce7af755_story.html
10. Lang, S.M. (2015). Navigating homelessness and navigating abuse: How homeless mothers find transitional housing while managing intimate partner violence. *Journal of Community Psychology*, 43(8). <https://doi.org/10.1002/jcop.21729>
11. R Wilson, P., J Thorpe, R., Jr, Sharps, P., & Laughon, K. (2021). The relationship between housing instability and intimate partner violence: A retrospective study. *Public health nursing (Boston, Mass.)*, 38(1), 32–39. <https://doi.org/10.1111/phn.12819>
12. Tutty, L. M., Ogden, C., Giurgiu, B., & Weaver-Dunlop, G. (2013). I Built My House of Hope: Abused Women and Pathways Into Homelessness. *Violence Against Women*, 19(12), 1498–1517. <https://doi.org/10.1177/1077801213517514>
13. Klein, L. B., Chesworth, B. R., Howland-Myers, J. R., Rizo, C. F., & Macy, R. J. (2021). Housing Interventions for Intimate Partner Violence Survivors: A Systematic Review. *Trauma, Violence, & Abuse*, 22(2), 249–264. <https://doi.org/10.1177/1524838019836284>
14. Breiding, M.J., Chen J., & Black, M.C. (2014). *Intimate Partner Violence in the United States — 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_ipv_report_2013_v17_single_a.pdf
15. National Network to End Domestic Violence (2021). *15th Annual Domestic Violence Counts Report*. Washington, DC. <https://nnedv.org/wp-content/uploads/2021/05/15th-Annual-DV-Counts-Report-District-of-Columbia-Summary.pdf>
16. Stylianou, A.M. & Pich, C. (2019). Beyond domestic violence shelter: Factors associated with housing placements for survivors exiting emergency shelters. *Journal of Interpersonal Violence*, 36(17-18). <https://doi.org/10.1177/0886260519858393>
17. Nnawulezi, N., & Dones, M. (2021). Housing strategies for addressing domestic violence and abuse. In J. Devaney, C. Bradbury-Jones, S. Holt, C. Øverlien, R. Macy (Eds.), *The Routledge Handbook of Domestic Violence and Abuse*. Routledge.
18. DC Coalition Against Domestic Violence (2021). *Domestic Violence Housing Availability vs. Capacity*. Washington, DC.
19. Personal communication to the DCCADV
20. The Community Partnership for the Prevention of Homelessness (2021). 2021 *Point-in-Time Count*. <https://community-partnership.org/homelessness-in-dc/#pit-dashboard>
21. Gezinski, L.B., & Gonzalez-Pons, K.M. (2019). Unlocking the door to safety and stability: Housing barriers for survivors of intimate partner violence. *Journal of Interpersonal Violence*, 36(17-18). 8338-8357. <https://doi.org/10.1177/0886260519851792>
22. DC Department of Health and Human Services Domestic Violence Policy (2019)
23. Government of the District of Columbia Department of Human Services Family Services Administration (2021, June). *Request for Applications (RFA): JA-FSA-0733-22, Fiscal Year 2022 Family Violence Prevention Program Shelter and Non-shelter Supportive Services for Survivors of Domestic /Intimate Partner /Dating Violence and their Dependents*. https://communityaffairs.dc.gov/sites/moca/ffiles/dc/sites/moca/publication/attachments/NOF_A_FY22%20DH5%20FVPSA_6.15.21.pdf
24. Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimmerling, M. (2006). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32(2), 143-146. doi: 10.1016/j.amepre.2006.10.008