

POLICY BRIEF

Separate yet Connected: Experiences of Intimate Partner Violence and Homelessness in Los Angeles County during COVID-19

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By People's Health Solutions in partnership with Hub for Urban Initiatives

EXECUTIVE SUMMARY

The COVID-19 pandemic has led to an exacerbation of intimate partner violence and conditions that put women fleeing violence at risk of homelessness. This has created unprecedented challenges for responders and a need for solutions to promote safety for this highly vulnerable population. A rapid-response policy research study in Los Angeles County, California, uplifts survivors and service providers to identify funding, policy, and service strategies to enhance response systems and keep survivors safe.

INTRODUCTION

The fear, social isolation, economic distress resulting from COVID-19 has contributed to conditions worldwide where intimate partner violence (IPV) is more likely to occur. IPV is a major driver of homelessness: A survey of homeless women in Los Angeles County found that 53% had experienced domestic or interpersonal violence in their lifetimes (Downtown Women's Center, 2019). In the LA County setting, people of color and LGBTQ+ individuals carry a disproportionate burden of IPV, homelessness, and COVID-19 (California Department of Public Health, 2020; Los Angeles Homeless Services Authority, 2020). More than 300,000 cases and 7,000 deaths from COVID-19 have been reported in LA County (LA County Department of Public Health, 2020). With the pandemic spreading along fault lines of our most vulnerable, it is imperative to ensure responses are grounded in equity and human rights.

What is Intimate Partner Violence (IPV)?

IPV refers to any in a wide range of coercive behaviors used by one partner to establish power and control over another. It is defined as encompassing "physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)" (Breiding et al., 2015). IPV can occur whether or not two people are living together (e.g. if both people are unsheltered), something that distinguishes it from domestic violence (DV), which occurs between two people in a household and is also inclusive of child and elder abuse.

Partnering with community-based organizations and following United Nations guidelines for research with survivors during COVID-19, we addressed two primary research objectives: (1) identify policies to promote safety for people experiencing IPV and homelessness, and (2) identify solutions to create a more unified response system.

APPROACH/METHODS

We employed an exploratory research design in which key informant interviews and survivor focus groups and interviews were analyzed in parallel to generate contrasting narratives through which to identify important themes and solutions. Participants included (1) 12 key informants representing diverse IPV and homeless service providers in every service area of LA County, (2) 19 survivors who experienced IPV and housing instability before and/or during COVID-19, and (3) four survivors navigating a novel public program to help 1,000+ survivors and their families achieve safety and housing stability quickly during COVID-19. Focus group surveys were administered to assess survivor demographics, living situation, and safety and wellbeing.

Community partners (TransLatin@ Coalition, Positive Results Center, and Downtown Women's Center) and three hosts who predominantly serve black, Latino(a), and LGBTQ+ communities reviewed instruments, hosted groups and interviews, and provided feedback. Research was conducted by three female researchers trained in mental health and research ethics. Thematic content and narrative analysis were used to approach the data and involved qualitative coding in Dedoose (survivors) and development of 12 case summary memos (key informants).

RESULTS

On March 19, 2020, as Executive and Public Health Orders directed all Californians to stay at home, shelters in LA County were at a standstill: many closed their doors to new clients before reopening with limited capacity as staff sought to control the spread of COVID-19 and develop safety protocols. On April 29, the LA Mayor's Fund, Mayor's Office, and donors funded Project Safe Haven to secure additional housing for survivors and their families.

From June and July, 12 key informant interviews were conducted with leadership, directors, managers, DV Regional Coordinators, and front-line staff at IPV and homeless service providers via Zoom. July through September, three focus groups (2 Spanish, 1 English) and four semi-structured interviews (Project Safe Haven program participants) were conducted with survivors via phone in private settings following COVID-19 mitigation protocols.

A total of 23 survivors participated. Survivors identified as female (74%), transgender (17%), and transfemale (9%), and ranged in age from 24 to 66. Races/ethnicities were Latino/a or Hispanic (57%), Black or African American (30%), White/Caucasian (9%), and Other (4%). More than half had experienced homelessness on the street or in a vehicle or shelters in the past year, and nearly half had also experienced an escalation of IPV that was so bad they had to leave home or move. When asked when the last escalation occurred, 57% said before March 2020, 35% said during or after March 2020, and 9% declined to state.

Experiences accessing and navigating service systems

Project Safe Haven was described as helping to fill an existing gap in shelter and housing resources for survivors, in particular for single adults and families with older children. There was a common understanding that the IPV system of care is not a “system,” but rather a network of service points. As access became almost exclusively virtual, and with no unified hotline, survivors and key informants alike described being “bounced around” between access points at IPV and homeless service agencies. Both also described how COVID-19 shone the light on longstanding health, social, and economic inequities among specific groups of survivors. Narratives suggest that those identifying as people of color, transgender, gender-nonconforming, immigrants, and/or unsheltered faced systemic challenges to access, while at the same time bearing a disproportionate burden of violence, housing instability, and COVID-19 infection.

“Overall, the crisis has shown how quickly people can come together. We now have almost 5,000 people [housed] between Project Roomkey and Project Safe Haven together. And they’re basically overlaid with the same type of programming and services. It’s more standardized. There’s more accountability because of all the high-profile partners involved. And I think that’s a silver lining. We did that. And we could sustain it if we politically chose to do so.”
– Key informant

Maintaining safety of survivors

The strongest theme arising from survivor focus groups and interviews was mental health. Survivors described complex trauma that arose both from current experiences of IPV and housing instability and from memories triggered by shelter-in-place orders. Results suggest the need for approaches to unite ‘separate yet connected’ IPV and homeless service systems to keep survivors safe. Survivors sought trauma-informed services that provided sanctuary and healing during a time of social isolation and economic instability, when natural supports are less readily available. Nearly all participants described a hybrid of remote and face-to-face services as necessary to offer protection from COVID-19 while building the supportive relationships essential to recovery.

Service and resource gaps

Availability of shelter and affordable housing was named as the number-one resource gap by both survivors and service providers. Nevertheless, key informants said the complexity of the crisis had spurred unprecedented collaboration to quickly implement new housing resources using a DV Housing First model (Lopez-Zeron et al., 2019), testimony to what was possible. Key informants described how strict service specifications required by funders, limited flexible funding, and lack of federal economic relief dedicated to IPV and culturally-

“It made a world of difference, not having to worry about where we’re going to be every night... housing services is the thing that has helped me to keep my sanity...being able to take a breath, the sanctuary of having a supportive group of people.”
– Project Safe Haven participant

specific communities created barriers to meeting clients where they were at. Other resources named by survivors as essential during COVID-19 were economic or rent assistance, health and mental health care, legal services, transportation, food and household essentials, children's services, employment or career services, and technology. Overall, the ability to obtain these resources depended upon whether agencies had cultures of mental health and took a whole-person, trauma-informed approach.

Creative solutions for outreaching survivors and preventing homelessness

Participants said that at a time when some are not safer at home, it is especially important for whole communities to play an active role in prevention and outreach. They recommended public education campaigns and training for law enforcement, faith community, social services, and mental health aimed at changing beliefs, increasing knowledge and awareness, and learning skills to intervene. Participants described how IPV and homeless service providers are serving the same survivors and called for integrated systems of care. This might involve leveraging technology and developing a unified crisis line and new roles to support outreach and navigation.

"Shelters are not equipped to support people of trans experience, and part of that is because the shelters are gender-based...there is not a [shelter] we can refer trans women to who have been victims of domestic violence." – Key informant

"So many of the people who have connected survivors to us were lawyers, doctors, teachers, you know, concerned neighbors. [We need] more people who have a general understanding of what domestic violence, what services are out there."
- Key informant

CONCLUSION AND RECOMMENDATIONS

Overall, while COVID-19 drew global attention to the intersection of IPV and homelessness, these systemic issues existed already. Solutions offered support policy recommendations at multiple levels to keep survivors safe both in future waves and in the longer term.

Policy and socioeconomic level

- 1. Fund further implementation and effectiveness research on the DV Housing First model and Project Safe Haven intervention.** Continuation of Project Safe Haven is a means of dedicating crisis housing resources for survivors and addressing a gap in resources for single adults and families with older children.
- 2. Dedicate economic relief and prevention funding to IPV and homeless service organizations for flexible procurement of resources for survivors.** Earmarking funds for flexible use toward rent, hotel/motel rooms, and community resources may be a cost-effective means of helping survivors to stabilize their living situations.
- 3. Dedicate economic relief and foundation grants to programs serving those disproportionately impacted by COVID-19, IPV, and homelessness.** Native communities and communities of color and LGBTQ+ individuals have been disproportionately impacted. So too have immigrants and unhoused individuals experienced unique barriers to services.

System and inter-organization level

- 4. Develop policies to ensure inclusive decision-making and create equitable access to and outcomes from City- and County-funded IPV and homeless services.** Community engagement should be required of agencies as they engage in all stages of program planning, implementation, and evaluation during and after the pandemic.
- 5. Pilot and test new roles that support access and navigation.** This might include DV Housing Navigators, Housing Locators, and mobile case management and advocacy.
- 6. Plan and collaborate toward integration of IPV and homeless services.** Continue to strengthen the relationship and connectedness among IPV and homeless service providers through regular communication and networking.

Organization level

- 7. Support organizational cultures of mental health.** It's important to remember that trauma-informed care is not simply a skill to be taught, but rather a product of organizational contexts that foster healing for staff and clients alike.
- 8. Seek to achieve a hybrid of remote and virtual services.** While survivors relied on phones, some in-face meetings are vital to relationship-building. Responders will need to provide technology to survivors to achieve a more equitable response.

Individual and interpersonal level

- 9. Skills training for IPV and homeless service agency staff.** Agencies should encourage cross-training on IPV (for homeless services) and homelessness (for IPV services) to increase knowledge and awareness of these issues and develop and skills to respond.
- 10. Community education on IPV and homelessness.** Public education campaigns and trainings are needed to equip the general public and diverse sectors such as mental health care, law enforcement, social services, and faith community to respond collectively.

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To read the full report: www.peopleshealthsolutions.com/covid-19
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