



Domestic Violence Action Research Collective Housing Study

A Research-to Practice Fellowship Project

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Center for Victim Research

The [Center for Victim Research](#) (CVR) is a one-stop resource center for victim service providers and researchers to connect and share knowledge. Its goals are to increase 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR's vision is to foster a community of victim service providers and researchers who routinely collaborate to improve practice through effective use of research and data.

Accordingly, CVR engages in a number of training and technical assistance activities to support victim research-and-practice collaborations. Specifically, CVR:

- Hosts a library of open-access and subscription-based victim research;
- Provides light-touch research-focused technical assistance to victim service providers;
- Translates research findings for the field in fact sheets, reports, and webinars; and
- Highlights useful research-and-practice tools and training resources for the field.

CVR also supports two types of [researcher-practitioner collaborations](#): interagency VOCA-SAC partnerships and local-level Research-and-Practice (R/P) Fellowships. In 2018, CVR's R/P Fellowship program supported nine teams of researchers and practitioners engaging in a variety of victim-focused research projects. Fellows were engaged in emerging, ongoing, or advanced research-and-practice partnerships. This report describes activities by one of CVR's 2018 R/P Fellowship teams.

R2P Fellows: Organizational Descriptions

Liz Odongo, Programs Director, joined the DC Coalition Against Domestic Violence in 2009 and has conducted national and international training to address violence against women. She has developed curricula for the U.S. Military, State Department, and various government agencies, including law enforcement and local organizations, and has testified for the Senate Foreign Relations Committee on Sexual Assault in the Peace Corps. Ms. Odongo directs the agency's programmatic efforts and coordinates city-wide taskforces. Liz obtained her Master's Degree in International Training and Education from American University, served as a Peace Corps Volunteer in Guyana, and was a high school exchange student in Venezuela.

Practitioner Mission. The mission of the DCCADV is to build a community where domestic violence is replaced with human dignity. **Practitioner History and Work.** Since 1986, DCCADV has advocated for survivor-responsive care at the city policy level and in multiple community and governmental systems. The Coalition provides ongoing training and technical assistance to 15 anti-domestic violence member programs and multiple community stakeholders (police, child/family services, criminal and civil legal systems); implements awareness campaigns; and leads city-wide intervention and

prevention efforts.

Dr. Nkiru Nnawulezi is an Assistant Professor in Community Psychology at the University of Maryland, Baltimore County (UMBC). She earned a Ph.D. in Ecological-Community Psychology from Michigan State University and has additional graduate certifications in college teaching, community engagement, and quantitative research methods.

Researcher Mission. Her primary research goal is to improve the social and material conditions for survivors of gender-based violence who occupy multiply marginalized social identities. Using ecological and intersectional theories, she explores survivors' formal and informal help-seeking behaviors and examines how communities and formal systems respond to survivors' needs. Dr. Nnawulezi aims to create interventions to improve these within-system responses to survivors as well as develop and test viable alternative community-based responses. **Researcher Work.** To date, she has primarily employed participatory, community-based, qualitative and qualitatively-driven mixed method studies with domestic violence organizations to create and sustain the individual, interpersonal, and institutional conditions that will increase survivors' empowerment and well-being. She has published in numerous scholarly journals including *Psychology of Violence*, *Journal of Family Violence*, and *Journal of Interpersonal Violence*. Her research has been funded by the National Institute of Mental Health, State of Michigan, and the Society for Community Action and Research. She currently serves as a Research and Evaluation Advisor to the National Resource Center on Domestic Violence, DC Coalition Against Domestic Violence, and Ujima: The National Center on Violence Against Women in the Black Community.

Description of the Problem

Approximately 39% of adult women living in Washington, DC reported physical assault, sexual assault, or stalking by an intimate partner at some point in their lifetime (Smith et al., 2017). Domestic violence severely compromises physical and psychological health, isolates women, ruptures their social support networks, interferes with their ability to regularly attend school or work, and increases job instability (Adams et al., 2013; Sullivan, Bombsta, & Hacszylo, 2016). The compromised health and loss of material resources due to domestic violence increases survivors' vulnerability to homelessness and housing insecurity (Goodman, Smyth, Borges, & Singer, 2009). Indeed, city-wide surveys suggested that domestic violence was the leading cause of family homelessness in the District. One in five of the 1,591 homeless families in the city had experienced domestic violence in the past year (Metropolitan Washington Council of Governments, 2017). This percentage was higher than those reporting severe mental illness, chronic substance abuse, disability, and chronic health problems combined.

Given the well-established link between housing and domestic violence, assessment of domestic violence must be included within urban housing systems addressing homelessness. However, anecdotal evidence from domestic violence practitioners

suggested that when survivors entered into Virginia Williams Family Resource Center—the only governmental housing entry point for families who were experiencing homelessness or housing instability in Washington, DC—they encountered numerous problems that compromised, rather than supported, their safety and well-being. It is unclear whether practitioners at Virginia Williams were appropriately screening for domestic violence during the initial housing intakes, and whether domestic violence trauma history was being considered when making housing placement decisions. Domestic violence practitioners also stated that when survivors were sent to programs focused on housing but not domestic violence services, they did not receive appropriate case management. While the anecdotal evidence was compelling and distressing, there was an urgent need for systematically collected empirical evidence to guide policy and action.

Addressing the Problem

In an attempt to respond to these needs, a group of researchers and practitioners—including Ms. Odongo and Dr. Nnawulezi—came together to design and implement a community-based, participatory research study led by the Domestic Violence Action Research Collective (DVARC). This DC-based collective brings together victimization researchers, advocates, and practitioners to generate an evidence base that increases survivor-responsive care with multiple systems across the city. We aim to design and conduct community-based research and evaluation studies that will: (a) enhance individual and community safety, (b) build survivors' power, and (c) support policy and practice action efforts that improve services to survivors of violence. DVARC also aims to increase access to empirical knowledge by serving as a resource hub for DC-based practitioners, survivors, and policy makers. Members of the collective include lawyers, social scientists, policy advocates, and DV practitioners. Each member has unique experience interacting with multiple systems in DC, and brings important institutional memory about these systems and content expertise.

DVARC spent the duration of the funding period designing and implementing the first phase of a multi-phase exploratory-sequential (qualitative-quantitative) mixed method, community-based research study. The aim of this study was to: (a) identify the specific assessment questions that Virginia Williams (VW) staff used to assess whether violence was the primary cause of current homelessness; (b) understand survivors' perceptions of the screening process; and (c) determine how the screening process influenced survivors' future decision making. The findings from this study will support the DCCADV in building an evidence base from which to make recommendations to the DC City Council about funding and resource allocation, and advocate for institutional change.

DVARC completed five major tasks during our Fellowship. First, we developed subcommittees to establish meaningful roles for each group member. While the larger DVARC group discussed major research decisions together, the subcommittees were

responsible for implementing designated project activities. Next, we discussed recruitment strategies for survivors who were homeless and/or housing insecure. We leveraged expertise from group members and consulted additional local community stakeholders in the domestic violence field to determine the best methods to reach survivors. Staff at the DC governmental housing organization, Virginia Williams, also provided insight and expertise on how to best navigate their system. Third, we recruited and trained members of the DVARC group as well as undergraduate research assistants to recruit and interview survivors who had accessed Virginia Williams. Fourth, we engaged in an iterative form of data collection and preliminary qualitative data analysis. Last, we developed a data collection and analysis plan for the quantitative phase of the study, based on the results of the qualitative phase. In future months, we will develop a dissemination and action plan for the qualitative data and apply the results to DCCADV's advocacy, training, and technical assistance efforts.

Data Sources

In this study, we were interested in recruiting survivors who were over the age of 18 and seeking services from Virginia Williams. Recruiters approached 779 clients during the recruitment period (May 2018 – May 2019). Everyone who enters into Virginia Williams is required to fill out initial intake paperwork. Recruiters attached a one-question screener to this paperwork. Clients were asked to respond either affirmatively or negatively to the following screening question: "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?" Of those approached by recruiters, 291 (38%) responded affirmatively to the screening question and 101 agreed to participate in this study. The final sample consisted of 44 survivors who were primarily Black, heterosexual ciswomen. They were mothers and between the ages of 24 - 52. Their employment also ranged from working full-time and/or multiple jobs to being unemployed. Some survivors received food and medical assistance from the government.

If a survivor screened positively, they were invited to participate in a one-time, in-person, confidential individual interview. Interviews occurred off-site at various locations in the community, including, but not limited to, public libraries and coffee shops. Every survivor received \$30 in cash for their participation. All interviews were audio-recorded and transcribed. The trustworthiness of the data will be established using survivor member check sessions. Data analysis will occur with DVARC members, survivors, and other community stakeholders using the Expectations to Change Process (E2C; Adams, Nnawulezi, Vandenberg, 2015). The E2C process is a six-step, interactive, workshop-based process that is designed for community members to collaboratively engage in data analysis and interpretation as well as establish data-driven recommendations and create a plan for action. The steps include: setting

expectations (hypotheses), reviewing findings, identifying key findings, interpreting key findings, making recommendations, and creating a plan for change. All data collection procedures were responsive to the necessary ethical standards required when creating empirical studies with trauma survivors and approved by institutional review boards at the following universities: University of Maryland, Baltimore County, George Mason University, and Georgetown University.

Results

We have only begun our analysis process and the information presented below is preliminary and may not be representative of the entire sample.

Preliminary descriptive results suggest that survivors had diverse housing situations when they entered into Virginia Williams. Many survivors were in immediate housing crisis. They were sleeping in their cars, in public areas, or about to be evicted from their homes. Some survivors relied on family members or friends for housing support, but were then asked to leave within a short period of time (one or two days). Some were actively fleeing a physically abusive incident.

While there was a diversity of experiences related to how survivors entered into Virginia Williams, all reported one or more incidents of violence that exacerbated their unstable housing situation. Survivors varied on how they appraised the violence they experienced which influenced whether they chose to share it with the VW staff person during an intake. Those who identified and labeled their experience as domestic violence described either choosing, or not choosing to identify, as someone who experienced violence based whether they perceived that VW staff would be helpful. Others chose not to disclose because they did not believe the experience was relevant to their housing circumstance.

Many survivors understood the dynamics of the housing system. Survivors described having some history of chronic homelessness or intergenerational homelessness. Some had been to Virginia Williams before either as adults or as children with their caretakers. Some had experiences with case workers at other non-profit organizations that supported them with finding housing options. Often, these case workers recommended that they seek out housing support from VW. Other ways that survivors found out about VW were through friends, family, and previous clients who received VW services.

Despite coming to VW in immediate crisis, many survivors were not provided housing services nor actual housing during that visit. Many left VW in the same housing crisis they were in when they entered. VW case managers often requested that survivors come back for another appointment to further determine whether the system would approve their case and offer housing support. Survivors had to bring additional paperwork or other documents to establish proof of residency, family size, homelessness, etc. Survivors' visits ranged from one additional visit to three additional visits prior to being given a decision about approval for services. The few survivors who were approved on their first visit were given additional referrals for housing or placed in a program. Some

survivors had positive experiences with case workers stating that they were fast, supportive, and fully listened to survivors' experiences, irrespective of their specific housing outcome. Other survivors were dissatisfied because they wanted immediate options to secure safe housing.

Implications for Policy and Practice

Given the exploratory nature of the data and ongoing data collection, implications of the study are tentative. However, the DV housing system wants additional support in creating more inclusive processes and practices for survivors who experience homelessness. The hope is that in improving this process, they can create more opportunities for survivors to access safe and affordable housing. The specifics of these shifts will arise post data collection. The DCCADV has convened an advisory group with survivors from the study. Twenty-six survivors expressed interest in participating in the group and 10 showed up at the first meeting. This group will review the preliminary data to establish trustworthiness of the qualitative data, engage in the E2C process, and provide insights to DVARC on how to best implement the findings to produce meaningful change.

Sustaining the Partnership

DVARC is an ongoing collaboration and will continue to meet monthly. After analysis of data collected from this study, the collaboration will work with our Survivor Advisory Board to identify next steps and opportunities for future research.