

# Toward Safety

## Understanding Intimate Partner Violence and Homelessness

Findings from the California Statewide Study  
of People Experiencing Homelessness



January 2024

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Benioff Homelessness  
and Housing Initiative

**UCSF**

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**Suggested citation:** Hargrave, A., Moore, T., Adhiningrat, S., Perry, E., Kushel, M. (2024). Toward Safety: Understanding Intimate Partner Violence and Homelessness in the California Statewide Study of People Experiencing Homelessness.

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# Executive Summary

INTIMATE PARTNER VIOLENCE (IPV), defined as violence or abuse by a current or former intimate partner, increases the risk of homelessness for survivors, particularly those with limited financial resources. To better understand the experiences of survivors of IPV who are currently experiencing homelessness, the UCSF Benioff Homelessness and Housing Initiative analyzed data related to IPV in the California Statewide Study of People Experiencing Homelessness (CASPEH)—the largest representative study of homelessness since the mid-1990s. The mixed-methods study includes data about participants' experiences of violence across the lifecourse, in the six months prior to homelessness, and during their current episode of homelessness. We present these findings to advance evidence-based solutions for preventing and responding to homelessness among survivors of IPV. *Key findings from this report include:*

## INTIMATE PARTNER VIOLENCE IS A PRECURSOR TO HOMELESSNESS

Experiencing intimate partner violence places a person at risk of homelessness by disrupting agency, social and economic support, and creating an imminent need to flee housing in search of safety.

■ **Intimate partner violence prior to homelessness is common.** In the six months prior to homelessness, 8% of participants had experienced IPV; 17% of all cisgender women did. Participants described experiencing multiple forms of IPV during this period (including physical, sexual, financial, and emotional violence). Nearly all who reported IPV in this period (94%) experienced physical violence.

■ **Participants impacted by IPV were extremely low income.** Among participants who reported IPV in the six months prior to homelessness, the median monthly household income in that same period was \$1000.

■ **Survivors reported violence or abuse in the household as a reason for leaving their last housing.** Among survivors who experienced IPV in the period prior to homelessness, 40% indicated violence was a reason for leaving their last housing; 20% noted it was their primary reason for leaving.

■ **The need to ensure safety superseded usual protections against homelessness.** Participants reported leaving their homes as a survival strategy, even when they had rental subsidies. Of participants who reported IPV in the period prior to homelessness, one in five leaseholders held a rental subsidy in their last housing, which they left behind to flee IPV.

■ **Survivors faced barriers to seeking help to prevent homelessness.** Barriers included not knowing about specialized domestic violence resources, child care responsibilities, fears that their intimate partner would find out, and pandemic-related constraints (such as increased time at home or closures of physical service locations). Male survivors, LGBTQI+ survivors, and survivors of color discussed barriers, including discrimination and stigma.

■ **Participants believed that modest financial support could have averted their homelessness.** Among participants who reported IPV in the six months prior to homelessness, 73% believed that a shallow monthly subsidy would have staved off homelessness for at least two years; 83% believed a lump-sum payment would have done so. Almost all (92%) believed a housing voucher that limited their household's contribution to rent would have kept them housed for at least two years.

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## EXPERIENCES DURING HOMELESSNESS

Without access to DV services or shelters, IPV can continue or worsen during homelessness. With limited access to DV shelters, many survivors experiencing violence continue to experience IPV while homeless.

■ **Many participants who experienced IPV in the six months prior to homelessness, experienced IPV during homelessness.** Of all participants, 8% reported IPV during the current episode of homelessness; 15% of cisgender women did. Among those who reported IPV in the six months before homelessness, 42% reported IPV during the current episode.

■ **Homelessness leaves survivors vulnerable to additional violence.** Participants described how, to protect themselves from future abuse, they needed to change locations frequently and be vigilant of their surroundings.

■ **Survivors spent most of their time during homelessness unsheltered; this increased their vulnerability to future violence.** Of participants who reported IPV prior to homelessness and indicated violence was a reason they lost their housing,

60% spent most of their nights unsheltered; 81% of those who experienced IPV during the current episode spent most of their nights unsheltered.

■ **Few survivors accessed DV shelters during homelessness; those who stayed in shelters used the mainstream homeless shelter system more than DV shelters.** Among participants who reported IPV prior to homelessness and indicated violence as a reason for losing their housing, 5% spent most of their nights in a DV shelter; 15% spent at least one night in a DV shelter. Those who reported IPV during the current episode of homelessness were less likely to report having stayed in DV shelters: 2% spent most nights in a DV shelter; 5% spent at least one night in a DV shelter.

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## BARRIERS TO EXITING HOMELESSNESS

Survivors faced many obstacles to regaining housing.

■ **High housing costs impede survivors' efforts to return to housing.** Nearly all survivors (95%) indicated that high housing costs were a barrier to returning to permanent housing.

■ **Survivors discussed other barriers, including lack of support finding housing, lack of housing-relevant documents, having poor credit and eviction history.**

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## POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations in four domains:

- **Increase access to affordable, permanent housing options for survivors**
- **Promote policies and programs that center violence and homelessness prevention**
- **Increase support for survivors currently experiencing homelessness**
- **Promote equity in responses to intimate partner violence**

# Introduction

**The federal definition of homelessness includes those fleeing or attempting to flee domestic violence.<sup>1,2</sup>**

In 2023, 653,100 people in the United States and 181,399 in California experienced homelessness on a single night.<sup>3</sup> Domestic violence, frequently referred to as intimate partner violence (IPV), (i.e., physical, sexual, emotional, or financial violence or abuse by a current or former intimate partner), is a common precipitant of homelessness, particularly among women (and their minor children).<sup>4</sup> Intimate partner violence is common; 47% of women and 44% of men report experiencing sexual violence, physical violence, or stalking by an intimate partner at some point in their lifetime.<sup>5</sup> Women experience more severe IPV and higher rates of sexual assault and stalking compared to men.<sup>6</sup> Among homeless populations, survivors of IPV are overrepresented due to the immediate and long-term effects of IPV. Although IPV can push many survivors into homelessness, not all IPV leads to homelessness. Homelessness due to IPV primarily affects low-income survivors, many of whom would not have become homeless in the absence of IPV.

## A NOTE ON TERMINOLOGY

**Intimate partner violence (IPV)** encompasses violence, abuse, or aggression committed by a former or current intimate partner such as a spouse or dating partner. Although IPV and domestic violence (DV) are used interchangeably, we use IPV because DV can imply that the violence occurs within a household and can include perpetrators who are not intimate partners. In contrast, IPV can occur between intimate partners who may or may not be living together.

## Intimate partner violence is rooted in controlling or coercive behaviors that aim to maintain power over an intimate partner.

Intimate partner violence can lead to homelessness directly, as escalating or persistent violence can force survivors from their housing. Perpetrators may restrict financial independence, forbid employment and education, and limit access to money.<sup>7</sup> The physical and psychological trauma of IPV can contribute to job instability and decreased educational attainment.<sup>8</sup> Perpetrators can enforce social isolation, limiting survivors' ability to gain support from their social networks and evade homelessness. In these ways, IPV can increase survivors' long-term risk of homelessness. After leaving an abusive partner, survivors face risks including stalking and retaliatory violence, which increase survivors' need for access to a safe, supportive and confidential space.<sup>9</sup>

For those experiencing IPV or seeking to flee violence, a formal support system offers an array of resources including emergency DV shelters, rape crisis centers, transitional housing, legal services, and 24-hour crisis hotlines.<sup>10</sup> Domestic violence shelters and IPV-related services are supported by the Victims of Crimes Act (VOCA) Fund, the Violence Against Women Act (VAWA) programs and The Family Violence Prevention and Services Act (FVPSA).<sup>11</sup> However, there is a mismatch between the need and the level of resources. Given resource constraints, many DV shelters cannot provide shelter to everyone who needs it. As a result, some individuals fleeing IPV do not receive shelter in the DV system. Many become homeless, seeking shelter in homeless shelters or living in unsheltered settings, without the protection of DV shelters.

The risk of homelessness due to IPV is not distributed equally across populations. Economic precarity increases risk for both experiencing homelessness and IPV. High housing costs and low wages increase the risk of homelessness for those experiencing IPV. Financial strain can increase distress in intimate relationships. While IPV affects people of all ethnic groups across the income spectrum, women of color impacted by IPV are more likely to be rent-burdened, have extremely low incomes, and face a host of housing barriers rooted in legacies of racism and contemporary discrimination, thus increasing their risk of homelessness.

## ABOUT THE STUDY

The California Statewide Study of People Experiencing Homelessness (CASPEH) is the largest representative study of homelessness in the United States since the 1990s. The UCSF Benioff Homelessness and Housing Initiative collected data for the mixed methods study between October 2021 and November 2022. Study staff administered 3,200 questionnaires and conducted 365 in-depth interviews with adults experiencing homelessness throughout California and released the main report in June 2023. The study aims to understand who experiences homelessness, their pathways to homelessness, their experiences during homelessness, and their barriers to regaining permanent housing. The study included administered questionnaires and seven interrelated in-depth interview (qualitative) substudies. For more information about study methods, population, questionnaire domains, qualitative sub-study topics, and eligibility criteria please see CASPEH's report [Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness](#).<sup>12</sup>

Experiencing intimate partner violence places a person at risk of homelessness by disrupting agency, social and economic support, and creating an imminent need to flee housing in search of safety.

## METHODS OVERVIEW—CASPEH REPORT ON IPV

### CASPEH

To obtain a sample representative of adults 18 years and older who were experiencing homelessness, we used a combination of venue-based sampling (purposive sampling from places that people experiencing homelessness might be, in proportion to the likelihood of the individual being there) and respondent-driven sampling (methods that rely on social networks to identify those who might be underrepresented in venue-based sampling). We include two caveats. First, young adults (age 18-24) who experience homelessness are an important but distinct group. To enhance our ability to find young adults (who may not be present at venues), we relied on enhanced respondent-driven sampling. Secondly, due to security requirements at DV shelters, we used respondent-driven sampling (rather than venue-based sampling) to find those staying in DV shelters. Therefore, we do not make claims about the relative representation of these populations in our study.

### IPV Report

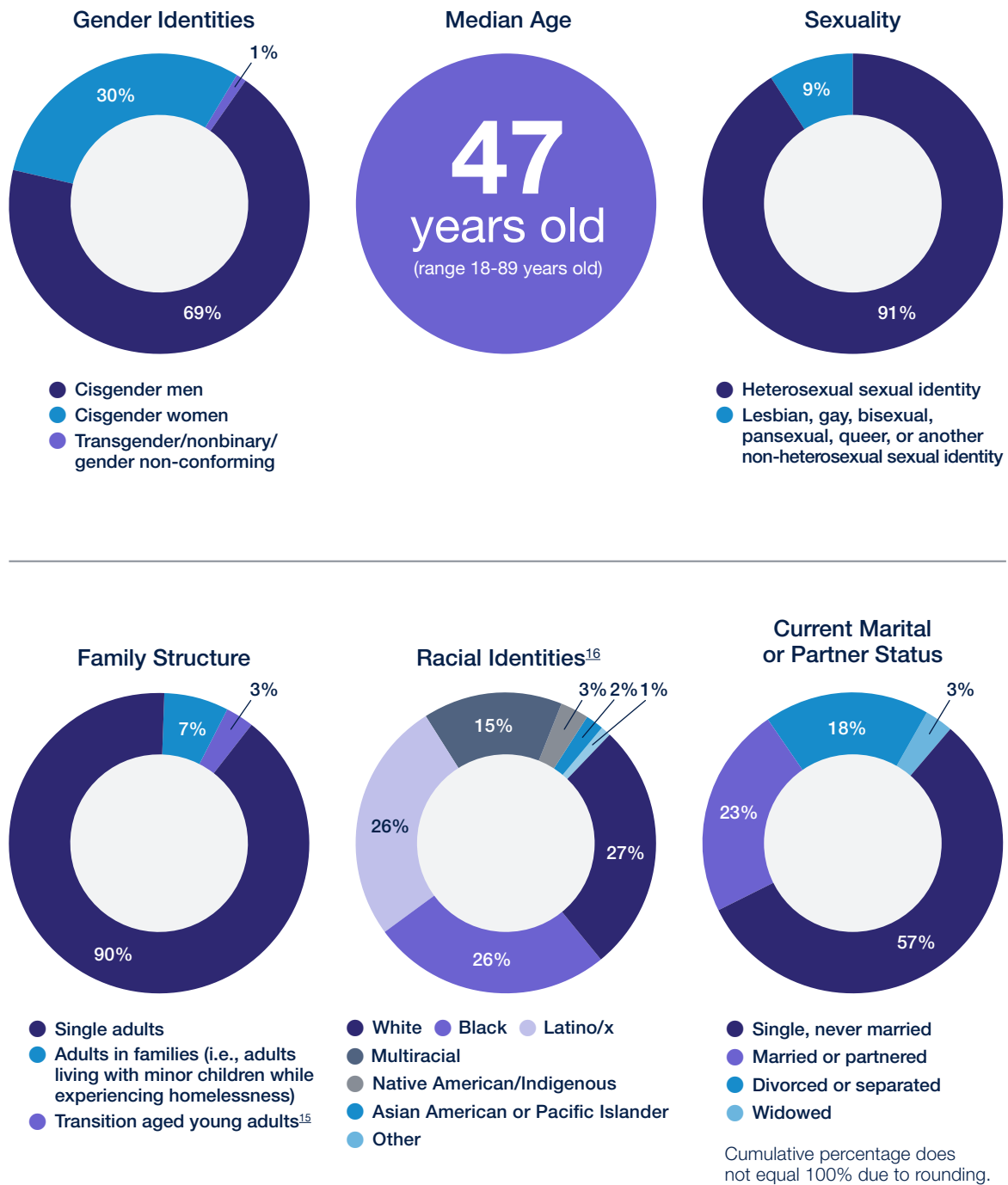
To explore the relationship between IPV and homelessness, we included questions about participants' experiences of IPV and other forms of violence. Questions included the type of violence (physical, sexual) and victimization (emotional abuse, financial abuse) for multiple time periods (childhood, adulthood, in the six months prior to this episode of homelessness, and during this episode of homelessness). When participants reported violence, we asked them to specify whether the perpetrator was a family member, an intimate partner, an acquaintance<sup>13</sup>, or a stranger. To understand the experience of violence, we recruited participants who reported IPV for one of the qualitative sub-studies, which focused on IPV. We focused that interview on participants' lifelong experience of IPV, whether and how IPV led to their homelessness, their experience of IPV while homeless, and the ways in which IPV influenced

their ability to exit homelessness. However, many participants recruited for one of the six other qualitative sub-studies discussed their experiences with IPV without prompting. In this report, we include data from both the questionnaire and the qualitative interviews related to IPV, whether it occurred in the IPV-specific interview or other interviews.<sup>14</sup> We focus on IPV, rather than other forms of violence.

**Because we couldn't do venue-based sampling from DV shelters, we may have underestimated the proportion of those who experience IPV who stay in DV shelters. But, our findings suggest that many who flee housing due to IPV experience homelessness in unsheltered settings or mainstream shelter systems.**

## WHO EXPERIENCES ADULT HOMELESSNESS IN CALIFORNIA?

The majority of CASPEH participants were cisgender men (69%); 30% identified as cisgender women and 1% as nonbinary, transgender, or gender non-conforming (Figure 1). Most participants (91%) identified as heterosexual. Most participants self-identified as Black (26%), Latino/x (26%), or white (27%). Seven percent of the study population was categorized as an adult in a homeless family, meaning that they were an adult (of any age) living with a minor child. However, this underestimates the proportion who had minor children. Among those not currently living with children (either as a single homeless adult (90%) or transition age young adult (3%)), 25% had minor children who were not living with them.

**FIGURE 1** Demographics of CASPEH Survey Participants (3,200 participants)

# Intimate Partner Violence as a Precursor to Homelessness

Intimate partner violence can precipitate homelessness. In this section, we present findings on experiences of IPV prior to homelessness and reasons for housing loss. We asked participants to report whether they had experienced any IPV in the six months prior to homelessness. Separately, we asked them why they left their last housing; we asked about a variety of reasons, including violence.

Among all CASPEH participants, 8% experienced IPV in the six months prior to homelessness (3% cisgender men and 17% cisgender women). Our limited data on transgender, gender non-conforming, and non-binary people indicated that they may experience IPV prior to homelessness more frequently than cisgender peers.<sup>17</sup> Participants described that they experienced multiple forms of IPV (physical, sexual, or financial coercion). For many, these occurred during the same time period. Of the participants who experienced IPV prior to homelessness, 94% experienced physical violence, 26% experienced sexual violence, and 46% experienced financial coercion or abuse.

Intimate partner violence increased participants' risk of losing their housing. In many cases, participants fled for their safety. Although IPV impacts people from all economic strata—not all people who flee IPV become homeless. Many CASPEH participants experienced homelessness due to the combined effects of IPV and limited economic resources.

Among all CASPEH participants, 13% noted that one of the reasons they left their last housing was abuse or violence within the home.<sup>18</sup> Cisgender women (20%) reported this more frequently than cisgender men (9%). Five-percent indicated violence was the primary reason for leaving. Among those who experienced IPV in the six months prior to homelessness, 40% indicated violence was a reason for leaving their last housing; 20% noted it was the primary reason for leaving.

Among those who reported experiencing IPV in the six months prior to homelessness, 13% entered homelessness directly from an institutional setting, 50% entered from a non-leaseholding arrangement (informal housing arrangements without the legal protections of a lease agreement), and 38% entered homelessness from a leaseholding situation (a formal housing arrangement in which they were named on a lease, mortgage, or other written agreement). The median monthly household income of those experiencing IPV in the months prior to homelessness was \$1000, highlighting the extreme poverty of people who enter homelessness following IPV.

There were several indications that IPV created risks for individuals who had protections against homelessness. One in five (20%) who reported IPV prior to homelessness and left a leaseholder household fled housing for which they had a rental subsidy. Rental subsidies protect against homelessness, but couldn't protect survivors. While non-leaseholders and leaseholders reported different reasons for leaving their housing, the only reason that held a similar frequency between leaseholders and non-leaseholders was violence. For those who experienced IPV in the six months before homelessness, similar numbers of leaseholders (20%) and non-leaseholders (21%) reported that violence at home was the primary reason they left their last housing. A participant explained to us, "I'm here now [homeless] because I just left the house. I just needed to leave because it was more physical and more violent." (45-year-old woman) Participants described difficulty using the legal system to advocate to stay in their housing, in part because violence and intimidation from their partner prevented them from accessing legal services. Participants reported being forced to leave their homes as a strategy to survive violence and escalating abuse.

## SEEKING SAFETY AND SUPPORT

To maintain personal safety and seek support, CASPEH participants impacted by IPV used numerous strategies. Among participants who

experienced IPV prior to homelessness, 52% sought help from any source to prevent homelessness; 46% received help. Of participants who experienced IPV in the six months prior to homelessness, 12% sought help from a DV organization to prevent homelessness; 10% received help from DV organizations. They noted difficulty accessing assistance to prevent homelessness from all sources.

Participants reported numerous reasons they didn't receive help from DV organizations. In in-depth interviews, some participants reported not knowing where or how to access them, others mentioned they didn't have access to phones, lived too far away, or that the DV organization didn't have the capacity to help them. Other barriers participants mentioned included having child-care duties (which limited survivors' ability to seek DV services in-person), fearing their partner would know, and pandemic-related constraints (e.g., increased time spent at home due to loss of onsite employment, organization closure).

**“ They didn't put me in any [DV] shelter. At that time, COVID had just started, so there were no programs. ”**

**38-YEAR-OLD WOMAN**

Participants explained that their lack of resources—financial and otherwise—posed barriers to their leaving abusive households. Some participants stayed in abusive situations to maintain housing stability for themselves and their children.

Participants were optimistic that relatively small amounts of resources could have helped them. We asked participants to recall the period prior to homelessness and consider if each of three hypothetical financial interventions (a \$300-\$500 monthly subsidy; a one-time \$5,000-\$10,000 lump sum payment; or a housing voucher, similar to a Housing Choice Voucher, which limits their personal contribution to rent to 30% of their income) would have prevented their homelessness for at least two years. Among participants who reported IPV in the six months prior to homelessness, 73% believed that a shallow monthly subsidy would have staved off homelessness for at least two years; 83% believed a lump-sum payment would have done so. Almost

all (92%) believed a housing voucher that limited their household's contribution to rent would have kept them housed for at least two years.

In in-depth interviews, participants discussed how money they could use for any purpose (e.g., rent, food, mobile phone service, transportation, childcare) would have helped to avoid homelessness. Given that it often takes multiple attempts to leave a partner before the relationship is ended permanently, participants emphasized that support should not be rescinded if they returned to their intimate partner.

### **Discrimination, Racism, and Stigma**

CASPEH participants discussed their concerns that discriminatory practices based on their race, ethnicity, gender and sexual orientation impaired their ability to seek safety. Among those impacted by IPV, some participants of color believed that white survivors of IPV received preferential treatment. Several participants reported lack of access to needed shelter and services due to their racialization as Black women. Black participants expressed hesitancy to involve law enforcement. A participant stated, “I think twice before calling the police. You want to call but, yet, you don't want to end up dead. It's sad to say. But it's true.” (39-year-old Black woman)

Male participants and LGBTQI+ individuals reported social stigma against reporting or seeking services for experiencing violence from an intimate partner. These barriers to discussing IPV impeded their ability to obtain needed services. Participants highlighted the need for increased DV services and access to DV shelters that understand the IPV experiences of men and LGBTQI+ individuals.

**“ In my opinion, probably 90% of the people that are in abusive relationships would get out if they had an out to go to, if they weren't going to lose their kids, their home, their financial ability to function day to day... ”**

**43-YEAR-OLD WOMAN**

### Interpersonal Strategies

Of participants who experienced IPV prior to homelessness, 41% sought help from friends and family; 28% received help from friends and family. Social and familial connections played integral roles in helping those impacted by IPV maintain safety and a degree of stability but were not able to prevent or end their homelessness. Participants described using self-initiated safety plans to ensure safe exits from violence and abuse. They discussed needing time to plan their exit in advance and to accumulate resources such as money, phones, and other essentials without the knowledge of their intimate partner. A participant implored us to: “Tell people to keep safe kits. Because it saves your life...like money or an extra phone.” (45-year-old woman)

### The Role of Healthcare Systems

Healthcare systems can play a crucial role for patients impacted by IPV by providing information about IPV services, connection to housing resources, and other resources. Of those impacted by IPV in the six months before homelessness, 87% reported health insurance coverage, and 61% reported a regular source of healthcare other than the emergency department. However, participants discussed a misalignment between their needs and what resources healthcare systems could offer.

Participants recounted administrative requirements and processes that increased risks to their safety. Survivors worried about healthcare providers reporting IPV to law enforcement agencies without their consent or knowledge. Several reported avoiding healthcare settings or giving healthcare providers a false excuse for injuries related to IPV as a means of avoiding involvement of the police or court system.

“There wasn’t really any assistance at the time that I went to [the doctor] and told them about what was going on...If there was more proactive assistance when you’re facing domestic violence, things have a better outcome.”

37-YEAR-OLD WOMAN

### Enforcement Entities

Enforcement institutions, such as law enforcement agencies and Child Protective Services (CPS), play a complex role in IPV situations. Some participants discussed how involving law enforcement heightened threats to their safety. They worried that involving police could result in incarceration, eviction, worsened violence, or fatal injury from their partner. A participant told us, “That man would physically hurt you. I knew what he was capable of doing. And [calling the police] wouldn’t have ended well. So, I never contacted the police. Ever.” (43-year-old woman)

Among participants who experienced IPV prior to homelessness, 60% had minor children. Twenty-seven percent reported having ever lost custody of a child to CPS, and 17% reported they currently did not have custody of a minor child due to their child being removed by CPS. Many participants wanted their children to be safe from violence and did not want to be separated from them. They delayed seeking help and leaving abusive relationships for fear of being reported to CPS and losing custody of their children.

“I’d be hearing stories about the CPS. Once they know there is domestic violence happening, they’re going to take all of your kids from you. I was really scared.”

37-YEAR-OLD WOMAN

Survivors wanted to leave abusive households, and feared that if they did, they would become homeless. They sought help to prevent homelessness, but faced unsurmountable barriers, system failures and discriminatory practices. They knew that flexible funding and resources—like cell phones and emergency money—would have made a big difference. They didn’t trust enforcement entities like the police and CPS with their safety. Survivors called out the healthcare system as a potential ally, but pointed out the ways in which it didn’t live up to its potential. These findings point a way toward possible improvements in systems of care for survivors of IPV.

# Experiences During Homelessness

Without access to DV services or shelters, IPV can continue or worsen during homelessness. In this section, we discuss how IPV impacted experiences of homelessness. We review findings on the types of IPV that survivors endured during their current episode of homelessness and how homelessness made them more vulnerable to experiencing recurrent violence from their partners. We explore survivors' access to DV shelters and where survivors who are not in DV shelters stay.

## INTIMATE PARTNER VIOLENCE DURING HOMELESSNESS

Among all participants, 8% experienced IPV during homelessness (5% cisgender men and 15% cisgender women). Of those who reported this, 94% had experienced physical violence and 27% experienced sexual violence. Among those who reported IPV in the six months prior to homelessness, 42% reported continuing to experience it during homelessness.

During in-depth interviews, participants explained that homelessness left them vulnerable to increased violence from their intimate partner. Participants described being hypervigilant and needing to change locations frequently to protect themselves from being abused again. However, their movements were limited due to restrictions on where people experiencing homelessness could stay, which increased the risk of facing retaliatory violence. They did not feel that police offered them protection.

### Shelter Status and Access During Homelessness

#### Shelter Status Among Participants Who Experienced IPV Prior to Homelessness

We asked participants about all the locations they spent at least one night during their current episode of homelessness, where they slept the night prior to the interview, and where they slept most in the last six months. To understand where people who have fled IPV stay while homeless, we examined those

who both experienced IPV prior to homelessness and reported that violence was a reason they left their last housing. Eight percent of all participants reported experiencing IPV in the six months prior to homelessness; of these, 40% indicated violence was a reason that they lost their housing. Thus, 3% of CASPEH participants who entered homelessness directly from housing reported both of these; 7% of all cisgender women who entered homelessness directly from housing reported both.

We examined where these participants spent time during homelessness. The majority of these participants reported spending most of their nights (60%) in unsheltered settings; 15% reported staying in a DV shelter for at least one night. (Figure 2) These findings indicate that many people leaving housing due to IPV do not go to DV shelters. Many, in fact, experience unsheltered homelessness. Some entered mainstream homeless shelters, which may not offer the privacy or resources to accommodate the needs of survivors.

#### Shelter Status Among Participants Who Experienced IPV During Homelessness

The majority (81%) of participants affected by IPV during the current episode of homelessness reported spending most of their nights in unsheltered settings (60% outdoors or in other places not meant for habitation, 21% in vehicles), and 17% reported spending most nights in non-DV sheltered settings (8% in non-DV emergency shelter, 9% in other sheltered settings such as hotels or motels). Two percent of those impacted by IPV during homelessness spent most nights in the last six months in a DV shelter, 5% spent at least one night in a DV shelter, and 2% spent the night prior in a DV shelter. Those who were in DV shelters during homelessness did not, for the most part, experience IPV during their episode, as they had the protection of the DV shelter. However, many of those in unsheltered settings and some in mainstream shelters experienced IPV during their episode of homelessness.

**FIGURE 2** Where Participants Who experienced IPV in the Six Months Prior to Homelessness and Reported Violence as a Reason for Losing Housing Stayed During Their Homelessness Episode (N=104)

**At least one night during this episode of homelessness**

**UNSHELTERED**

**81%** 47% Unsheltered Vehicle  
69% Unsheltered Non-Vehicle

**SHELTERED**

**93%** 42% Non-DV Shelter  
15% DV Shelter  
77% Other sheltered location  
(e.g., motels, hotels, etc.)

**Most nights in the prior six months<sup>19</sup>**

**UNSHELTERED**

**60%** 13% Unsheltered Vehicle  
48% Unsheltered Non-Vehicle

**SHELTERED**

**40%** 28% Non-DV Shelter  
5% DV Shelter  
7% Other sheltered location  
(e.g., motels, hotels, etc.)

### Challenges Accessing Shelter

Of participants who both experienced IPV prior to homelessness and indicated that violence was a reason for losing their housing, 43% reported that there was a time in which they wanted shelter, but could not access it; 42% of those who experienced IPV during homelessness reported this. Some participants spoke about their difficulty obtaining information on how to access DV organizations and shelters. Participants discussed the lack of DV shelters in their area and the limited availability of those that existed.

Some participants reported they were able to contact DV shelters, but faced administrative barriers to accessing them. Some participants noted that they

didn't have identification cards or proof of IPV (e.g., a police report, a medical report, etc.). Domestic violence shelters have reasons for these requirements, including to ensure the safety of other residents and to help allocate scarce resources. However, such requirements present barriers to access.

In in-depth interviews, some participants noted a mismatch between their personal needs and a shelter's capacity limitations and rules. Some noted that they could not gain entry into DV shelters due to children, emotional support animals, or pets.

While participants in DV shelters expressed their desire for permanent housing, they commended the DV shelters for providing a place of safety and security. Several participants in DV shelters expressed concern that they lacked access to long-term affordable housing options. Some DV organizations put time limits on DV shelter stays because of resource limitations. Due to lack of long-term affordable housing options, these stay limits could lead to returns to homelessness and increased risk of violence from their intimate partner.

**“ They make you sign something saying that you're not promised housing after you leave here. We're not safe back in the street, where our abusers are at...There's no bridges here. I'm scared. ”**

#### 50-YEAR-OLD WOMAN

Many people who enter homelessness following IPV do not have access to DV shelters due to limitations in DV shelter capacity, not knowing how to access services or inability to meet their requirements. Many survivors end up in mainstream homeless shelters or unsheltered settings, leaving them without protections against ongoing violence and without support for successful exits from homelessness. DV shelters provide safety and support for those who use them, but time limitations (due to strained resources and limited capacity) coupled with the lack of affordable housing options leave some survivors fearing that they will return to unsafe situations.

# Barriers to Exits from Homelessness

Survivors discussed their desire for housing to increase safety and stability; however, many faced challenges in their efforts to obtain it. In this section, we explore barriers that impede survivors' ability to exit homelessness. High housing costs, discrimination, administrative barriers, and lack of support served as key obstacles for survivors.

## Cost-Related Barriers

We examined barriers to housing for survivors. Almost all survivors (95%) reported that the high cost of housing was a barrier to their exiting homelessness. Other commonly mentioned barriers included that the housing participants could afford was either too far away or unsafe (69%), and waitlists for housing were too long (64%). Additional common barriers were problems with credit or prior evictions, families' inability to take them in, lack of help from case managers or navigators, and lack of paperwork to apply for housing.

## The Impact of IPV on Housing-Relevant Records

During in-depth interviews, participants reported that IPV precipitated eviction, contributed to a poor credit history, and resulted in difficulty obtaining a lease in the future. Stalking by an intimate partner could lead to recurrent evictions across multiple housing situations. Of those impacted by IPV, 61% indicated that credit or eviction history was a barrier to regaining housing. The very violence that survivors fled hampered their ability to find stable housing and the safety that comes along with it.

*“ I get up and I thank God because I’m alive. And I have my son here [in the DV shelter]. And I know I will have my own place soon. ”*

48-YEAR-OLD WOMAN

## Support Finding Housing

More than two-thirds of participants who experienced IPV (69%) identified that lack of help from an organization or case manager was a significant barrier to housing. In our in-depth interviews, participants desired greater access to advocates and case managers who would help them navigate housing and social or health services. They found it difficult to advocate for themselves, particularly while working through the trauma of experiencing IPV.

*“ So for these [IPV] situations it seems like you have to stay on top of the people that are supposed to be helping you to get the help that you need, and that’s really hard. When you’re going through trauma, it’s hard to even get up sometimes, you feel really low. ”*

35-YEAR-OLD WOMAN

## IPV and Social Support

Most IPV survivors (71%) reported that friends or family were not able to have participants live with them. Participants explained that their family members did not have the financial resources or room in their homes to house them. They described being isolated from their social network due to IPV, living far away from their family or friends, and no longer having relatives that were living. This lack of social support impaired survivors safety and further trapped them in a cycle of homelessness and violence.

**FIGURE 3** Barriers to Regaining Housing for those Impacted by IPV

Impacts ability to find housing ● A little ● A lot

**Cost**

I cannot afford housing



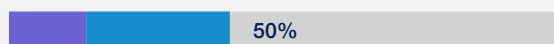
Housing I can afford is too far or unsafe



I am on a waitlist for housing and it's taking a long time

**Discrimination, Credit, and Eviction History**

I experience discrimination when I try to rent a place



I have problems with my credit history or past evictions

**Family Status Barriers**

My family or friends are not able to have me live with them

**Support Finding Housing**

I don't have enough help from an organization, such as a case manager or housing navigator, to help me navigate paperwork or find housing

**Administrative Barriers**

I don't have the documents I need to apply for housing

**Hopelessness**

I've given up on finding housing or just don't have the time or energy



Participants impacted by IPV faced dual traumas—the harrowing experience of homelessness and the lasting impacts of violence. Some discussed fleeing their households to maintain personal safety, often at the expense of housing stability. Nearly all discussed challenges in accessing services and support for survivors, and the ways in which homelessness presents an ongoing risk of future violence. Survivors sought safety afforded by housing, but faced significant obstacles to regaining a permanent home. High housing costs were a barrier for nearly all survivors—many of whom were at the economic margins prior to homelessness. Despite these challenges, those impacted by IPV described paths forward to housing stability and healing. Survivors spoke to the need for increased education, flexible financial support, DV-specialized services, and support for finding permanent housing as pathways toward exiting homelessness.

IPV is a significant precipitant of homelessness, both directly and indirectly. IPV disrupts agency, social support, and worsens economic precarity. IPV causes survivors to flee into an uncertain future. With limited access to DV shelters, many who face homelessness caused by IPV wind up living in the shadows, in a spiraling cycle of homelessness and violence. Left unprotected and unsupported, these survivors face an uncertain future. Those who make it to DV shelters enjoy support and safety—but severe resource limitations threaten that safety. The additional burden of destroyed credit, eviction histories, and significant trauma related to IPV make it even more difficult to weather the housing affordability crisis, leaving some survivors without good options. Creating a system that protects survivors and offers them the ability to regain the safety and security of home will benefit us all.

# Policy and Programmatic Recommendations

In this section, we present policy recommendations based on our findings for those experiencing homelessness impacted by IPV. We present four categories of recommendations: (1) increase access to permanent housing; (2) prevent IPV recurrence and prioritize homelessness prevention; (3) support those currently experiencing homelessness as a result of IPV by addressing barriers to exiting homelessness; and (4) center equity.

## INCREASE ACCESS TO AFFORDABLE, PERMANENT HOUSING OPTIONS FOR SURVIVORS

Expanding affordable housing for survivors both allow for swift exits from abusive situations and prevent resultant homelessness. Increasing affordable housing would allow for shorter stays in DV shelters, thus increasing capacity for this vital resource.

■ **Increase affordable housing for survivors of intimate partner violence.** To meet the needs of survivors at-risk for, or experiencing, homelessness, housing must be affordable to extremely low-income households.

■ **Prioritize Housing First approaches for survivors of intimate partner violence.** Housing First is an evidence-based approach to provide housing, without preconditions, to individuals who are at risk of or currently experiencing homelessness. Domestic Violence Housing First approaches prioritize getting survivors housed immediately as a means of promoting both safety and stability.

■ **Increase rental subsidies available to extremely low income individuals, including those impacted by intimate partner violence.** Housing Choice Vouchers are an important tool to increase affordability of the existing housing supply for low-income households. Currently, only one in four households who meet basic eligibility criteria receive Federal rental assistance, such as vouchers.<sup>20</sup> In many places, one cannot even join a waitlist for these vouchers. Expanding voucher availability and considering prioritization of survivors would assist those impacted by IPV to obtain permanent housing.

## PRIORITIZE VIOLENCE AND HOMELESSNESS PREVENTION

The aims of preventing IPV and preventing homelessness are intertwined. Preventing homelessness among IPV survivors decreases the risk that the survivor will be located by their perpetrator, which disrupts the recurrence of violence. Likewise, violence prevention can help stabilize a survivor's current housing situation. If the survivor was housed, it could prevent homelessness.

Permanent housing provides critical safety and stability needed to thrive and heal from violence.

## Homelessness Prevention

■ **Provide flexible funding to meet survivors' needs.** Flexible funding, including direct cash transfers, can help survivors pay for relocation costs, transportation, childcare, phone bills, and other costs. To increase rapid distribution, DV programs should have access to confidential and easily accessible funds such as debit or gift cards.

■ **Create specialized coordinated entry access points for survivors at risk of homelessness.** Several Continuums of Care have coordinated entry access points for distinct populations, such as transition age youth and families. These specialized access points can be virtual or in-person, and offer tailored support and resource connection. There is a need to create confidential pathways to dedicated coordinated entry access points for IPV survivors that prioritize privacy and safety of survivors, provide trauma-informed services, expedite entry, and minimize logistical barriers. Survivors could enter these pathways through screening for IPV when presenting to a general coordinated entry access point or when accessing DV services.

■ **Optimize access to supportive services to manage the legal consequences of IPV.** Intimate partner violence can lead to the need for legal aid or immigration services. Programs that address IPV should have embedded legal services as a strategy to prevent homelessness and promote survivor wellbeing.

## Violence Prevention

■ **Support survivor-driven safety planning.** Survivors need to be provided with basic necessities including mobile phones, clothes, and money to facilitate escapes from IPV. These resources could be accessible to survivors in areas such as DV programs and healthcare settings. Increased support to help survivors develop a safety plan should be coupled with resources that allow for implementation of that plan.

■ **Improve trauma-informed care and provision of IPV resources in healthcare.** Healthcare systems play a unique role in IPV prevention as survivors may present with physical, psychological, or behavioral health needs related to their experience of violence or abuse. Healthcare settings should incorporate a wide-range of trauma-informed practices and IPV prevention efforts. These include early identification and treatment of IPV. Healthcare responses to IPV should prioritize survivors' safety and autonomy.

■ **Increase education and awareness about intimate partner violence.** Existing service providers (healthcare and social service organizations) can increase educational campaigns about IPV. Public health campaigns are crucial strategies for disseminating education and awareness about IPV so that survivors know the various forms it can take, learn that they are not alone, and can obtain resources.

## SUPPORT SURVIVORS CURRENTLY EXPERIENCING HOMELESSNESS

■ **Increase dedicated shelter and housing options for those impacted by intimate partner violence.** Survivors must have access to expanded DV shelter options, particularly non-congregate shelter options, to meet their immediate needs. Domestic violence shelters require increased access to affordable housing to facilitate swift and sustainable exits from shelters for survivors. To meet these needs, DV shelters require stable funding to support continuity of services, as well as enhanced trauma-informed training and support of staff.

■ **Consider alternative options to support immediate needs when domestic violence shelters reach capacity.** Survivors need emergency shelter options (e.g., motels/hotels, drop-in centers, etc) when DV shelters reach capacity. Preferably, these would be non-congregate shelters. Decreasing barriers to staying with family or friends as a form of emergency shelter is another strategy to combat homelessness among IPV survivors. Such strategies may include providing rental subsidies or flexible funding to hosts and reforming lease and rental subsidy policies about visitor stays.

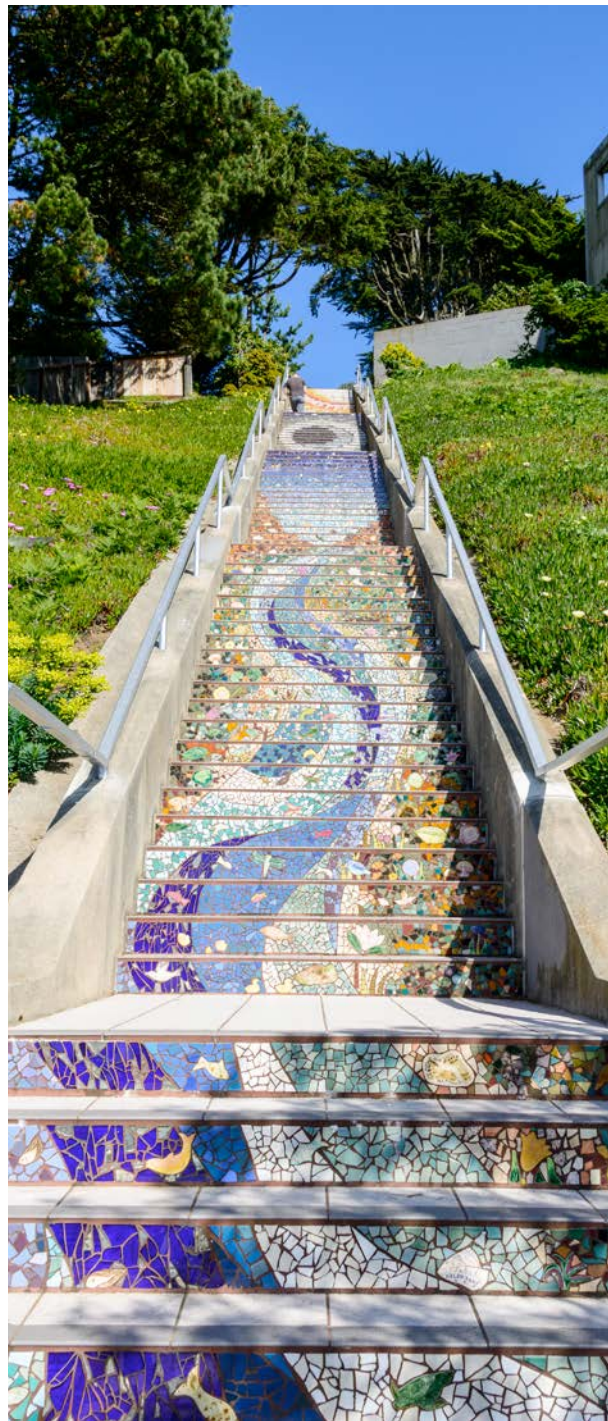
■ **Increase flexible, affirmative outreach strategies for survivors currently experiencing homelessness.** Domestic violence programs and mainstream health and social service organizations can connect survivors to services, but many survivors reported difficulty accessing these programs. Survivors must have access to alternative sources of support, such as community health workers, IPV advocates, and people with lived expertise to outreach to survivors experiencing homelessness in their communities. These programs would require adequate financial compensation, training, and support for individuals doing the outreach.

## PROMOTE EQUITY IN RESPONSES TO INTIMATE PARTNER VIOLENCE

Intimate partner violence disproportionately affects individuals from racially and ethnically minoritized communities, and gender and sexual minority communities. Given this unequal impact, responses to prevent and end homelessness for those impacted by IPV should center equity.

■ **Seek policies that avoid carceral approaches to intimate partner violence.** There is a need for systems that increase survivor-centered safety and decrease fragmentation of families. Rather than criminalizing behaviors, responses to IPV should focus on promoting healing, resilience, and wellbeing for survivors and their families.

■ **Ensure programs and services designed for those impacted by intimate partner violence center gender, sexual orientation, and cultural competency.** Given the disproportionate impact of IPV on communities of color, and gender and sexual minority communities, programs and services should be responsive to the experiences of survivors from racially and ethnically minoritized backgrounds and from the LGBTQI+ community.



## ACKNOWLEDGMENTS

This report is the culmination of the hard work of many. We extend our gratitude to the amazing staff at BHHI for their unwavering support in data collection and analysis efforts. A special thanks to Kara Young Ponder, PhD who graciously extended her time and care at all stages of the development of this report.

We relied on the wisdom and insight of all members of our Lived Expertise Advisory Board throughout this process. We are especially grateful for the contributions of Dez Martinez, Jessica Giannola, Priest Martinez, and Claudine Sipili, who lent their time to provide feedback, guidance, and critical context. We thank members of our Policy and Program Board for their insights throughout this process.

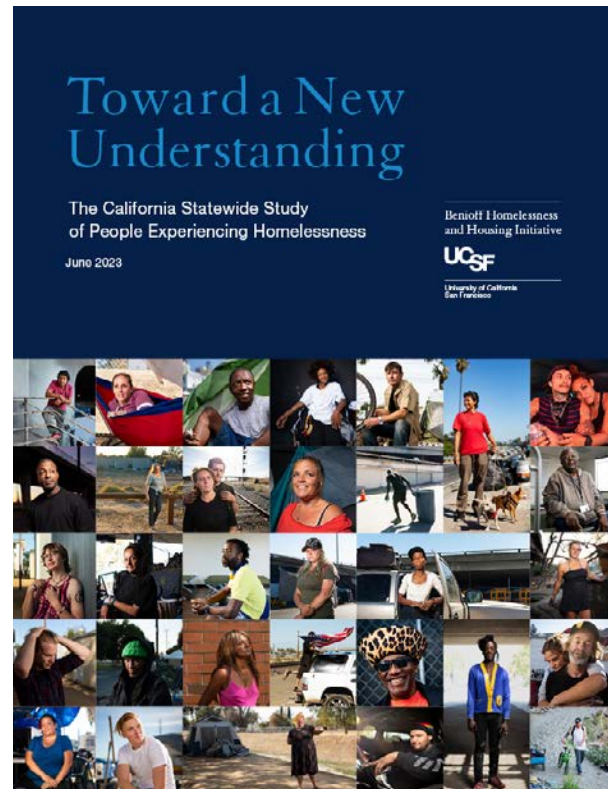
We express our deep appreciation for Zena Dhatt, Grace Taylor, Kelly Knight, and Michael Duke for their contributions to our qualitative analyses. Thank you to Jennafer Birkmeyer and Gina Sakoda for their critical roles in supporting our statistical analyses.

We thank Robin Craig who supported report design and dissemination efforts, Erin Hartman who edited the report, and Elizabeth Weaver and Ranit Schmelzer for their strategic communications guidance. We thank Ellen Sherrod for her work on the layout and graphic design of this report.

We are grateful for the wisdom of our colleagues at the Blue Shield of California Foundation (Karen Ben-Moshe, Courtnee Hamity, and Krysten Massa) who served as true thought partners. We are immensely grateful to our partners from domestic violence organizations across California who provided feedback and guidance as we prepared this report.

The California Statewide Study of People Experiencing Homelessness (CASPEH) was funded by the UCSF Benioff Homelessness and Housing Initiative, California Health Care Foundation, and Blue Shield of California Foundation. We thank the Blue Shield of California Foundation for their support of our work on IPV. We are deeply grateful for their ongoing partnership as we continue to disseminate findings from CASPEH. We extend immense gratitude to Marc and Lynne Benioff whose generous donation has provided essential support to the BHHI.

To access the full report of the California Statewide Study of People Experiencing Homelessness, click [here](#) or scan the QR code below.



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- 13 An acquaintance included anyone the participant reported being "very familiar with" or "somewhat familiar with."
- 14 We conducted seven sub-studies relating to barriers and returns to housing, behavioral health among people experiencing homelessness, precipitants of homelessness, Black experiences of homelessness, incarceration and homelessness, and intimate partner violence and homelessness.
- 15 Transition aged young adults are a distinct population, not well represented using the same methods as the general population of adults experiencing homelessness. While we did not want to exclude young adults from the study and employed sampling techniques to better reach TAY participants, CASPEH is not designed to make claims about the size of the TAY population.
- 16 To represent the lived experience of race as accurately as possible, we included Latino/x or Hispanic as a racial group. Participants could choose more than one racial identity. More information on race in CASPEH can be found [here](#).
- 17 Fully describing the experience of these distinct groups would require a more specific research design. CASPEH was designed to be a general population survey across many subject areas and as a result is limited in its ability to make claims about smaller groups on specific topics.
- 18 For these values, we did not know whether the perpetrator was an intimate partner or another member of the household—or someone outside the household.
- 19 Column values exceed 100% as participants could indicate more than one location slept during this period or due to rounding.
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