

Delaware's Domestic Violence Housing Crisis

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Delaware's lack of affordable housing has become a public health crisis. There are many influential factors in the causes of local homelessness – the lack of affordable housing units, particularly for extremely low income tenants,¹ and many other factors, but one of the leading causes of homelessness in Delaware is domestic violence. It is not sufficient to consider housing without contemplating the complications experienced by those fleeing unsafe homes and abuse. Any solution to the housing crisis must prioritize addressing domestic violence and providing support for the populations most vulnerable to housing insecurity due to domestic violence.

Why is Domestic Violence a Homelessness Issue?

Several national organizations have highlighted that domestic violence is one of the most prevalent causes of homelessness. In the most recent Center for Disease Control report on intimate partner violence, the CDC estimated that 5.5% of women (6.9 million Americans) and 1.4% of men (1.6 million) will need support services due to housing insecurity caused by intimate partner violence.² Intimate partner violence has been found to be not only one of the leading causes of homelessness, but also of housing insecurity. Women who experience domestic violence are four times as likely to become homeless as those who are not facing an abusive relationship; even when survivors are housed, their abusive partner ensures that their housing situation is never stable.³ In their 2022 Point in Time Survey, which examines the supports provided to domestic violence survivors on one day every year, the National Network for the Elimination of Domestic Violence noted that the majority of the services requests (53%) that domestic violence providers were unable to meet were requests for housing. NNEDV noted the lack of safe and affordable housing options available to many people fleeing domestic violence.⁴ Ninety-two percent of homeless women report having experienced some form of sexual or domestic abuse during their lifetime and over 50% report domestic violence was the direct cause of their homelessness.⁵

Homelessness due to domestic violence can take several forms. Sometimes, survivors are so unsafe in their homes with family members that they are forced to leave without a stable housing plan, but it can also include examples where domestic violence has led to broader housing insecurity. Clough, et al. note that in many abusive relationships, there is financial abuse or coercion, where survivors are unable to maintain their own autonomous funds and have their financial independence sabotaged by their abuser.⁵ Economic abuse can mean that survivors have to deal with low credit ratings or previous evictions, which can make it difficult to find a rental when they seek to find housing without their partner, forcing them to choose between homelessness or returning to the abusive relationship. Stalking and ongoing contact from a former partner can also mean landlords or friends feel uncomfortable providing accommodation to survivors or that safety needs can make certain units inappropriate for a survivor leaving violence. These specific concerns of domestic violence survivors are exacerbated by the same issues faced by all low income Americans in finding safe, affordable, accessible housing to make it incredibly difficult for survivors to move into affordable housing.

Unfortunately, the lack of housing for domestic violence survivors within Delaware is even more extreme than in other states. The recent report from the National Low Income Housing Coalition (2023) highlights that Delaware has less housing stock than the national average, and this burden disproportionately falls on extremely low-income households. In the 2022 Housing and Homelessness study done by Housing Alliance Delaware, they noted that the number of people experiencing homelessness had doubled since 2019, but that this increase in homelessness was not the same among all groups. While homelessness among adults-only households doubled between 2019 and 2022, it tripled amongst families with children. The year 2022 documented the largest percentage of homelessness amongst children in Delaware ever recorded in an annual count. There is also great racial inequality within the homeless figures in Delaware, with Black Delawareans being five times as likely to experience homelessness as white Delawareans.¹

Unfortunately, these inequalities mirror the groups which are most likely to experience family violence, economic inequality and poor health outcomes. Black women and children are more likely to experience abuse within the home than their white counterparts. Black women were also more likely to be criminalized for their responses to domestic violence, which can have considerable effects on their ability to access benefits or become economically independent from their abusers. Black women are also more likely to face serious pregnancy complications or maternal mortality, as well as the highest rates of breast cancer mortality, heart disease and HIV. This is amplified by the economic insecurity that Black women often face, with median earnings that lag far behind white men. This financial insecurity can mean that Black women are often unable to easily leave an abusive relationship and relocate into housing they can afford.⁶

This correlation demonstrates that, unfortunately, Black women and children in Delaware face these incredibly layered public health crises – both the effects of abuse and of insecure housing and homelessness, as well as the other effects of failures of the health systems towards Black women.

The Layered Health Effects of Domestic Violence and Homelessness

Experiencing domestic violence leads to long term significant health consequences, both mentally and physically. One in three American women and one in seven American men who have experienced intimate partner violence have symptoms of post-traumatic stress disorder (Center for Disease Control, 2022). Domestic violence has the highest risk of repeat victimization of any type of violence crime, which means that many domestic violence survivors have to deal with repeat trauma or the extreme vulnerability of the risk of re-trauma. Domestic violence survivors also require more emergency care than the average population and are six times more likely to become dependent on drug and alcohol and are far more likely to exhibit symptoms of other mental health disorders, including depression and anxiety.⁷

Domestic violence survivors can have additional struggles in accessing emergency housing. Many traditional homeless shelters are intended to be in locations which can be easily reached through public transport. Traditional shelters may not meet a survivors' need for additional security or safety; for example, they are not necessarily in undisclosed or secretive locations where abusers would be unable to find them. There can be other restrictions on domestic violence survivors when finding permanent housing, such as a history of criminal convictions, erratic behaviors due to trauma, such as substance abuse or severe mental health crises. The effects of economic abuse or coercion can often mean that survivors do not have the relevant credit score to qualify for long term leases or affordable mortgages after leaving an abusive

relationship. Survivors often have very specific needs for trauma-informed housing provisions, which cannot always be met without specific in-depth training on trauma and the effects of domestic violence.⁸

The effects domestic violence has on long term physical and mental health is very similar to the long term physical and mental effects of homelessness, meaning that domestic violence survivors are often dealing with the complex trauma caused by both family violence and an unsafe and insecure housing situation. Empirical studies have demonstrated that those without housing have significantly worse health outcomes than those who are housed. This includes not only respiratory issues and infectious disease, but reproductive health issues such as sexually transmitted infections. Homeless women disproportionately experience these reproductive health epidemics. The life expectancy for homeless people is 20 years less than people who are housed.⁹

Even once rehoused, domestic violence survivors and their families will often need continual support, with specific safety and support needs and ongoing mental and other health needs. The after-effects of domestic violence and homelessness does not simply end when removed from the traumatic situations; over 25% of women continue to report ongoing mental health needs after homelessness. While it is essential for domestic violence survivors to receive access to housing, housing in itself is not sufficient to deal with these complicated traumas.¹⁰

Housing Solutions for Domestic Violence Survivors

Due to these complicated factors of both the internal health issues and practical and financial concerns of domestic violence survivors, it is essential for Delaware to develop specific policies to house families leaving abusive situations. The model which is often cited is Oregon's Temporary Assistance for Domestic Violence Survivors program (TA-DVS). The eligibility process is far less strenuous than many assistance programs – it applies to either pregnant or parenting Oregon citizens fleeing domestic violence. It provides direct cash assistance that survivors can use to pay bills – most notably rent payments for housing or security deposits.

TA-DVS waives other requirements which would often be applicable for Temporary Assistance for Needy Families benefits. Undocumented migrant survivors and those who may have earned over the TANF income limits can be eligible for the TA-DVS program, as the program notes that it is essential to ensure that restrictions do not put survivors at risk for domestic violence. A survivor of domestic violence may earn too much income to ordinarily qualify for benefits, yet economic control by their partner means that they are unable to access the income. Strong restrictions on support systems can often mean that some survivors will be unable to access these means of financial independence.

In addition, the TA-DVS program does not put a harsh burden on survivors to demonstrate their abuse – they do not need to file a police report or obtain a protection from abuse order against their abuser in order to access TA-DVS. There are also no employment requirements to access these benefits, nor are survivors asked to seek child support from their abusers or pursue assets from their abusive partner. The TA-DVS gives survivors space to safety plan and make the decisions based on what will keep themselves and their children safe.

In order to support both survivors and employees of the Oregon Department of Human Services, the department has co-located domestic violence advocates in order to provide advice on safety

planning, program effectiveness and continual training. Advocates can also provide connections for supporting services, including accessing health services and medical support.

By providing survivors with safe housing and a chance to parent and have health needs addressed without a requirement of employment, Oregon is dealing with the public health effects of homelessness. The presence of domestic violence advocates also allows the TA-DVS to adapt to meet the specific health and safety needs of individual families. The current Biden-Harris administration has been urged to federalize this Oregon program in order to support domestic violence survivors across the United States.¹¹

Delaware's Department of Public Health (DPH) has made some steps toward providing similar supports for specific populations. In 2022, it was announced the DPH would be providing housing assistance and wraparound services for pregnant homeless women.¹² Since pregnant homeless women are disproportionately likely to experience homeless violence, it is commendable that DPH is trialing this version of the TA-DVS. As Delaware continues to commit to creative solutions for ending the public health crisis of homelessness, DPH should continue to fund and expand housing assistance and connected support services.

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