RESEARCH ARTICLE

Trapped in housing insecurity: Socioecological barriers to housing access experienced by intimate partner violence survivors from marginalized communities

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Abstract

Homelessness and intimate partner violence (IPV) do not impact all communities equally. Survivors from marginalized communities—that is communities that have been historically and structurally excluded from social, economic, and political resources—face additional challenges weathering IPV and housing crises. Understanding the housing experiences of marginalized survivors is necessary to achieve housing equity for all survivors. Community-based participatory research methods were utilized to convene 14 listening sessions (7 primary/7 validation) with Black and Latinx IPV survivors with intersectional identities ($n = 92$). Listening sessions were held in community-based locations including a church, health clinic, social service agency, and private residence. The last five validation sessions were conducted virtually on Zoom due to COVID pandemic protocols. All listening sessions were digitally recorded and transcribed verbatim. Latinx population listening sessions were conducted in Spanish and were implemented and translated with attention to linguistic justice principles. The research team used a modified constructivist grounded theory approach for data analysis. Four overarching themes (and seven subthemes) related to survivors' housing

experiences emerged: (1) safety and healing challenges, including living in unhealthy physical environments, not being safe in their homes, and contending with community violence, sexual exploitation threats, and eviction fears; (2) formal service fragmentation/bureaucracy that hampered access to housing resource information and resources; (3) resource scarcity associated with limited affordable housing stock; and (4) systemic oppression resulting from discriminatory treatment and gentrification. Comprehensive multileveled approaches are needed to disrupt the cycle of housing insecurity for IPV survivors from marginalized communities.

1 | INTRODUCTION

Intimate partner violence (IPV) rates in the United States are alarming with an estimated one in four women experiencing severe physical violence by an intimate partner within their lifetime (Black et al., 2011). Black, Indigenous, and People of Color (BIPOC), immigrant sexual minorities, and disabled populations experience disproportionately negative economic, health, and psychological burdens from IPV compared with other groups (Cardenas, 2020; Decker et al., 2019; Ragavan et al., 2020; West, 2021). Survivors from these marginalized communities—that is communities that have been historically and systemically excluded from social, economic, and political resources—have unique needs that should be foregrounded in intervention development (Goodmark, 2018; Richie et al., 2021). Safe housing is frequently identified as a priority by IPV survivors[1] seeking to rebuild their lives; however, many face barriers in achieving housing stability (Fraga Rizo et al., 2020; Klein et al., 2021). Therefore, experts recommend the development and implementation of more effective approaches to meet the housing needs of IPV survivors from marginalized communities (Bassi et al., 2020; Phipps et al., 2019).

IPV survivors from marginalized communities experience complex and unique housing challenges related to their social context (Milaney et al., 2019). These challenges can be wide ranging and include psychological traumas, health conditions, unstable employment, criminal justice involvement, and poor credit or rental histories (Gezinski & Gonzalez-Pons, 2021; Thomas et al., 2021). Notably, IPV survivors from marginalized communities are often embedded within social networks already strained and underresourced through systemic exclusion (Fowle, 2022; Ragavan et al., 2020). This phenomenon, which has been termed *network impoverishment*, contributes to housing instability since social network members are all simultaneously struggling to meet their own basic needs, including finding and keeping housing (Olivet et al., 2018).

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[1]IPV relationships may include forms of physical, sexual, stalking, psychological, and/or economic violence intended to control a romantic or formerly romantic partner. The term, survivor, is preferred by many IPV advocates over victim, as it highlights the agency and resiliency of the harmed person.

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Documenting survivors' needs within their ecological context is critical to understanding how social marginalization compounds survivors' housing challenges (O'Neal & Beckman, 2017).

Because IPV survivors from marginalized communities contend with both individual and systemic barriers, interventions should be designed with a socioecological framework in mind (Thomas et al., 2021). A socio-ecological framework allows for the development of multi-leveled comprehensive solutions. More guidance is needed to develop and implement an array of safe housing interventions for underserved marginalized populations (Kim et al., 2019; Salem et al., 2021). Research that explores the interconnectedness of factors across the socioecology can inform the most impactful types of intervention for various marginalized populations (Gill, 2018). This study contributes to the knowledge base by exploring the overarching research question: *how does the context of social marginalization affect IPV survivors' experiences finding and maintaining safe stable housing*.

2 | METHOD

This project grew from a research-community partnership and utilized community-based participatory research (CBPR) methods, which are particularly well-suited to the study of marginalized populations historically misunderstood and at times harmed by researchers (Goodman et al., 2018; Ragavan et al., 2020). In October 2018, the National Resource Center on Domestic Violence (NRCDV) convened a 2-day meeting with a group of culturally diverse IPV researchers and advocates with the goal of *coordinating an effort to deeply explore and document population-specific barriers, risks, and harms as well as promising community-based responses to inform the ongoing policy, practice and research*. This meeting launched several research projects, including the study this paper is based upon.

The study was collaboratively designed over the course of several months with the participation of NRCDV staff, IPV service providers, researchers, and survivors with specific categories of lived experiences. Data collection efforts were led by the primary author who oversaw two coordinated teams based in a southeastern state (team 1) and a mid-Atlantic metropolitan area (team 2). Team 1 was comprised of the primary author, who identifies as a mixed race (half white/half South Asian) cis heterosexual woman, and three survivor activists with lived experiences as formerly incarcerated African American cis women. Team 2 was comprised of bilingual doctoral trained cis heterosexual female researcher from Latin America and three Latinx IPV service providers (two female; one gay male) who worked closely with immigrant women and LGBT people. All team members were either paid directly for their work or compensated through a contract with their employer. Throughout the collaboration, CBPR partners consciously committed to core values of transparency and trust, strengths focus, power-sharing, open communication, and shared ownership of project products (Goodman et al., 2018). Research was conducted under the supervision of the University of North Carolina at Charlotte Human Subjects Board.

2.1 | Data collection

A series of listening sessions[2] was conducted with IPV survivors and community members who were knowledgeable about IPV and experienced different forms of social marginalization. Community partners identified listening sessions as the preferred data collection method as this strategy allowed for less burdensome scheduling processes and reflected their belief that participants would be comfortable discussing issues within a group setting.

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[2]Though focus group and listening sessions are used interchangeably in the literature, the research team preferred the term listening session as more effectively conveying the researchers' intention to deeply listen to participants.

2.1.1 | Sample recruitment

Listening session composition represented within group identity commonalities and geographic and language variation across groups (see Table 1). This strategy was employed to encourage the identification of unique experiences within groups and thematic commonalities across (Charmaz, 2014; Miles & Huberman, 1994). Purposive sampling was utilized to recruit participants through community partner key informant networks. Research teams used convenience and snowball sampling strategies to recruit Black and Latinx participants with intersectional identities associated with life experiences, such as incarceration or mental health diagnosis, or lived identities, such as being a new immigrant, living in poverty, and/or being part of the LGBT community. Recruitment strategies varied by location. For example, some of the researchers on team 1 were activists with lived experiences and were able to use their local personal networks to recruit by posting on social media or texting invitations to friends and colleagues. Team 2 primarily recruited participants from the immigrant population receiving services from a community health clinic where IPV service provider researchers worked using flyers, meeting announcements, and personal invitations. Participants were not required to disclose whether they were currently experiencing IPV or had an IPV history to participate in initial sessions ($n = 63$; 1–7). Study inclusion criteria specified that participants had insights into how IPV survivors overcome difficult challenges in their lives. Some participants were invited because of previously disclosed lived experiences and other participants appeared to self-select based on the study description. IPV survivors have complex identities and not all individuals who have experienced IPV identify as victims/survivors. Initial recruitment efforts were more inclusive, focused on experiences of marginalization, and rooted in the awareness that IPV rates tend to be quite high among marginalized groups. Validation listening sessions ($n = 34$; 8–14) were comprised of participants who identified as IPV survivors to validate and strengthen the overall relevance of findings.

2.1.2 | Listening sessions

Fourteen listening sessions (seven primary/seven validation) were conducted between July 2019 and July 2020. Listening sessions were co-facilitated by research team members using a semistructured interview guide, which covered topics associated with housing experiences, difficult life choices, survival strategies, and service recommendations. Latinx population listening sessions were conducted in Spanish and were implemented and translated with attention to linguistic justice[3] values (Notario & Lopez-Zeron, 2021), including having multiple individuals involved in the translation of documents and providing translation during research planning meetings as needed and requested. An open scheduling process reflecting community partner preferences resulted in uneven group sizes ranging from unexpectedly large (31) to having only one participant attend on the day of the listening session. Though not ideal, facilitators managed differing group size to the best of their abilities. Sessions lasted between 40 and 100 min.

In-person listening sessions were held in community-based locations including a church, health clinic, social service agency, and private residence. The last five validation sessions were conducted virtually on Zoom due to COVID pandemic protocols. At this point, the research team concluded that thematic saturation had been achieved (as there was consensus about the model and no new themes were being expressed) and data collection ended. All listening sessions were digitally recorded and transcribed verbatim. Participants signed an informed consent at the time of the listening session and in the case of the virtual listening session consent was recorded verbally. Each participant received a $25 gift card for each listening session attended.

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[3]Linguistic justice is an evolving framework that values people's rights to communicate and be understood in the language they prefer and in which they feel most comfortable, articulate, and powerful.

TABLE 1 Overview of listening sessions (n = 92 unique participants).

Group #	Population focus	Region	Team/language	Participants
Listening session groups				
1	African American, urban, including formerly incarcerated and disabled	Southeast metro	1/English	5
2	African American, urban, including formerly incarcerated and disabled	Southeast metro	1/English	3
3	African American, rural, including formerly incarcerated and disabled	Southeast rural	1/English	11
4	African American, urban, including formerly incarcerated	Southeast metro	1/English	2
5	African American, rural, formerly incarcerated	Southeast rural	1/English	1
6	Latinx, urban, immigrant	Mid-Atlantic metro	2/Spanish	31
7	Latinx, urban, immigrant, LGBT[a]	Mid-Atlantic metro	2/Spanish	10
Validation groups				
8	Mixed (African American, Latinx, Native American, White), urban, and formerly incarcerated and disabled survivors	West Coast metro	1/English	9
9	African American, urban, and formerly incarcerated survivors	Southeast urban	1/English	4
10	Latinx, urban, immigrant, LGBT survivors (virtual)	Mid-Atlantic metro	2/Spanish	4
11	Latinx, urban, immigrant, LGBT survivors (virtual)	Mid-Atlantic metro	2/Spanish	4
12	Latinx, urban, immigrant, survivors (virtual)	Mid-Atlantic metro	2/Spanish	4
13	Latinx, urban, immigrant, survivors (virtual)	Mid-Atlantic metro	2/Spanish	5
14	Latinx, urban, immigrant, survivors (virtual)	Mid-Atlantic metro	2/Spanish	4

[a]Group 7 participants included gay male (five) and transgender (three) participants; all other participants identified as female (either cis or trans).

2.1.3 | Validation listening sessions

Validation sessions with participants who explicitly identified as IPV survivors were held to enhance rigor, help refine the initial conceptual model, and capture additional data that might elaborate or even counter initial findings. Validation session participants were recruited through community partner key informants and were not required to have participated in previous listening sessions; however, five individuals participated in both initial and validation groups. For example, Group 8 was conducted at a standing meeting with IPV survivors receiving supportive housing services. Groups 10–14 were smaller virtual sessions recruited by the research team to include key informants that they believed would provide useful perspectives. During the validation sessions, an initial conceptual model based upon preliminary analysis was presented. Participants were prompted about whether or not the model reflected their own knowledge/experiences and encouraged to contribute additional elements that might be missing.

2.2 | Data analysis

Researchers used modified constructivist grounded theory methods for data analysis (Charmaz, 2014). This inductive approach allows for the negotiation of shared meaning between researchers and participants. From an intersectional framework, researchers were aware that different marginalized groups would have unique experiences; however, the research focus was to explore commonalities across groups (Charmaz, 2014). Rigor was enhanced through the research team members' intentional reflection on the ways their identities converged and diverged with participants' identities. Iterative data collection/analysis processes allowed these insights to be integrated into validation listening sessions to clarify shared experiences across unique identities and populations (Miles & Huberman, 1994). In addition, tables were generated to compare prevalence of themes/subthemes across listening sessions (see Table 2) and ensure thematic relevance, particularly across different marginalized populations represented between research teams and explicit survivor identity represented in validation sessions. Because there were a few outlier-sized groups, comparisons across group sizes were also conducted with no key differences noted.

Co-facilitators de-briefed after each listening session. These debriefing conversations focused on: (1) summarizing primary themes; (2) sharing personal perspectives on surprising or impactful content; (3) noticing if certain topics were absent; (4) checking in about potential secondary trauma reactions; and (5) reflecting upon potential blind spots related to researcher positionality. Debriefings were recorded and the primary researcher listened to recordings while coding transcripts line by line. Open coding procedures were used to create a preliminary coding structure, followed by axial coding that allowed for exploration and refinement between and within thematic categories (Charmaz, 2014; Miles & Huberman, 1994). Community research partners were invested in the analysis process; however, employment, caregiving, and other life responsibilities made the time-consuming coding process too burdensome. The team worked to ensure that all research partners had opportunities to provide feedback at different stages of analysis. For example, the research teams met to discuss emerging coding structures with examples of supporting data and to finalize the initial conceptual model before presenting it in the validation groups. Since researchers were interested in multisector policy implications, themes were integrated within a socioecological framework that organized by individual, organizational, community, and societal levels (Centers for Disease Control and Prevention, 2015).

3 | FINDINGS

Study findings illuminate IPV survivors' experiences of finding and maintaining safe stable housing highlighting complex barriers often encountered within marginalized communities. The final conceptual model (Figure 1) included four overarching themes (and six sub-themes) related to survivors' housing experiences across multiple

TABLE 2 Prevalence of themes and subthemes by groups.

Major themes	Subtheme codes identified in transcripts	#English-speaking groups (7) (Team 1)	#Spanish-speaking groups (7) (Team 2)	#Validation groups (7)
Structural oppression	Structural oppression (any)	7	7	7
	Stigma/discrimination	7	7	7
	Gentrification	7	4	6
Resource scarcity	Resource scarcity (any)	7	7	7
	Strained household resources	7	7	7
	Network impoverishment	6	5	4
Formal service fragmentation/ bureaucracy	Formal service fragmentation/bureaucracy	7	7	7
Safety and healing challenges	Safety and healing challenges (any)	7	7	7
	No safety at home	7	7	6
	Sexual exploitation	3	5	4
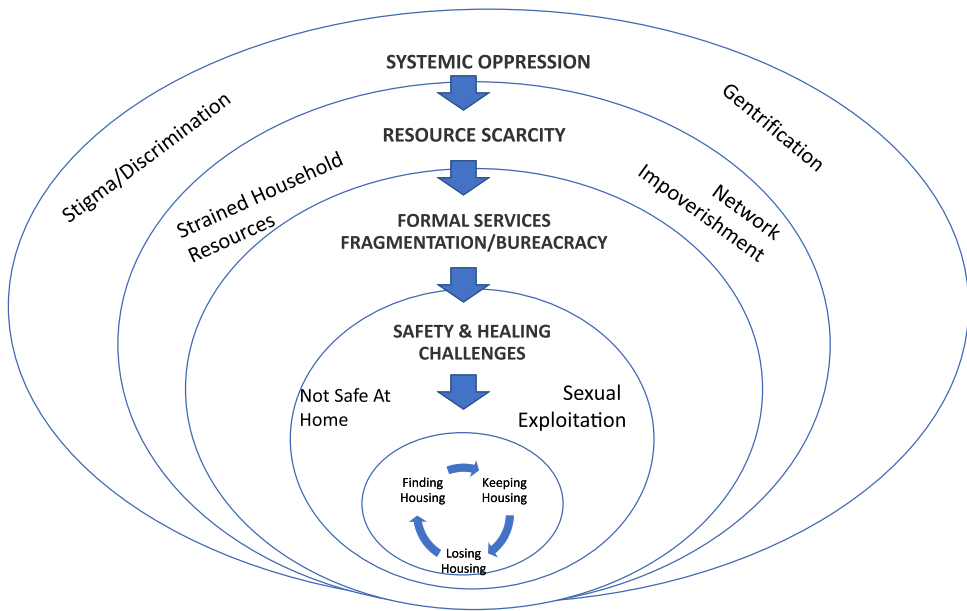
FIGURE 1 Socioecological model of housing barriers for marginalized survivors.

socioecological levels: (1) safety and healing challenges (individual), (2) formal service fragmentation/bureaucracy (organizational), (3) resource scarcity (community), and (4) systemic oppression (societal). These themes were dynamically interconnected and shaped the context for the ever-present cycle of housing insecurity as survivors experienced challenges regardless of their current housing status (see Figure 1). Themes and subthemes are presented below with illustrative quotes edited for clarity.

3.1 | Theme 1: Safety and healing challenges

Survivors experienced significant individual-level safety and healing challenges that negatively impacted their housing security. These included living in situations that were physically or psychologically unsafe as well as navigating sexual violations from landlords. Not feeling safe within one's own home was a theme that was expressed in all sessions and sexual exploitation were noted in a majority of sessions. These challenges were made more difficult given the fact that the housing itself was often substandard quality, which created additional stress and hardship. Lack of safety exacerbated trauma reactions by eliciting survivors' sense of powerlessness and hypervigilance. Survivors were acutely aware that they lived in environments where the risk of violence was very real. These individual factors seemed to undermine success in finding and keeping housing.

3.1.1 | No safety at home

Many participants described feeling unsafe in their homes. Participants with shared living arrangements appeared at greater risk for victimization. For example, a participant who lived with five other women, two of whom had mental health challenges, described her fears:

> They (housemates) let anyone into the house, even though I repeatedly told them that if anyone comes to the door and they ask for me, say I don't live there. They just let people in. I didn't feel safe for a long time (Participant, Group 8).

Another immigrant participant described the relentless sexual violations she endured from a male who rented a room in the same house. Sexual violence, or the threat of it were a common experience for participants in these situations. One participant described her fears that property managers could enter her space at any time without notice or permission:

> They (property managers) have apartment keys and know in which apartments single women live in. As for me, that man told me things that I had in my apartment and told me when he entered. All the women in this building are at risk. (Participant, Group 14)

Another participant described the ways in which power and manipulation were used by the person who offered housing and then sexually assaulted her. When she called 911, her assailant told the police that she had stolen from him. Some participants felt unsafe and even retraumatized when they witnessed violence directed toward others. As a participant living in a home with another family noted:

> I lived in a house with domestic violence where my friend's husband would beat her against the wall and the same with their kids. I had to go outside to cry because I did not know what to do and I had to live there for 6 months. (Participant, Group 12)

Many participants felt fearful in their neighborhoods. Some participants were stalked by former partners, such as a participant whose abusive ex-husband drove by her new home every day. Other participants felt afraid on long walks between distant bus stops and their homes, especially after working a late shift. Some participants were negatively impacted by violence happening in the houses and apartments around them. A participant described "being horribly traumatized by this neighbor and then (police) doing nothing…to the point where I'm locking myself in my house" (Participant, Group 8). These environments were both triggering and objectively unsafe for many participants leaving them feeling fearful and isolated. Participants also described feeling vulnerable they might relapse into unhealthy relationships or addictions: "because you want to fit in—your neighbors are just getting high or they're out there prostituting or whatever so you are prone to look into those eyes to exist" (Participant, Group 2).

Participants feared both community and police violence. One participant described the cumulative impact of community violence on her children: "like all these things are occurring in our lives and this is like the re-triggering of what we've experienced due to the impacts of domestic violence" (Participant, Group 8). Participants often perceived the law enforcement surveillance within these neighborhoods to be threatening. In some neighborhoods, the "police were out there every day" (Participant, Group 2). One participant described a terrifying encounter where the police forcefully entering her apartment looking for a drug dealer: "every time I see a police officer I feel a lot of fear, I think this is the reason why my son suffers from so much trauma" (Participant, Group 6).

3.1.2 | Sexual exploitation

Many participants experienced, knew about, or suspected sexual exploitation associated with getting or keeping housing. One participant described that her landlord was more attentive to younger women tenants, while she, an older woman with a disability, could not get him to return her calls. Some landlords were seen as more

accommodating to women more vulnerable to their advances. As one participant described the experience of a neighbor:

> She was stuck looking for housing, so she does find housing, but she said something happened and she didn't have all the money for the first month rent deposit when they signed for her to move in. The landlord saw her struggling walking to the stores and doing all this with all these little kids. He propositioned her, and that's how she got into the housing that she was in. (Participant, Group 1)

Other participants observed sexual favors being exchanged for rent with some landlords and believed these situations were common and underreported due to their shameful nature.

3.2 | Theme 2: Service bureaucracy/fragmentation

Formal services are intended to function as a social safety net that bridges the gap between the needs of individuals and available community resources (Voth Schrag et al., 2021). Participants shared experiences seeking community services to find housing or prevent housing loss. These services were designed to provide direct resources or resource linkages for community members who are unhoused or housing insecurity.

Many participants had help-seeking experiences that left them suspicious about the ability of formal services to help them. For example, service eligibility criteria were often confusing in ways that participants believed intentional: "They tell you all the rules right before they deny you" (Participant, Group 3). Participants often needed informal knowledge about how to access formal service, knowledge that not everyone possessed. Some participants believed "the information is out there, but the providers are choosing who they give the information to" (Participant, Group 1). Other participants learned about formal services through "word of mouth because it's not even out in the public" (Participant, Group 2). One participant was successful in getting off of an affordable housing waiting list by calling weekly. The participant only knew to call on Fridays because she was told by her social worker. Further, because she was disabled, the participant was able to call on that day unlike other participants who worked multiple jobs in addition to family care-giving responsibilities. A Latinx participant described how language barriers only heightened these challenges:

> If I have had more information, I could have taken better decisions. When you are ignorant, you take ignorant decisions. More information in Spanish (is needed) to know well what is being said. (Participant, Group 7)

Not only were bureaucratic processes frustrating, participants also reported a variety of personal indignities associated with applying for services. Service providers often required participants to provide extensive evidence of need to be considered for services. Many participants resented the emotional effort of sharing this private information only to be denied assistance. Even when participants received help, the limited assistance received did not seem to justify privacy intrusions. Participants were frequently asked to gather financial documentation about past payments and income sources. As a participant who sought help with her utility bills recounted: "I'm not getting ready to tell you my whole life history for $12" or "give somebody's phone number so they can call—I don't want everybody to know that I'm up here" (Participant, Group 3).

Stigma contributed to reluctant help-seeking, particularly for violence or mental health-related services. Participants noted that seeking help for "shameful" or "embarrassing" situations required survivors to speak up: "A closed mouth don't get fed—you have to talk to someone (and) that is hard" (Participant, Group 1). Unfortunately, participants felt that service providers were more likely to respond to them with indifference and judgment than with empathy and respect. As one participant noted: "It would be helpful for people that genuinely care to ask

'What is it that you need? What are you looking for?' and try to help with how I manage" (Participant, Group 5). Another participant found community help-seeking similar to experiences she had when she was incarcerated stating: "I always felt like that was degrading" (Participant, Group 4). In contrast, participants did value working with professional helpers who were invested in their success and felt they could discern whether or not the helper cared enough. One participant stated: "If you have a counselor that cares and it makes everything so much easier," and claimed "You immediately know, if they care about their job or if they're just there to get a check" (Participant, Group 6).

Housing advocacy was a relatively rare but valued experience. Survivors' experiences with housing advocacy appeared largely relegated to transitioning out of shelters. For example, a domestic violence advocate who helped a participant overcome a landlord's reluctance to rent to her: "That's the reason why the case manager went with me, and then she's like, 'Nope we got divorce papers, we got restraining orders, we got everything in place'" (Participant, Group 1). Unfortunately, more commonly service providers were unable or unwilling to address needs like housing that participants viewed as primary when it was out of the scope of a specialized service, such as a substance abuse case managers who "didn't know what to tell me (about housing) because it's not their job" (Participant, Group 2). Immigrant survivors and survivors from rural areas appeared to have much more limited access to housing-specific resources, as well as other public benefits, and IPV or other social services programs.

3.3 | Theme 3: Resource scarcity

Resource scarcity negatively impacted the housing security of participants from marginalized communities. Participants reported strained resources within their households, as well as network impoverishment within their immediate social support system. Resource scarcity resulted in housing precarity and heightened sense of competition among community members for limited available resources.

3.3.1 | Strained household resources

Participants' limited incomes were typically strained after monthly expenses related to housing, utilities, transportation, and childcare, as well as unanticipated costs, such as medical care, family member funerals, legal fees, and previous debts. When participants doubled up in housing units, their portion of the rental payment might decrease while utilities and food expenses increased in less predictable ways. Each month participants engaged in creative budgeting to make ends meet. Many participants were economically disadvantaged because their abusive partner had undermined their employment and finances. Some participants had not been allowed to work or control their own money. One participant described how her former partner's actions negatively affected her ability to go to work or school:

> I quit my job, couldn't go to work, he did not want me to go to school, and I would go anyway, and the reason I had to quit my job was because he kept coming to my job, and waiting outside of my job and doing stuff, and that felt like that was a threat to not only me but to them (employer, co-workers) especially with them having to call the cops. (Participant, Group 5)

Participants reported various forms of income including wages from multiple jobs, disability benefits, and off-the-books income from doing hair, child care, or cooking. Sometimes participants resorted to illegal activities such as a rural participant: "I had to sell alcohol. I had a liquor house just to pay my bills" (Participant, Group 3). Another participant shared that she had written bad checks to pay her bills. In the end, the criminal charges associated with these acts made it even harder to secure housing and could result in the loss of other benefits, such as food stamps.

Rural participants expressed frustration with the lack of employment and opportunities and public transportation available. As one rural participant explained that having more jobs, housing, transportation would mean that: "(women) could take care of themselves and they wouldn't need to sell the stamps, they wouldn't need to sell the drugs or sell their bodies and do those type of things" (Participant, Group 13).

Many participants were desperate to obtain housing because the alternatives were so bleak. One participant noted that transitioning out of shelter was a particularly stressful time where people felt pressured to "take anything, anything because you're running" (Participant, Group 1) even if it meant taking housing that they could not afford long-term. Some participants described using whatever creative strategies they could to secure housing. An immigrant participant shared how she approached male property managers:

> At times, I have had to flirt with the property manager. I tell the manager to "please help me, I am in need." And they ask me how many kids I have and I answer that I have only one daughter. And —"Please, look, help me, I am single, I have no husband." And, "How much do you make?" "I make a little salary but you got to help me. I do not know how I would pay you the favor; do not be mean." "Do you have your documents?" "Yes, I do', even if it is not true. Those are the strategies that I have had to put in practice to find a place to live with my children despite the place not being decent for that night or that day to spend time with my kids in a safe place. (Participant, Group 11)

3.3.2 | Network impoverishment

Network impoverishment describes the absence of economic and social capital within social networks that can offer individuals and families protection from homelessness. Network impoverishment has deep roots in historical and pervasive racist policies/practices that have systematically kept communities from acquiring resources. Many participants described the struggles of everyone within their network: "We can't go anywhere else (except shelter or streets) to stay with somebody can't even be an option because they're struggling too, or they're probably staying with somebody else too" (Participant, Group 10). Another participant spoke about her mother being the backbone of her social network. When her mother got sick, everything else fell apart. Other participants described how requests from their social networks left them feeling emotionally and financially depleted. As one participant described: "I was a dumping ground for everybody's problems--they knock on my door, they need somewhere to stay, they need this, they need that, then you burnt out" (Participant, Group 2). Another participant talked about being the primary financial support for her children and grandchildren: "I'm single, right, and I have two daughters with me and my grandson and my daughter's about to have another baby. I'm the only one that's working. Nobody's working but me" (Participant, Group 3).

With affordable rental units so elusive, participants needed access to housing opportunities and resources. They sought this information on their own and through personal networks and formal helping systems. One participant shared that it took her 3 years to find affordable housing from someone she knew. With so many other community members also seeking housing, many participants were skeptical about finding housing within their own networks: "It's every man for himself, so if you don't know that person that's high up, then you messed up" (Participant, Group 1). A rural participant reported that getting help in her community was difficult: "Because they don't offer a lot here, you have to know somebody to know what's available, what's coming up" (Participant, Group 3). Housing information was a guarded resource with community members often seeing themselves in competition: "It's like everybody is trying for that one house" (Participant, Group 3). Consequently, information about housing and other resources was not always freely shared with other people.

Impoverished networks were often additionally strained by the impact of trauma and violence. A participant with a long history of domestic violence and mental health/substance use challenges was determined to not rely

upon her adult children whom she felt had been negatively impacted by her past issues. Some participants reported family and friend relationships had been damaged by IPV dynamics. This was particularly true for participants who were intentionally isolated by their abusers, had multiple episodes of leaving and returning to the abusive partner, or came from violent or dysfunctional families themselves. Finally, participants did not always feel they could rely on others in their community, such as neighbors. A participant reflected on how isolated she felt in her building and how much she desired that support: "Like, somebody just say, 'Are you okay?, What can I do for you?' It took me a long time to ask my next-door neighbor because I didn't trust anybody else to even come into my house" (Participant, Group 8).

3.4 | Theme 4: Systemic oppression

Systemic oppression encompasses embedded beliefs, policies, and laws that privilege the social dominant group through social institutions, like schools, courts, and governments (Tourse et al., 2018). Systemic oppression can be expressed through overt acts of discrimination or bias or more covertly through enforcement of practices that maintain inequalities. When describing their housing struggles, participants described both overt and covert experiences of mistreatment related to their various marginalized oppressed identities. While survivors' bias experiences were at times explicitly connected to their marginalized status identities (e.g., race, immigration, and ability), these intersectional experiences were also layered as survivors might simultaneously be contending with victim-blaming and criminalized identity stereotypes.

3.4.1 | Stigma/discrimination

Stigma and discrimination were commonly experienced by participants during their housing searches. These experiences ranged from subtle to overt. Some experiences were directly related to past histories of intimate partner and sexual violence.

> Whenever the police are called out to your house for a domestic situation, your name is still involved and tied into the restraining orders and having to go to court and damage being done to the unit that you're renting. People are not wanting their properties damaged, and I understand that. I didn't want to be in a domestic situation, but sometimes you don't have a way out of a domestic situation. You add that on top of your criminal history, that's red flags for everybody. "We don't want these types of people in our neighborhoods and in our units." Okay, but I'm not the perpetrator, I'm the victim, but you're treating me like I'm the perpetrator. (Participant, Group 4)

Similarly, a participant described a potential landlord's reaction when she and her case manager were visiting a rental property:

> We told them about the reason why I left due to domestic violence, but the lady immediately asked, "Well there's not going to be trouble here is there?" I do believe that landlords judge women if they know they've been in domestic violence, they do judge. It makes them check your credit a little bit harder. They make sure that they let you know that they're not going to tolerate that kind of stuff in their apartment. You get watched. (Participant, Group 1)

This participant stated she no longer shares her IPV background when she is seeking housing because she feels that it might be used against her.

An immigrant participant opted out of her own housing search primarily due to her interactions with potential landlords. Without required documentation, her access to housing was reduced in manner that increased her vulnerability to potential exploitation. Further, her negative housing search experiences created additional stress which compounded previous traumas and overwhelmed her ability to effectively cope.

> The difficulty of getting a decent house because no landlord wants to lease a property if you are a woman, if you have children, if you do not have identity documents, if you do not have a fix income to pay the rent…sometimes it is easier to live on the street than to deal with the obstacles that come your way. (Participant, Group 10)

Many participants shared similar experiences of either overt or subtle discrimination. Participants with previous criminal charges found it particularly difficult to secure housing. A Latinx participant described her experience of: "Having a charge and not getting a place to stay just because of it, and even the dirtiest, lowest rated apartment in town will still deny you to depending on the situation." Another participant described her own experiences seeking housing as a formerly incarcerated woman:

> When people start looking at whether you're worthy or not. I've been a prostitute twice. Some people would say I don't deserve a chance…I had to come out with the mindset of, I know I already got two strikes against me, then I'm a woman, and I'm Black, and I don't want to make it about race, but I feel treated as second class citizen. (Participant, Group 1)

A Latinx participant experienced stigma associated with his sexual orientation within the immigrant community: "when people notice that I am a gay guy, the first thing people say is 'you should not bring men in' or 'you have to be in the house only when we are there because of the children'" (Participant, Group 11).

While participants were not always able to discern the source of judgment, they experienced it viscerally. Some participants felt they were treated differently by landlords or service providers because of their "clothes," "jewelry," and "hairstyles." As one participant observed: "You don't always know why people are telling you no" (Participant, Group 2). Another participant expressed a similar sentiment: "Is it because you're Hispanic, or because you're pregnant, or you got 10 kids—it would be hard to guess (Participant, Group 2)."

Black participants were acutely aware of the racialized experiences they received in seeking help. Race-based assumptions about their worthiness were constant and stressful. A Black participant described successfully getting housed with the help of her white case manager.

> Participant: I can go to a property manager or realtor with the background I have, the money in hand, and I have to have a white lady to say, "Oh, she's okay." I don't like that. I don't agree with it. Because if I'd have went by my Black self, I'd still be homeless. Still wouldn't have been given a chance. I think that is the ugliest thing in the world. It's a very dependent feeling. I don't like that feeling. I don't like it. But have I had to subject myself to that? Yes, I have.
>
> Facilitator: If you think about that well-meaning white person who's vouching for you, does it make a difference if they are also acknowledging the racism in that situation?
>
> Participant: Sometimes I think they do know.
>
> Facilitator: But they never say anything?
>
> Participant: No, no.

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Facilitator: Would it make a difference if they acknowledged it?

Participant 1: I think I would respect them a little bit more, that they're aware of what I go through, totally. And not hide the fact-or pretend the fact it's not there all together, I think I would respect that person a little bit more. Not that I don't respect them, because they are trying to help me, they just don't know how (Participant, Group 4).

Participants experienced discrimination based on race, immigration status, criminal record, sexual orientation, and domestic violence history. Past criminal justice involvement, previous evictions, negative credit reports, family structure, and limited finances were frequently cited housing barriers. Immigrant participants were even more likely to be blocked from the rental market and as a result ended up in informal living arrangements without rental agreements. While informal housing access provided physical shelter for those in desperate situations, participants also described feeling very vulnerable to exploitation.

3.4.2 | Gentrification

Gentrification is an invasive and often forcible process of wealthier people/corporations changing the character of urban areas. These changes may be introduced by increasing housing investments or attracting new businesses in ways that alter the neighborhood social demographics and displace current inhabitants. Housing insecurity was heightened by perceptions that affordable housing availability was shrinking. Many participants were living in or had been forced out of housing in neighborhoods that were being gentrified. One participant shared: "my landlord had died and he had like 20 something properties. He gave the majority of the houses to different churches in the area and they pretty much sold the houses right off and up under us" (Participant, Group 3).

The racialized aspects of gentrification were starkly apparent to many participants. Black participants described being pushed further and further toward the least desirable housing as one participant expressed feeling as though they were offered housing "to put you somewhere because we want you out of the way" (Participant, Group 4). Another rural participant noted: "More white people moving into the Black neighborhood and we (Black people) can't find housing because all the poor white people moving in" (Participant, Group 3). As a result, participants did not feel settled once housed because they expected their rents to increase. A participant who lived in a mobile home park anticipated this would happen once the property owners started to make upgrades on site: "They're going to, they'll get ready to raise it (the rent) again...when they start doing things around the trailer park, you kind of know what the hell is getting ready to happen" (Participant, Group 8). An immigrant participant had to move frequently as her rent payments increased in each housing situation found: "My agreement is month by month, and every six months I have had to change my house because the owner finds a better tenant (Participant, Group 11). Participants receiving disability benefits felt in a specific bind because of their fixed incomes.

As a result, evictions were commonplace events that occurred as result of a variety factors, including gentrification pressure on rents and perceived bias by landlords. Since so many lived on limited incomes, any unexpected expense or income disruption negatively impacted participants' ability to pay their rent in a timely manner. For example, a relative's death created a housing crisis for one participant:

I'm stressed out because number one he (uncle) passed away unexpectedly. Number two now we got this big lump sum of money that we gotta come up with in just a few days (for the burial). I go to my landlord trying to get a deferred payment for my rent and he was like "no--we'll serve eviction papers." (Participant, Group 3)

Landlords varied in their flexibility regarding late rental payments and associated fees, as a result many participants lived with the looming threat of losing their housing.

> I had a constant pressure that if I do not pay until that set date, I must pay the total amount, because they did not offer me either a partial payment or a payment plan. They finally made me a payment plan so that I can pay off those debts. And finally, they accepted it, but it was already late because they sent me an order to court. (Participant, Group 11).

Even with payment plans, participants lived with increasing financial pressure of accruing debt with their landlords. Participants could be evicted quickly depending on the tenant protections in their states. Participants without formal rental agreements were even more vulnerable to eviction as they could be asked to leave for any reason at any time. For example, an immigrant participant described losing housing in the course of a single day.

4 | DISCUSSION

This study offers a conceptual model of housing insecurity developed using CBPR methods and the socioecological framework as a lens that draws attention to the cyclical nature of getting, keeping, and losing housing. Findings extend existing literature that highlights the ways in which housing stability is constrained by factors, such as violence and marginalization (Graves, 2019) and enhanced by the presence of social support (Johnstone et al., 2016) and emotional well-being (Clark et al., 2019). In this study, IPV survivors from marginalized communities encountered barriers to safe stable housing at all points in the cycle of housing insecurity. These barriers operated across multiple levels of the socioecology to keep socially marginalized IPV survivors housing insecure. While participants described lived experiences that were unique and nuanced, identified themes appeared to reflect universal similarities shared by different socially marginalized groups.

Many study findings reflected previous literature about personal safety challenges and organizational and community barriers related to social service limitations affordable housing shortages (Fraga Rizo et al., 2020; Gezinski & Gonzalez-Pons, 2021). However, study participants described experiences from the context of life within various marginalized communities. At the individual level, survivors were often exposed to additional trauma, violence, or abuse within their living situations, especially those in co-housing arrangements. It is worth highlighting the strong presence of sexual exploitation in the data, which has only recently emerged as significant barrier for women seeking to secure and maintain housing (Oliveri, 2019). IPV survivors from socially marginalized communities interacted with service delivery systems that were not designed to make resources easily accessible for them (Nnawulezi et al., 2018). A few participants expressed appreciation for advocacy/case management services that helped them access housing. However, most participants vocalized their frustration with the fragmented and bureaucratic nature of most formal helping systems. Participants frequently found service criteria confusing and were often mistrustful of service providers' motivations and decision-making. These findings echo research that highlights the ways in which available services do not necessarily match the needs or engage the trust of IPV survivors on the social margins (Melbin et al., 2014; Voth Schrag et al., 2021). Community-level barriers also interfered with safe housing access. Participants struggled between the scarcity of affordable housing units and the economic precarity of their households and larger social networks. Finally, participants described the ways in which societal-level systemic oppression further marginalized them from housing opportunities and resources. Black, immigrant, and sexual minority survivors all shared experiences of identity-based housing discrimination and sexual harassment. Many participants lived with ever-present fears of being evicted because of rent increases or due to falling behind in rent payments. Gentrification not only disproportionately impacted BIPOC survivors, the experience of residential displacement and accompanying surveillance also served as a trigger for historical traumas (Decker et al., 2019; Weaver, 2009; West, 2021).

4.1 | Prevention, clinical, and policy implications

Interventions that are flexible and center survivors' priorities are necessary to disrupt the cycle of housing insecurity in which many socially marginalized survivors are living (Sullivan et al., 2019; Thomas et al., 2021). Participants shared numerous examples of service delivery that did not honor survivors as the experts in their own lives. Housing services delivered in ways that are survivor-centered, trauma-informed, and culturally relevant can improve survivor accessibility, satisfaction, and well-being (Kulkarni, 2019).

The array of IPV housing programs has expanded over the past decade and now encompasses emergency shelter, rapid rehousing, transitional housing, and permanent supportive housing models (Klein et al., 2021). These models typically have service time limits that can range from 30 days to 2 years. However, these time limits may or may not align with length of time that socially marginalized survivors who contend with significant accumulated disadvantage need to achieve independence. Low barrier services, those which decrease program requirements to increase access, enhance survivor empowerment (Nnawulezi et al., 2018) and are experienced as less intrusive and more respectful (Clark et al., 2019; Thomas et al., 2021). Service providers can also benefit from training that enhances skills for identifying and combatting racism and discrimination to reduce the stigma/discrimination that participants described receiving when seeking help (Kulkarni et al., 2023). Organizations should attend to staff experiences of vicarious trauma that can result in burnout, disengagement, and reduced service delivery quality (Bell et al., 2003).

Though housing discrimination and sexual harassment experiences were common, participants typically tolerated or found creative ways to cope with these situations. Participants did not provide explicit examples of personal or collective advocacy to counter discriminatory experiences. Programs can work to strengthen advocacy efforts by helping survivors understand and seek to enforce local, state, and federal housing protections that may apply to them through the Violence Against Women and Fair Housing Acts (National Housing Law Project, 2020). Programs can also advocate for policies, such as eviction defense and rent stabilization, that support IPV survivors' efforts to remain housed (Keefe & Hahn, 2021).

Collaborations among housing, victim services, mental health service delivery sectors may help to reduce the service fragmentation that participants reported and improve access to resources that support safe housing (Thomas et al., 2021). However, bolder solutions that begin to address root causes of interconnected forms of violence and oppression at the community and societal levels are also required (Mehrotra et al., 2016; Richie et al., 2021). These include universal policies that support expansion of childcare, healthcare, living wage jobs, training/educational opportunities, and wealth creation. Such supports would undoubtedly help survivors who are socially marginalized to overcome the safety and healing challenges they face.

Participants emphasized how inextricably survivors are embedded within their social networks and communities. Therefore, policy initiatives that uplift communities also benefit survivors and their networks. Affordable housing that facilitates access to public transportation, good schools, and healthy foods enhances survivor long-term safety and well-being (Daoud et al., 2016). While participants reported feeling unsafe in neighborhoods with high levels of gun violence and drug use, they also reported fears about violence from police involvement (Decker et al., 2019). Thus, efforts to increase the safety of BIPOC survivors must take into account larger dialogs about policing within communities of color (Richie et al., 2021). Finally, when neighborhoods are gentrified, rents are no longer affordable and participants were forced to find new places to live. This displacement harms individuals, families and social networks and increases participants' sense of isolation and hopelessness (Tran et al., 2020). Deep community and neighborhood investments can simultaneously uplift participants along with their social networks.

4.2 | Limitations and future research directions

Findings should be considered in light of some limitations. Interviews were conducted within relatively small regional samples using convenience sampling. While the goal was to identify commonalities across various groups,

generalization should be undertaken with caution since not all marginalized communities could be included. Because interviews occurred in a group setting, it is also possible that participants may have chosen not to share sensitive information. Similarly, unexamined biases rooted in the social identities of research team members may be reflected in their interpretations. Despite these limitations, it is hoped that these findings offer new insights into the context of social marginalization as it influences IPV survivors' housing experiences.

Future research can deepen our understanding of population-specific experiences. For example, culturally specific research could provide more insight about housing and racism or housing and migration experiences. CBPR methods can be effective in advancing this critical knowledge. Broadly research that sheds light on effective strategies for overcoming service provider, program, and policy level housing barriers is needed. In particular, research that supports the development and evaluation of community-based interventions for IPV survivors continues to be a critical gap.

5 | CONCLUSION

Participants described IPV survivors from marginalized communities as being trapped within a cycle of housing insecurity that rarely led to stable housing. IPV survivors wanted safe, stable, and dignified housing. Unfortunately, housing conducive to survivor healing was often elusive. Instead, participants described living in unhealthy situations fraught with violence, sexual exploitation, and repeated housing loss. Disrupting the cycle of housing insecurity requires advocates, program developers, policy-makers, and funders to realign efforts with housing needs of survivors from marginalized communities within a socioecological framework that offers multileveled intervention (Kulkarni & Hill, 2020).

CONFLICT OF INTEREST STATEMENT
The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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