Fact Sheet on Programmatic Example

(Note: this is just an example of the type of evidenced based or promising practice that may implement all or part of a BSK strategy.)

Strategy to be Addressed:

Screening and early intervention - Prevent family homelessness via a flexible fund to help families with young children

Program Name:

Domestic Violence (DV) Housing First

Brief Program Description:

DV Housing First is a homelessness prevention program for survivors of domestic violence and their children. The program serves victims who are currently homeless, including those actively fleeing a domestic violence situation, and victims who are on the brink of homelessness. Many victims are facing unemployment and lack of income at time of program entry due to domestic violence. The DV Housing First program has been piloted in Washington with grants from local foundations in two cohorts. The participating DV programs have been from King County and other parts of the state. Cohort 1 had 4 agencies, and Cohort 2 was expanded to 9 additional DV agencies that participated in the program from September 2011 through September 2014.

Flexibility of financial assistance and services are a key component of the program. Financial assistance can be used for a range of needs such as clothing for a job, cost of an employment-related license, a variety of housing and/or moving costs, cost to repair a car, urgently needed groceries and other expenses that may be impacting the safety and security of a family. Services to victims can be very narrow and temporary or somewhat longer term, if needed, to meet the true needs of program participants in a tailored manner. With very little financial assistance per household on average (average cost of $1,250 per household), the safety, stability and well-being of victims and their families were increased in the pilot program.

Prevention Results Achieved Elsewhere or in K.C. Pilot:

The study found successful outcomes related to survivors' ability to get and keep safe and stable housing. Nearly all program participants including those with very low incomes maintained themselves in permanent housing for a prolonged period of time; 96% were still stable in housing 18 months after entering the program, with 84% reporting an increase in safety for their family. Security in permanent housing allowed DV survivors to get a job, keep a job, enroll in school or complete their education, which enabled them to become self-sufficient

quickly and without need for ongoing intensive services; 76% were receiving very minimal services from the DV program at final follow-up. Participants also expressed that housing stability had a profoundly positive effect on their children.

Target Population and number of people served:

The target population is survivors of domestic violence and their children. In Cohort 2 for King County 188 households were served through the two participating agencies over the three-year period, out of a Cohort 2 total number of 681 participants served.

Estimated Cost to Administer:

Flexible financial funding to eligible victim families was approximately $1,250 per household, with the minimum amount of assistance based on being $40 and the maximum amount of assistance being $10,000. The program is able to be nimble and tailor assistance to true need rather than use a one-size-fits-all model that is generally more expensive than a flexible program.

The King County portion of the cohort cost approximately $430,000, including staffing and flexible financial assistance, to serve 188 households. Taking the program to scale in King County may likely be similar to the cost of the entire cohort; up to approximately $1.5 million annually.

Estimated Cost Savings to Community:

The cost to shelter families in King County is approximately $8,000 per family, much more expensive than the average amount of $1,250 per household spent in the DV Housing First Program. Shelter stays keep families in a state of continuous homelessness and displacement from community, and may have impacts on children's overall health and well-being, requiring much more costly intervention(s) at a later time in the child's life.

As an example, one agency was prompted to consider changing their program model after hearing a client state that being in a DV shelter was worse than being at home with her spouse. Many clients in the study commented that the stability for their kids was the most important aspect of the program, reducing trauma in their children's lives. Minimizing adverse childhood experiences (ACES) minimizes the risk for a number of health issues connected to ACES, such as substance use/abuse, depression, post-traumatic stress, heart disease, intimate partner violence, suicide and early initiation of smoking. These are human and financial costs that can be significantly minimized with such a homeless preventative program.

DOMESTIC VIOLENCE
HOUSING FIRST

The Washington State Domestic Violence Housing First Program

Cohort 2 Agencies Final Evaluation Report

September 2011 – September 2014

"Domestic Violence Housing First has provided a foundation for me to improve my quality of life. It gave me my life back."—Survivor

Prepared By: **Lyungai Mbilinyi, PhD**
Innovative Programs Research Group,
School of Social Work, University of Washington, Seattle

Prepared For: **Washington State Coalition Against Domestic Violence**

Funded By: **The Bill & Melinda Gates Foundation**

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"DVHF is human-oriented."—DVHF staff

Table Of Contents

Executive Summary 3

Evaluation Overview And Data Collection Methods 8

Program Overview 13

- Domestic Violence Housing First Background 14
- Cohort 2 Agencies 16

Participant Characteristics At Program Entry 19

- Participant Demographics 21
- Participants' Needs And Priorities At Intake 24

Key Findings 28

- Housing Retention 29
- Need, Priorities, Safety, And Well-Being 31
- Parenting And Children's Well-Being 34
- Immigrant Participants 38
- Tribal Program Participants 41
- Urban And Rural Communities 45

Survivor Feedback 50

Community And Agency Impact 53

Sustainability 58

Limitations And Suggestions For Future Evaluation 61

Appendix 64

"There is no longer domestic violence in front of my child. She is no longer scared."
—Survivor

Executive Summary

The Domestic Violence Housing First (DVHF) program, which was funded by the Bill & Melinda Gates Foundation and coordinated by the Washington State Coalition Against Domestic Violence (WSCADV), was designed to eliminate housing as a reason for survivors to stay in abusive relationships by providing flexible advocacy. This approach gave survivors of domestic violence the ability to establish a home and the freedom to choose how best to rebuild their lives. Permanent housing was the beginning of their new journey. The first phase of the DVHF program began with a cohort of four domestic violence agencies. The second phase, known as Cohort 2, expanded the program to nine additional agencies. Cohort 2 agencies served survivors with higher barriers to housing, including those living in rural, tribal, immigrant, and culturally specific communities. (See "Cohort 2 Agencies" in the Program Overview section for a brief description of each agency.)

Domestic Violence Housing First Program Overview

The DVHF program is rooted in the Housing First approach, which focuses on rapidly getting people who are homeless into permanent housing. The theory is that any issues that may have contributed to an individual or family becoming homeless can best be addressed after they are stably housed.

Focused on increasing survivors' access to and retention of stable housing, the DVHF program is guided by the safety and self-determination needs of domestic violence survivors and their children. Its main component is flexibility in providing financial assistance and services to survivors and their children. This flexibility promotes the DVHF program's main pillars, including:

Survivor-driven advocacy: Advocates focus on addressing the needs identified by survivors. Advocates are mobile, meeting survivors where it is safe and convenient for them.

Community engagement: Advocates provide outreach and education to landlords, law enforcement, city government, and housing councils on the dynamics of domestic violence and survivors' needs for safety. By doing so, they change and improve the way communities respond to domestic violence.

Housing stability: Like safety planning, housing stability is integrated into advocacy. Advocates work directly with survivors on accessing and/or retaining their housing, including accompanying survivors to housing appointments, acting as liaisons with landlords, and negotiating leases.

Flexible financial assistance: Funds are targeted to support survivors so they can rebuild their lives, including covering childcare costs, transportation, school supplies, uniforms and permits required for employment, as well as time-limited and flexible rental assistance.

Participant Demographics and Housing Situation at Program Entry

Over three years, Cohort 2 agencies served 681 survivors and approximately 1,000 children, 17 years old or younger. Of these children, nearly 40% were five years old or younger. The survivors were racially and ethnically diverse. Survivors of color represented 67% of participants, including Native American/Alaska Native survivors, who made up the largest racial category (35%). Immigrant survivors represented 22% of the caseload (69% in urban areas), with a quarter having lived in the U.S. for five years or fewer. A majority of survivors were low income and had completed a high school degree/GED or lower grade.

Half of the survivors had permanent housing at intake; however, many were on the brink of homelessness and needed resources to retain their housing. Some survivors were in permanent homes that were not safe or healthy. In urban areas, some survivors had to choose between an affordable but unsafe home or homelessness. In rural areas, some survivors had to remain where they were due to lack of housing.

Participants' Needs and Safety at Program Entry

At program entry, many survivors were facing unemployment, English language barriers, eviction, and criminal background histories, as well as struggling with chemical dependency. Immigrant survivors had the highest needs, including high levels of unemployment compared to non-immigrant survivors. Survivors who were undocumented faced more restricted access to most available resources and lived in constant fear of deportation.

Some survivors were in imminent danger of violence from the abuser at intake. About a quarter were being spied on by their abuser or former partner and believed their abuser was capable of killing them; 18% of the survivors' abusers had tried to strangle them; 16% of the abusers had threatened to kill them.

Key Findings

DVHF advocacy increased the safety and well-being of survivors and their children and had a direct impact on their housing stability, often without substantial financial assistance. The following are key evaluation findings from Cohort 2's three years of DVHF programming.

Survivor-Driven Advocacy Contributes to Housing Retention

Despite the barriers to housing, 96% of survivors retained their housing 18 months after entering the DVHF program. Where necessary, advocates worked with survivors to access housing and then provided the support needed to retain that housing.

Housing Stability Rebuilds Lives, Leads to Independence

At the final follow-up, 76% of survivors were receiving minimal services from

advocates, at a low cost to the agency. Stable housing enabled survivors to focus on their goals beyond housing: to keep their jobs, to enroll in school, or to start their own business.

> *"I would have [left the abusive situation] a long time ago if I would have known this place was here."*—Survivor

Independence Leads to Safety

Of survivors who submitted feedback surveys, 84% strongly agreed that DVHF increased their own safety and their children's. Survivors defined safety not just as physical safety from violence, but also as safety from substance abuse and dangerous communities/neighborhoods.

> *"People are equally safe in permanent housing as in shelter."*
> —DVHF staff

Safety and Stability Contribute to Nurturing Environments for Children

DVHF helped restore bonds between survivors and their children, led to happier outcomes, and provided stability in the lives of survivors and their children. Survivors reiterated that the most valued impact of the DVHF program was its ability to provide their children with normalcy and routine. Children were able to live in their own home, go to the same school, get gifts during holidays, eat home-cooked meals, have their own rooms, and have their friends over. Survivors reported that, because of stable housing and advocacy, their children were able to live without fear of the abuser and to recover from the trauma they had experienced themselves.

> *"Kids are finally being kids again. I'm trying to teach kids that their job is to just be a kid and not to worry about things."*—Survivor

Housing Stability and Advocacy Improve Health And Well-Being and Restore Dignity and Self-Worth

Survivors reported that having a home allowed them to heal from trauma and recover from chemical dependency. Almost all (99%) of the survivors agreed that their advocate helped restore their sense of dignity.

> *"Even if you mess up, you can still come here. Acceptance (especially for addicts)—it's really important to accept people where they are at."*—Survivor

Flexibility Supports Adaptability of Culturally Responsive Services

Flexible, survivor-driven services supported culturally specific approaches to advocacy, which better met the needs of survivors. Native American and immigrant survivors expressed that having advocates from the same culture made them feel less alone and better understood. Adaptability of services also allowed agencies to serve survivors who might otherwise have had a difficult time finding inclusive domestic violence shelter.

> *"Learning to hear what survivors are saying without them talking is important. It's hard for survivors from certain cultural communities to ask for help or to tell people that things aren't going well. The more you explicitly call out what clients don't have, the more you degrade them."*—Advocate

Community Engagement Enhances Collaboration and Sustainability

DVHF agencies developed or enhanced strong partnerships with other services within their agencies, as well as with other domestic violence, sexual assault, and housing programs. Developing positive relationships with landlords, law enforcement, and other community programs enabled advocates to negotiate on survivors' behalf, educate the community, and ultimately improve the community's response to domestic violence. Stabilizing survivors fostered healthier communities.

> *"Although DVHF is ending, pieces of the program that worked will be carried on. Financial change is significant, but the philosophy and focus on housing will remain (internal focus on clients and external involvement in housing/homeless work in the community)."*—DVHF agency director

> *"Many times it's 'priceless,' the advocate's time and support. It really doesn't take a whole lot of money with advocacy, to help someone and change their lives."*—Advocate

Evaluation Overview and Data Collection Methods

Evaluation Overview

Due to the DVHF pilot's exploratory nature and its flexible service provision and funding implementation, the evaluation process evolved over time and used multiple methods to document service provision and impact from varying perspectives. Following two years of Cohort 1 implementation and at the start of Cohort 2 (September 2011), the evaluation design was enhanced to include more structured and quantitative analysis, as well as a stronger emphasis on outcomes and survivor impact, while still maintaining the richness of qualitative methods for data collection and dissemination.

WSCADV contracted with Dr. Lyungai Mbilinyi, PhD, and Alison Kreiter, MSW, with the University of Washington's School of Social Work/Innovative Programs Research Group, to measure the process and impact of implementing the DVHF model with the nine Cohort 2 agencies, as well as the final year of Cohort 1 agencies. (For information on the Cohort 1 pilot, see the July 2013 final evaluation summary.)

Process and Outcomes

Below are anticipated outcomes that were formulated based on lessons learned from the Cohort 1 pilot of DVHF approaches.

Anticipated Outcomes

- Increased access for survivors to permanent housing
- Housing retention
- Enhanced well-being and quality of life for survivors
- Enhanced well-being and quality of life for survivors' children
- Increased safety for survivors and their children
- Increased collaboration among staff within the same agency
- Community partners' increased awareness of domestic violence dynamics and survivors' housing needs
- Increased and enhanced partnerships across agencies and entities

These outcomes were expected to be facilitated by the following specific process outputs.

Anticipated Process Outputs

- Individual and family level: number of survivors and children served
- Individual level: types of services provided to survivors and their children
- Organization level: mechanisms of flexible funding structure and administration
- Organization level: implementation of mobile and tailored survivor-centered advocacy
- System level: collaboration with and referrals to community partners

Data Collection Methods

The DVHF evaluation consisted of five data collection methods (see the appendix for all surveys and questions):

1. Online surveys
2. Staff focus groups
3. Survivor focus groups
4. Survivor individual interviews
5. A self-administered Survivor Feedback Survey

Quarterly (September 2011–April 2013) or semi-annually (April 2013–September 2014), DVHF agencies completed online surveys, a process otherwise known as the check-in. The **individual participant intake and follow-up** consisted of a mixture of quantitative/standardized and qualitative/open-ended questions and included the following categories for each survivor: demographics, household members, level of need, type and length of services, housing type at program entry and after enrollment, priorities at intake and after enrollment, housing retention, and level of danger. The intake survey was ongoing, and the follow-up survey was implemented during specifically timed check-ins. At each follow-up time point, advocates were asked to complete the survey for each survivor who had ever been served by the DVHF program, including those no longer actively receiving services, allowing agencies to check in on survivors and also collect data on the program's outcomes.

The **agency narrative** online survey was completed by advocates and/or project directors. It was mostly qualitative with open-ended questions related to mobile advocacy, successes and challenges of finding and retaining housing for survivors, working with public housing authorities and private landlords, and the overall impact of the program on survivors, participating and partnering agencies, and the community. The final narrative survey was revised to reflect changes and lessons learned during the program's three years of funding.

In-person staff focus groups were conducted by the evaluators during annual evaluation visits to the agencies. The WSCADV housing program coordinator and other WSCADV staff were also present to provide technical assistance, take notes, and co-facilitate. Staff focus groups addressed questions about successes

and challenges of service implementation; impact of the program on the staff, agency, and community; lessons learned; average cost per survivor; plans for sustainability; and other follow-up questions based on the conversation.

In-person survivor focus groups were conducted by the evaluators during annual evaluation visits to the agencies. The WSCADV housing program coordinator and other WSCADV staff were also present to provide technical assistance, take notes, and co-facilitate. Survivor focus groups addressed questions about specific areas of focus with the advocate; impact of the program on survivors and their children; challenges accessing or retaining housing; importance and availability of culturally specific services; suggestions for change; and other follow-up questions based on the conversation (see focus group questions in the appendix). Interpretation was provided as needed to promote participation.

In-person survivor individual interviews were offered to survivors who were not comfortable in group settings or those who wanted their identity kept private from other participants. Interviews included questions similar to those asked during survivor focus groups. Interpretation was provided as needed to promote participation.

The **self-administered survivor feedback survey** was introduced during the Cohort 2 evaluation to provide survivors an opportunity to share their experiences with the DVHF program in an anonymous and private setting. The brief survey included questions about the survivors' satisfaction with advocates and program services, the program's impact on survivors and their children, and suggestions for change. The evaluators provided survivors with the survey during evaluation visits. Survivors completed the survey on their own and in private, and were asked to insert completed surveys in an envelope (without names or other identifying information), which the evaluators collected. In addition, blank surveys with self-addressed, stamped envelopes remained at each agency for survivors to complete and send directly to the evaluators.

The evaluation description, consent form, and surveys were translated into several languages to be culturally and linguistically inclusive. Blank surveys were then back-translated to English to ensure accuracy of each question's meaning.

Data for Final Report (2011–2014)

The findings in this report include online survey data and conversations based on survivors served during the three-year funding period, between September 2011 and September 2014. Two of the agencies in this cohort are primarily urban, and seven are rural.

The evaluation team and WSCADV staff met with each Cohort 2 agency during four sets of evaluation visits, which took place in the spring and fall of 2012, summer of 2013, and summer of 2014 (see the appendix for the main questions asked during evaluation visits). With permission from staff and survivors, evaluators recorded all interviews and focus groups. Whenever possible and with

survivors' permission, the evaluation team and WSCADV staff shared a meal with survivors and staff before or after the focus groups.

Data were reported across nine data collection time points or "check-ins" and then merged and analyzed for this final report. Check-ins were initially conducted quarterly from September 2011 to April 2013, and then semi-annually from April 2013 to September 2014. Each check-in included data and services for the previous three- or six-month period, respectively. Data collected during the three-year funding period included the following:

- 681 Individual Participant Intake surveys (online and collected on an ongoing basis)
- Individual Participant Follow-Up surveys and Agency Narrative surveys, collected online across nine time points between January 2012 and September 2014 (This report includes data from the final follow-up (September 2014), which included 438 survivors reached by advocates.)
- 139 Survivor Feedback Surveys (currently translated to Spanish, Mandarin, Cambodian/Khmer, and Tagalog; surveys completed in Spanish, Mandarin, and Cambodian were translated back to English for analysis)
- 36 staff focus groups
- 13 survivor focus groups with 70 survivors in English, Spanish, and Tagalog (translated during the focus groups)
- 100 survivor individual interviews in English, Spanish, Mandarin, and Tagalog (translated during the interviews)

Qualitative notes from the focus groups and individual interviews were coded to document themes and specific examples from staff and survivors, which are interwoven throughout this report to complement the quantitative data in relevant sections. Quantitative and qualitative data from the Agency Narratives are also included throughout the report.

(Technical Note: Only qualitative notes from 2013 and 2014 are included in this report. For qualitative notes covering 2011–2012, see the July 2013 Cohort 2 Evaluation Summary.)

Program Overview

Domestic Violence Housing First Background

In 2009, the Bill & Melinda Gates Foundation awarded grants to four Washington State Coalition Against Domestic Violence (WSCADV) member agencies through a competitive process to pilot a Domestic Violence Housing First (DVHF) program. WSCADV was subsequently commissioned to:

1. Coordinate and provide technical assistance and support to the cohort agencies.
2. Provide information about the developing model to WSCADV member agencies and housing/homeless organizations around the state.
3. Identify and pursue statewide strategies to increase access to safe, affordable, permanent housing for domestic violence survivors.

The DVHF program was intended to increase access to permanent and affordable housing among survivors of domestic violence. Paramount to the DVHF program was the autonomy the Gates Foundation gave agencies in how to use the funding and administer the program. The DVHF program eliminated housing as a reason for survivors to stay in abusive relationships by providing flexible advocacy that gave survivors the ability to establish a home and the freedom to choose how best to rebuild their lives. The goal was to provide participants/survivors the services necessary to help them retain housing based on their unique needs, which included such supports as transportation, career training, job-related expenses, childcare, supplies and services for children, lock changes, home security features, and temporary rental assistance.

Focused on increasing survivors' access to and retention of stable housing, the DVHF program is guided by the safety and self-determination needs of domestic violence survivors and their children. Its main component is flexibility in providing financial assistance and services to survivors and their children. This flexibility promotes the DVHF program's main pillars, including:

Survivor-driven advocacy: Advocates focus on addressing the needs identified by survivors. Advocates are mobile, meeting survivors where it is safe and convenient for them.

Community engagement: Advocates provide outreach and education to landlords, law enforcement, city government, and housing councils on the dynamics of domestic violence and survivors' needs for safety. By doing so, they change and improve the way communities respond to domestic violence.

Housing stability: Like safety planning, housing stability is integrated into advocacy. Advocates work directly with survivors on accessing and/or retaining their housing, including accompanying survivors to housing appointments, acting as liaisons with landlords, and negotiating leases.

Flexible financial assistance: Funds are targeted to support survivors so they can rebuild their lives, including covering childcare costs, transportation, school

supplies, uniforms and permits required for employment, as well as time-limited and flexible rental assistance.

> *"The flexibility provides relief for survivors who are trying to rebuild their lives."*—Advocate

DVHF advocacy services to survivors were categorized into three levels, guided by survivors' needs:

- **"Light touch"**: One-time service involving minimal mobile advocacy and cost to the agency, such as changing a lock or replacing a car battery.
- **"Medium touch"**: Legal and support services and mobile dvocacy, in addition to light touch needs.
- **"High touch"**: Substantial survivor-centered mobile advocacy and longer-term financial investment.

Some agencies focused on fewer survivors with high needs, others enrolled more survivors with light touch needs, and some agencies provided a mixture of all levels of service.

Four community-based domestic violence agencies, known as Cohort 1, received initial funding for three years (2009–2012). The four agencies were Family Resource Center of Lincoln County (Davenport), Lifewire (formerly known as the Eastside Domestic Violence Program, Bellevue), Womencare (Bellingham), and YWCA of Kitsap County (Bremerton). The Bill & Melinda Gates Foundation then expanded the DVHF program to respond to survivors with significant financial and other challenges in underserved communities, such as communities of color, Native, and immigrant communities. Cohort 2 was established in September 2011, when nine urban, rural, immigrant, and tribal domestic violence programs across Washington State were funded for three years to engage with survivors and their communities to address specific needs of survivors facing housing instability and/or homelessness.

Cohort 2 Agencies

Cohort 2 Agencies

The nine agencies in Cohort 2 of the DVHF program include:

- Crisis Support Network, Raymond, WA
- Forks Abuse Program, Forks, WA
- Healthy Families of Clallam County, Port Angeles, WA
- Interim CDA (merged with original grantee International District Housing Alliance), Seattle, WA
- Kalispel Tribe of Indians, Usk, WA
- Lummi Victims of Crime, Bellingham, WA
- New Hope DV/SA Services, Grant County and Adams County, Moses Lake, WA
- The Salvation Army Northwest Division Domestic Violence Program, Seattle, WA
- Spokane Tribal Family Violence Program, Wellpinit, WA

Crisis Support Network (CSN) is a nonprofit agency in Pacific County (975 square miles), a rural county on the southern Washington coast. Even though the area attracts seasonal tourists, it is an economically depressed county with few resources. CSN operates the only shelter, a domestic violence shelter, in Pacific County. Domestic violence and sexual assault services are provided out of two office locations, in Raymond and Long Beach. The agency recently opened the Pacific Pearl, a permanent supportive housing facility for survivors of domestic violence with co-occurring disorders. The facility is managed by the Longview Housing Authority, and CSN provides the advocacy services.

Forks Abuse Program (FAP) is one of two domestic violence/sexual assault agencies in Clallam County. Both are Cohort 2 agencies and share the Bill & Melinda Gates Foundation grant. Clallam County, located on the Olympic Peninsula, has a population of 72,000. FAP is in the small community of Forks, population of approximately 3,100. This is a small, isolated rural area surrounded by National Park Service land, ocean beaches, and the Strait of Juan de Fuca. FAP's service area is home to four Native American Tribes: Makah, Quileute, Hoh River, and Quinault. Over the past 20 years, the Forks area has seen a growing immigrant population. Current indexes show that 20–25% of the Forks population is Spanish-speaking. FAP operates an emergency shelter consisting of individual units in four duplexes and owns two additional duplexes that have recently been converted from transitional to permanent housing.

Healthy Families of Clallam County (HFCC) is located in Port Angeles, which is the largest town in Clallam County, with a population of approximately 31,000. HFCC's service area is home to the Jamestown and Lower Elwha S'Klallam Tribes. HFCC released the lease on its communal living emergency shelter shortly before the grant period started, and currently provides temporary shelter for survivors in apartment units and motel rooms. HFCC also operates a transitional

housing facility for survivors and recently opened a Children's Advocacy Center in a remodeled section of its Port Angeles office. Clallam County's economy has historically been based on the fishing and timber industries, which have seen a significant decline over the past decade.

Interim Community Development Association (CDA), is a nonprofit affordable housing and community development organization based in Seattle's Chinatown/International District. The International District Housing Alliance (IDHA) merged with Interim CDA late in 2011. This organization provides multilingual, culturally competent housing-related and community-building services to Asian, Pacific Islander, and immigrant and refugee communities in Seattle. A decade prior to the merger, IDHA started providing emergency and transitional housing through scattered, individual apartment units for survivors of domestic violence. Interim CDA now has several staff trained in domestic violence advocacy and at least one advocate dedicated to domestic violence survivors. Seattle is the most populous city of 39 incorporated cities in King County. King County has a population of 2.044 million people and covers 2,307 square miles, from the Puget Sound to the ridge of the Cascade Mountains. Recent immigrants and refugees make up almost 21% of the population, and 26% of the population speaks a language other than English in the home.

Kalispel Tribe of Indians (KTI) includes within its Tribal Court a Domestic Violence and Sexual Assault "Healing Spirits" Program. This program became a part of Cohort 2 in order to develop a housing first program that could increase access to permanent housing for Native American domestic violence survivors. KTI does not have emergency or transitional housing units for survivors. The Kalispel reservation is located on roughly 4,557 acres of land in Pend Oreille County, in the northeastern corner of Washington, roughly 55 miles north of Spokane. Pend Oreille County is very rural, with a population density of eight people per square mile. There are approximately 450 Kalispel tribal members: one third reside on the reservation, a third live in Spokane, and a third live in other communities throughout the United States.

Lummi Victims of Crime (LVOC) has operated on the Lummi Nation reservation for more than 20 years. The Lummi reservation is in western Whatcom County, a rural area 20 miles south of the Canadian border and on the Salish Sea coast. The reservation consists of almost 21 square miles and a population of 6,590 people, including 2,564 enrolled tribal members. LVOC provides services to survivors of domestic violence and sexual assault, as well as to victims of other crimes. The program operates an emergency shelter and a transitional housing program.

New Hope Domestic Violence and Sexual Assault Services is a part of Grant Integrated Services, a department of Grant County. In addition to New Hope, Grant Mental Health Care, Grant County Developmental Disabilities, and Prevention and Recovery Center are under the umbrella of Grant Integrated Services. New Hope provides services in Grant and Adams Counties, both located in the central part of eastern Washington. Both counties consist of rural farming communities. In Grant County, 30% of the population is Latino/Hispanic; in Adams, 59% of the population is Latino/Hispanic. New Hope advocates cover a

large geographic area: 2,791 square miles for Grant County (28 people per square mile) and 1,930 square miles for Adams County (8 people per square mile). New Hope operates an emergency shelter and has offices in Moses Lake and Othello.

The Salvation Army Northwest Division (TSA) includes a domestic violence program under its umbrella of services in Seattle. The program operates an emergency shelter, a transitional housing facility, and a community advocacy program for domestic violence survivors. The TSA Seattle Social Services office is located near downtown Seattle and offers, in addition to its community-based domestic violence programs, a food bank, an emergency financial assistance program, a single women's homeless shelter, and an eviction prevention program. At least 50% of survivors entering the program are from marginalized populations, in particular, African American and refugee/immigrant.

Spokane Tribal Family Violence Program operates under the umbrella of the Spokane Tribe of Indians Department of Health and Human Services. The program's offices are located on the Spokane reservation at Wellpinit in Stevens County, in northeastern Washington. The reservation has 159,000 acres of mostly forested land and 2,708 tribal members. The program provides domestic violence and sexual assault services. It does not currently have an emergency shelter for survivors, but has been working to secure one, for the many survivors who do not wish to leave the reservation. Currently, emergency options for survivors are in motels close to Spokane.

The YWCA of Kitsap County was originally selected as a part of Cohort 1. Since it had funds remaining at the end of the three-year grant period, the agency was permitted to continue providing DVHF services for an additional year as a part of Cohort 2. The YWCA provides domestic violence services throughout Kitsap County. It operates the ALIVE (Alternatives to Living In a Violent Environment) Shelter in Bremerton and transitional housing programs in north and central Kitsap County, as well as legal and community advocacy. Kitsap County is located on the Olympic Peninsula and is a ferry ride immediately to the west of Seattle. It has 566 square miles and a population of 253,968. Kitsap County's largest employer is the U.S. Navy; it is home to three naval installations including the Puget Sound Naval Shipyard.

Participant Characteristics at Program Entry

Cohort 2 enrolled 681 survivors during three years of the DVHF program, between September 2011 and September 2014. Survivors accessed the program through interagency referrals (for example, the agency's shelter, transitional housing, or legal or domestic violence advocacy), from other cohort or partnering domestic violence and housing agencies, and by independently contacting the DVHF program. In small, rural, and tribal communities, some survivors connected with advocates in the community and subsequently enrolled in the DVHF program.

Table 1. Number of Participants Served* (September 2011–September 2014)

	Participants Served Sept 2011–Sept 2014	
Crisis Support Network, Raymond, WA	127	2
Forks Abuse Program, Forks, WA	31	1
Healthy Families of Clallam County, Port Angeles, WA	48	1
Interim CDA (formerly IDHA), Seattle, WA	123	
Kalispel Tribe of Indians, Usk, WA	19	1
Lummi Victims of Crime, Bellingham, WA	160	2
New Hope DV/SA Services, Grant County and Adams County, Moses Lake, WA	66	1
The Salvation Army Northwest Division Domestic Violence Program, Seattle, WA	65	
Spokane Tribal Family Violence Program, Wellpinit, WA	32	1
YWCA of Kitsap County, Bremerton, WA** (October 2012–March 2013)	10	1
TOTAL	681	

* Each agency received roughly the same amount of funding. As part of a pilot program, each agency was encouraged to take risks: Some chose to invest deeply in a smaller number of participants, sometimes because of population. Others wanted to share the resource more widely among their participants. Varying numbers served in some cases also reflects agency size, capacity, and participant characteristics.

** YWCA of Kitsap County, a Cohort 1 agency, received a no-cost extension for October 2012–March 2013 and was temporarily considered part of Cohort 2. Only the ten participants who entered the program during this period are included in this report's intake data.

500,000
885,300

Participant Demographics

Race/Ethnicity/Immigrant Status

Per the intention of the DVHF program's design, Cohort 2 served a highly racially diverse clientele, with survivors of color making up the majority (67%) of the caseload (see Table 2). Native American/Alaska Native survivors was the largest racial group represented (35%), followed by 30% European American or White survivors, 10% African American or Black survivors (38% of them identified as African immigrant/refugee), another 10% Asian, 2% Pacific Islander, 5% multiracial, and another 5% who identified as other (including Latino/a). The race for 3% of survivors was unknown or not reported by the survivor. Ethnically, 12% of participants were Hispanic/Latino/a.

Twenty-two percent of DVHF participants identified as immigrant or refugee. Spanish was the most common language spoken in survivors' homes besides English, and survivors reported 44 other languages spoken in their homes (see Table 3).

Gender and Age

Almost all (98%) of the survivors were female; the remaining 2% were male. The largest group, encompassing 35% of survivors at program entry, were between 25 and 34 years old, followed by 32% who were between 35 and 44 years old, 15% between 45 and 54 years old, 14% between 18 and 24 years old, 4% between 55 and 64 years old, and 1% who were 65 years old or older.

Education and Income

The majority (61%) of Cohort 2 participants had completed no more than a high school education or equivalent (see Table 2 below). Upon program entry, half (50%) of participants had an average monthly income of $800 or less. The four most common sources of income included employment (45%), TANF or equivalent (23%), SSI or equivalent (15%), and child support (9%). Five percent of survivors were receiving unemployment benefits at program entry.

Table 2

Table 2. Participant Demographics at Program Entry

Demographic	N=681
Hispanic or Latino/a	12%
Race	
African American/African Descent/Black*	10%
Asian	10%
Caucasian/European American/White	30%
Native American/Alaska Native	35%
Pacific Islander/Native Hawaiian	2%
Multiracial	5%
Other	5%
Not reported	3%
Immigrant/Refugee	22%
Gender**	
Female	98%
Male	2%
Age	
18–24 years old	14%
25–34 years old	35%
35–44 years old	32%
45–54 years old	15%
55–64 years old	4%
65 years old and older	1%
Education	
High school diploma/GED or less	61%
Associate degree or some years of college	21%
Four-year college degree or more	8%
Currently in school	4%
Other	7%
Income	
Average household monthly income $800 or less	50%
Income Source	
Employment	45%
SSI/equivalent	15%
TANF/equivalent	23%
Child support	9%
Unemployment benefits	5%
Other	3%

* Of survivors who were Black or of African descent, 38% identified as immigrant/refugee (not African American) at program entry.

** Gender percentages are based on data from 285 survivors, as the question was introduced halfway through the program.

Table 3. Languages Spoken in Survivors' Homes

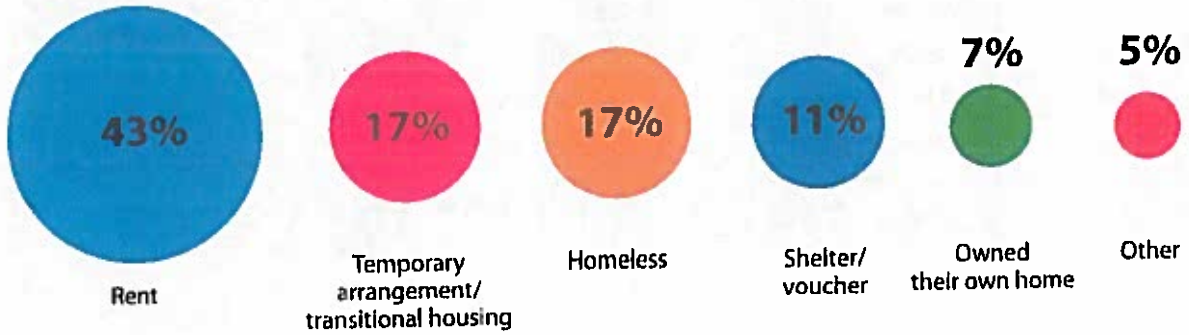
1. Amharic	*14. German*	*27. Mien*	*40. Sudan Arabic*
2. Arabic	*15. Guragigna*	*28. Mongolian*	*41. Tagalog*
3. Azerbaijan	*16. Harari*	*29. Munukutuba*	*42. Tamil*
4. Burmese	*17. Hindi*	*30. Nepali*	*43. Thai*
5. Cambodian/Khmer	*18. Italian*	*31. Oromo*	*44. Tigrinya*
6. Cantonese	*19. Japanese*	*32. Punjabi*	*45. Turkish*
7. Cham	*20. Kalispel*	*33. Romanian*	*46. Vietnamese*
8. Chuukese	*21. Kiswahili*	*34. Russian*	
9. Dinka	*22. Korean*	*35. Salish*	
10. English	*23. Latin*	*36. Samoan*	
11. Ewe	*24. Lingala*	*37. Somali*	
12. Farsi	*25. Malayalam*	*38. Soninke*	
13. French	*26. Mandarin*	*39. Spanish*	

Participants' Needs and Priorities at Intake

Living Situation at Program Entry

Half (50%) of survivors had permanent housing when they entered the DVHF program: 43% were renting and 7% owned their homes. The other half (50%) of participants did not have permanent housing at program entry: 17% were homeless, 17% had temporary arrangements including living with family or friends or in transitional housing, 11% were staying in emergency shelter, and 5% had other living arrangements (see Figure A).

Figure A. Cohort 2: Living Situation at Program Entry N=681



> *"Being homeless and knowing I may have to sleep in a car with my son—I couldn't do that to my son any longer." After housing: "I feel like a human. I feel normal."*—Survivor

Past Emergency and Temporary Housing Assistance

Nearly one third (29%) of participants had stayed in a domestic violence emergency shelter at some point in the past, 21% had lived in transitional housing, and 14% had stayed in a general emergency shelter.

Barriers to Housing Access and Retention

In addition to the lack of affordable housing in their local communities and an ongoing tough economy, DVHF survivors continued to face a range of significant barriers that had made it difficult to obtain or retain housing in the past. Unemployment was the most common barrier, affecting 48% of the 681 survivors at program entry, followed by limited English proficiency (18%), eviction history (12%), chemical dependency (10%), criminal background history (9%), and child protective services (CPS) involvement (7%). Lack of accessible affordable housing for people with disabilities also stood in the way of survivors' housing access or retention, with mental disability affecting 9% of survivors at program entry, followed by physical disability (7%), multiple disability (3%), and sensory disability (1%).

Survivors and agency staff spoke of and gave examples of other situations that made it difficult to get or keep housing, including:

- Lack of affordable housing or any housing in rural communities
- Stigma of abuse (particularly for male survivors afraid or ashamed to seek assistance)
- Having pets (even when they are service or "comfort" pets)
- Credit card debt from abuser
- Lack of credit history (which was under abuser's name)
- Lack of domestic violence shelter options for survivors with teenage sons, survivors without children, and male survivors

Housing policies had created dilemmas for many survivors trying to access or retain permanent housing. For example, income limits for subsidized housing meant that some survivors might not be able to earn what they needed to cover their other expenses. Some survivors might get a second job in order to make ends meet, only to have their income exceed the limit. Others faced the challenge of finding housing within the brief time limits allowed by shelters.

> *[When you're in shelter], you cannot find a place within the 30-day time limit."*—Survivor

> *Shelter says, 'Get a job, get a house, and get your kids in school.' All this in 30 days!"*—Survivor

Other participants had incomes slightly above what qualifies for subsidized or tribal housing, yet not high enough to afford housing without assistance.

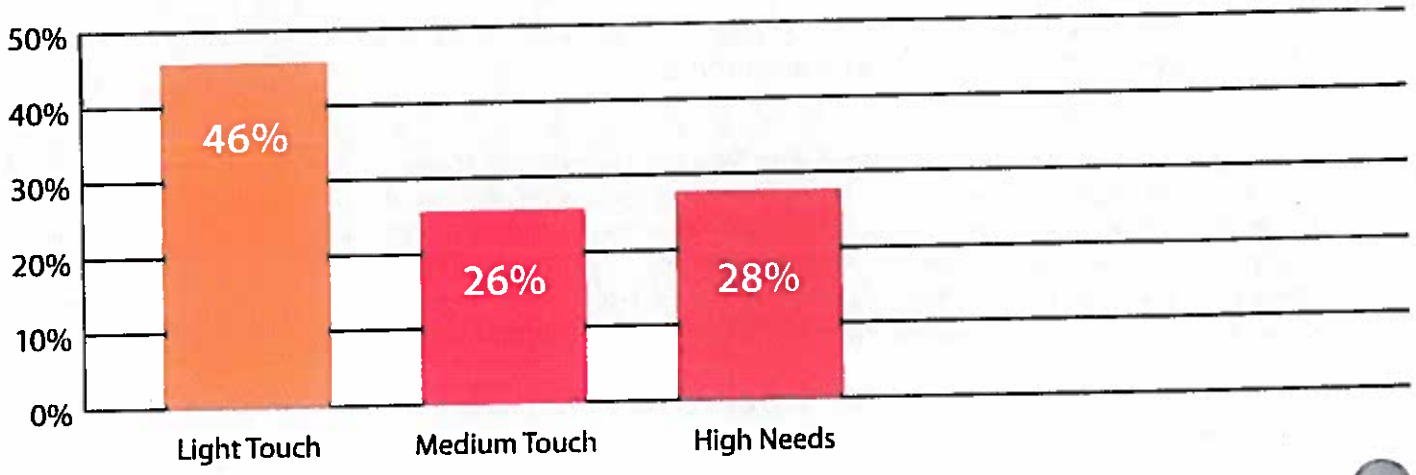
Level of Need and Services

Agencies classified DVHF participants according to their level of need. "Light touch" represented simple and discrete needs that could be met quickly (for example, paying for one month's rent, lock installation, utilities, or temporary childcare). "Medium touch" included light touch needs, plus connecting the participant with other services provided at the agency (for example, support groups or counseling); housing was retained or obtained relatively quickly for participants who needed medium touch. Participants at the "high touch" level presented the needs of light and medium levels and also needed long-term planning with an advocate to obtain housing and improve their financial situation. Safety planning occurred at all levels.

According to advocates' reports, almost half of participants (46%) had light touch levels of need, just over a quarter (26%) had medium levels of need, and 28% had high needs (see Figure B).

> *"Determining level of needs is about looking at social networks, social economic status, chemical dependency and criminal background, access to resources, level of education, employment history, and history of trauma and historical trauma."*
> —DVHF staff

Figure B. Cohort 2: Level of Need at Program Entry N = 681



In addition to providing mobile advocacy and assisting in survivors' search for housing, advocates used flexible financial assistance to meet a range of survivors' needs, including:

- Rent deposit and first month's rent
- Utility payments
- Student loan payments
- Transportation/Rides
- Children's school supplies and memberships to activities
- Gym membership
- Payment of credit card debt from abuser
- Work-related clothes, uniforms, and professional licenses
- Items for infants: diapers, car seat, baby clothes
- Childcare expenses

Contributing toward or paying for some of these resources for survivors eliminated the need for them to choose between paying for their rent or childcare for their children; between necessities for their infant, food on the table, or eviction notice; between health and well-being or electricity.

Survivors' Level of Danger

DVHF participants' risk of danger was high at program entry: 30% of survivors' abusers were violently and constantly jealous of them; 26% of survivors' abusers were spying on them and leaving survivors threatening notes or destroying property; 23% of survivors believed their abuser or former partner was capable of killing them; 18% of abusers had tried to strangle the survivor; and 16% had threatened to kill the survivor. Survivors' levels of risk were also impacted by the abusers' unemployment and problem drinking/drug use, which were issues for 27% and 42% of abusers, respectively.

Table 4. Survivors' Danger Assessment at Intake*

		Intake (N=415)
1.	Is the survivor's current or former partner/abuser a problem drinker, alcoholic, and/or drug user?	42%
2.	Is he/she violently and constantly jealous of survivor?	30%
2.	Has the survivor's current or former partner/abuser threatened or tried to commit suicide?	14%
4.	Does the survivor believe her current or former partner/abuser is capable of killing her?	23%
5.	Does he/she ever try to choke or strangle survivor?	18%
6.	Does he/she threaten to kill survivor?	16%
7.	Has the current or former partner/abuser used a weapon against survivor or threatened her/him with a lethal weapon? (If gun, please note in comment below.)	9%
8.	Does he/she follow or spy on the survivor, leave threatening notes or messages on answering machine, destroy property, or call survivor when she/he doesn't want him/her to?	26%
9.	Has the physical violence toward the survivor increased in severity or frequency?	10%
10.	Is the survivor's current or former partner/abuser unemployed?	27%
11.	Does he/she threaten to harm survivor's children?	9%
12.	Has anyone (other than an intimate or ex-intimate partner) attempted to or physically hurt and/or sexually assaulted the survivor (e.g., abuser's friends, gang members, other)?	6%
13.	Has anyone (other than an intimate or ex-intimate partner) physically threatened the survivor and/or her children? (e.g., abuser's friends, gang members, other)?	6%

* The Danger Assessment (www.dangerassessment.org), originally developed by Jacquelyn Campbell in 1986, is an instrument that helps determine an abused woman's level of risk of being killed by her intimate partner. Select questions from the instrument were used for the DVHF evaluation.

**The sample size for the danger assessment is smaller than for other data. Advocates did not always

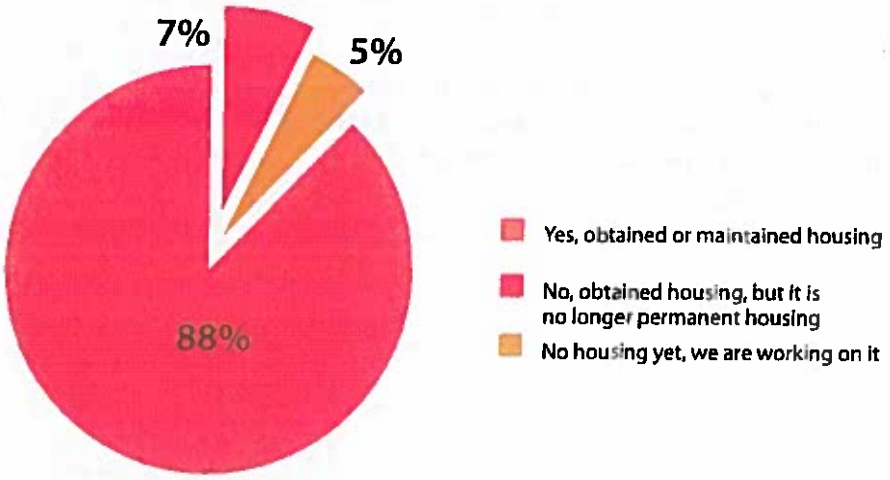
ask this series of questions because of their belief that it would be intrusive.

Key Findings

Housing Retention

DVHF advocates reached 438 participants across the nine agencies during the final check-in in September 2014. (This number includes survivors who were no longer receiving advocacy services. Some participants had moved, were not reached, or no longer wanted to be contacted as they established their new lives.) The majority of those reached (88%) were in permanent housing, 5% were seeking housing, and 7% had obtained housing through the DVHF program but were no longer in permanent housing (see Figure C). By the final check-in at the end of the funding period, advocates had worked with survivors an average of 15 months, and survivors had been in permanent housing an average of 17 months. (Average months in housing exceed average length of service provision because some survivors were already in permanent housing at program entry; advocates worked to help them retain their housing.) It took an average of three months to help homeless survivors access housing.

Figure C. Cohort 2: Permanent Housing Status At Final Follow-Up N = 438

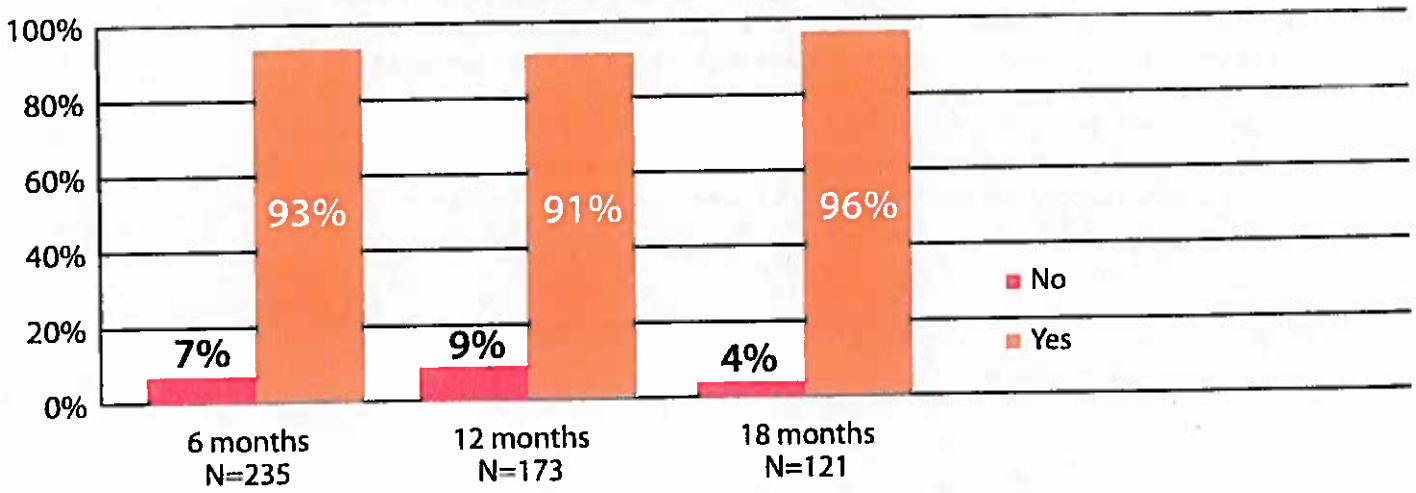


More than half (55%) of the 386 participants in permanent housing obtained or retained unsubsidized, fair-market housing, followed by 23% who were in subsidized/Section 8 housing, 12% in tribal housing, 6% in other low-income housing, and 4% in other types of housing. Survivors were able to retain their housing over a long period of time.

Most (93%) of the 235 participants who had received DVHF services for at least six months had retained their housing during that time; 91% of the 173 participants who had received services for at least 12 months retained permanent housing; and 96% of the 121 participants who had received services for at least 18 months retained permanent housing (see Figure D). (The base numbers here only include survivors who had received at least that many total

months of service at the final follow-up/check-in (September 2014), rather than all survivors served. For example, a survivor who had received 15 months of service at the final follow-up wouldn't be included in the base number for 18 months.)

Figure D. Housing Retention at 6, 12 and 18 Months of Advocacy Services



DVHF advocacy services had no time limits. While many survivors found housing and financial stability, their cases were never "closed." They were encouraged to seek DVHF advocacy assistance again if and when needed (for example, if they lost their job and needed help with one month's rent).

Needs, Priorities, Safety, and Well-Being

Permanent housing led to less need for advocacy services, shifted priorities, and enhanced safety and well-being among survivors and their children. The majority of survivors (76%) needed only light touch services at follow-up after finding stability in their homes and lives, compared to 46% at program entry (see Table 5).

Table 5. Survivors' Levels of Need and Services at Intake and at Follow-Up

Level of Need/Service	Intake/ Program Entry N=681	Follow-Up N=657
Light	46%	76%
Medium	26%	11%
High	28%	13%

Financial Assistance to Survivors

One of the biggest lessons learned is that it doesn't take that much money to make a big difference, a point expressed by both survivors and advocates. Often the small things made the biggest difference.

> *"For example, we paid for new shoes for a homeless woman that cost $20. She had a terrible sore on her foot and wouldn't go anywhere. Eventually the new shoes led her to housing, treatment, and other needs."*—Advocate

Although flexibility of financial assistance was one of the program's key components, with no typical amount or type of service within and across agencies, advocates reported that on average survivors received $1,250 of financial assistance for the period that they received DVHF advocacy services (an average of 15 months). The minimum financial assistance given to a survivor was $40 and the maximum was $10,000.

> *"Many times it's 'priceless,' the advocate's time and support. It really doesn't take a whole lot of money with advocacy, to help someone and change their lives."*—Advocate

> *"It was the smaller things that made the biggest difference for me (transporting to doctor's appointment, help with divorce papers, food, etc.). Nothing else has compared with the help I've received from [the DVHF agency]."*—Survivor on disability

It is important to note, however, that financial assistance provided to survivors does not take into account the cost of advocates' time (often beyond "working hours"), expenses like mileage, and agency costs.

Shifts in Survivors' Priorities

Understandably, housing was a top priority for most participants (91%) at program entry. By follow-up, however, after finding housing stability, survivors had some new top priorities, including coping skills and self-sufficiency, employment and career, and parenting children (see Table 6).

Table 6. Survivors' Priorities at Intake and at Final Follow-Up

Top Priorities	Intake N=681	Top Priorities	Follow-Up N=438
Housing	91%	Financial and Independent-Living Skills	24%
Legal	43%	Coping Skills and Self-Sufficiency	23%
Financial and Independent-Living Skills	42%	Health and Well-Being	23%
Creating Safety Plan for Self	38%	Employment and Career	22%
Transportation	26%	Parenting and Children	19%
Health and Well-Being	26%		

Impact on Survivors' Safety

Nearly all survivors surveyed (97%) agreed that DVHF services increased their safety and that of their children (see the Survivor Feedback section later in this report). Advocates and survivors defined safety not just as physical safety from violence, but also as safety from substance abuse and dangerous communities/neighborhoods. Although half of survivors had housing at program entry, they needed resources to retain that housing or to move to safe and healthy housing. For example, some survivors were living in homes without heat or homes located on the ground floor in an alleyway. Some survivors were still fearful of their abusers, due to the abusers' continued stalking and/or violation of court orders, so advocates worked to find these survivors more secure and confidential housing. However, obtaining housing was challenging: Subsidized housing in remote rural communities is scarce (a situation that is even worse for those without legal immigration status), and housing in urban areas is not always affordable.

> *"People are equally safe in permanent housing as in shelter."*
> —DVHF staff

Impact on Survivors' Health and Well-Being

Many survivors reported that having a permanent home allowed them to heal from trauma and recover from chemical dependency. Survivors in recovery

gave countless examples of establishing boundaries with family, friends, and neighbors who may still be using or abusing substances. Survivors spoke of advocates' emotional support as integral to recovery and highlighted their nonjudgmental approach. Advocates were often referred to as angels, giving "light," "wings," and "hope" to the survivors, while also building the participants' capacity and increasing their tools to survive.

> *"Even if you mess up, you can still come here. Acceptance (especially for addicts)—it's really important to accept people where they are at."*—Survivor

Stable housing enabled survivors to focus on their goals beyond housing, including school and livable-wage jobs. Survivors took pride in providing for their families. In some cases, survivors were even able to start their own businesses with help from the DVHF program.

> *"DVHF helps people get into housing and more. Move beyond just housing stabilization, and into changing lives."*—Survivor

> *"Once you get into [permanent] housing, you don't have to worry about having to leave, which offers peace of mind."*—Survivor

The DVHF program was deemed responsible for removing isolation in survivors' lives. Survivors were now connected not only to a supportive advocate, but also to a healthy community.

> *"Here [at the DVHF agency] they look at the root of the issue; they look deep down so they can address the real issue or cause of homelessness."*—Survivor

Flexible financial assistance allowed agencies to reach a broader group of survivors by offering a range of options for housing stability. Agencies were able to meet the needs of survivors who may not have been served in emergency shelter—including survivors with significant mental illness. Flexibility allowed for advocates to better meet the needs of *all* survivors, increasing their health and well-being in the process.

Parenting and Children's Well-Being

At program entry, the majority of survivors (75%) had children, with a combined total of 937 children age 17 or younger living in their households (see Table 7). The majority of these children (70%) were ten years old or younger.

Table 7. Survivors' Children at Program Entry

Children	N=937
Children's ages (under 18)	
5 years old or younger	39%
6–10 years old	31%
11–15 years old	23%
16–17 years old	7%

For survivors who were also parenting, their children's safety, well-being, and happiness was the most reiterated theme and one of the most important outcomes. Often, children were survivors' motivation for staying longer in an abusive relationship (due to lack of resources to care for them or fear of losing custody to the abusive parent) *and* also their motivation for leaving the abuser (to provide a safe, healthy home for their children, when it was safe to do so and/or the violence had gone too far).

At program entry, half of survivors were either homeless or in temporary living arrangements. Additionally, many of those in permanent housing were barely making ends meet and at risk of becoming homeless, or were in permanent housing that wasn't safe or healthy. Many survivors were, at the same time, trying to find or keep a job, struggling with health problems or chemical dependency, trying to protect themselves and their children from any ongoing abuse or harassment from the abuser, and dealing with the other demands of life with limited resources, while also parenting very small children (nearly 40% of the children were five years old or younger, needing childcare and other support in order for survivors to go to work or school or to search for safe housing).

Although shelters were discussed as being necessary when in imminent danger, many survivors discussed feeling like failures as parents while homeless or staying in shelters. Some even considered taking their own lives or giving up their children for them to get a better life.

> *"Living in shelter, I didn't feel like I was doing my job as a mom. I felt like I was letting my kids down."*—Survivor

> *"I felt like a useless mother when homeless and in shelter. Almost gave them up to foster care so they could have a better life."*
> —Survivor

> *"DVHF saved my life. I was suicidal at the time. I was thinking, 'Should I give my children up?' I didn't feel like I could take care of my kids. I didn't want to live anymore. [The advocate] assured me that things will get better, and things did get better."*—Survivor

Barriers to Housing Stability for Survivors with Children

The DVHF program provided support for most survivors with children; however, there were major challenges during the process of finding housing stability.

Communal living shelters have historically placed restrictions on male children's ages. Such restrictions are not a part of the Washington Administrative Code for domestic violence shelters. While state-funded domestic violence shelters have received notice that this is not permitted, several survivors said they were turned away at shelters because of teenage sons. DVHF funding allowed them to be in permanent housing as a family. (On the flip side, *not* having children has also gotten in the way of many survivors' ability to attain subsidized housing or to enter temporary housing/shelter that is geared toward abused mothers with children. DVHF advocacy enabled survivors without children to access permanent housing.)

Lack of resources facing most survivors added challenges as they looked for and even after they found a home, especially for survivors needing childcare, those dealing with child welfare, custody or child support battles, and those experiencing ongoing abuse and harassment from the abuser. Several survivors lost custody of their children due to mental health issues, chemical dependency, and/or a lack of resources/income (even though, in some cases, the father was abusive or alcoholic). In order to get their children back, survivors were required by courts or Child Protective Services to have housing and employment. In some cases, DVHF advocates were able to place survivors in housing with enough bedrooms for their children to at least visit them overnight. Access to permanent housing eventually led several survivors to regain custody of their children.

> *"With more money I would have received more rights around kids."*—Survivor

> *"Without a house, you can't have children back. You have to show stability in order to get children back."*—Survivor

Safety and Well-Being of Children

Some survivors had ongoing fear that the abuser would find them, even after moving to a new home or a new state. Having to deal with custody jeopardized safety for many survivors and their children (e.g., because the abuser knew where the survivor and her children lived). Even with protection orders, several survivors still had safety concerns.

One survivor explained how she ended up having to leave her well-paying professional employment because of the abuser's stalking. Her daughter still has nightmares, as she has to live with her father half of the time.

> *"Legal issues surrounding child custody are complicated even for someone who is educated."*—Survivor

Many survivors were dealing not only with their own health, but with the health of their children as well. Some of the children had endured abuse, including sexual assault at young ages. Several of the children also had physical or mental health issues, including some PTSD symptoms and challenging behaviors. Some survivors feared losing housing due to their children's behaviors.

Even with the above challenges and barriers, permanent housing had a positive impact on children. During the course of the DVHF program, this emerged as a major theme. Most survivors (97%) agreed that DVHF advocacy services increased their and their children's safety and improved their and their children's quality of life. Survivors reported that housing stability improved their relationships with their children, including their ability to parent their children the way they would like to. One survivor noted that it allowed her to work with her son on having friends over and learning to set boundaries with his friends. In fact, several survivors mentioned that their children were able to have friends over for the first time after moving into their own permanent home. Children were sleeping better at night, many sleeping through the night for the first time. Finding permanent housing was healing for children.

Survivor's Journey

One immigrant survivor lived in his car for three months, with his two sons, ages 15 and 10. His wife had passed away during a war in his home country (his abuser was his girlfriend after moving to the U.S.). The DVHF agency helped him look for housing. The car was not safe for the children. Sometimes they'd run out of gas, so it was really cold. It was hard to find employment because he couldn't leave his kids in the car. Eventually, with childcare help, he did find a job. After finding housing, he reported: "It was a miracle. We were so excited because they furnished the entire house, stocked the pantry and refrigerator with food." His son, on their first day, asked with amazement: "Dad, is this really where we are sleeping tonight?"

Several resources provided by DVHF agencies were invaluable for survivors and their children, including connecting children to counseling, connecting survivors to parenting classes, and providing school clothes and supplies, gifts around holidays, and registration at sports camp. Survivors reported that their children were happier, more confident, and safe. DVHF advocates helped survivors identify their parenting strengths and recognize ways they had protected their children and how these acts helped blunt the impact of abuse.

> *"My children are feeling more hopeful, not scared or embarrassed, less angry and depressed."*—Survivor

> *"They are smiling now, they run around the house. My oldest daughter has friends around for the first time. Everyone has their own space."*—Survivor

> *"My son used to look out the windows [in fear]. He doesn't anymore."*—Survivor

> *"[My children] can breathe."*—Survivor

Survivors often held up a return to normalcy for their children as the biggest impact of the DVHF program. Their children's lives became stable, consistent, and "normal"—a phrase repeated over and over by survivors.

> *"Kids are finally being kids again. I'm trying to teach kids that their job is to just be a kid and not to worry about things."*—Survivor

> *"[The DVHF agency] made the kids feel welcomed and worthy; normalizing life for children around holidays is so important. Stability and consistency is so important for children."*—Survivor

With the security of having their own home, survivors were able to establish boundaries with abusers and others surrounding the children. They were able to prioritize their own needs, realizing the importance of their well-being to the health and well-being of their children.

> *"I'm learning how to establish boundaries with father of children; I no longer tolerate the emotional abuse."*—Survivor

> *"If you aren't good for my kids, you aren't good for me."*—Survivor

> *"I realized that I don't have to sacrifice my happiness to make my children happy. When I'm happy, my children are happy."*
> —Survivor

> *"The healthier you are, the better mother you can be. You don't really know what your children are going through when you are experiencing abuse. You only think it's happening to you."*
> —Survivor

Survivors and agency staff voiced the importance of healing survivors' children, including suggestions that future similar projects contain a budget line for children's therapy, advocacy, and trauma therapy. In fact, two agencies received child-centered grants during the three-year DVHF funding period: One opened a child advocacy center during this time, and another had just received a grant for a children's center at the end of the funding period.

Immigrant Participants

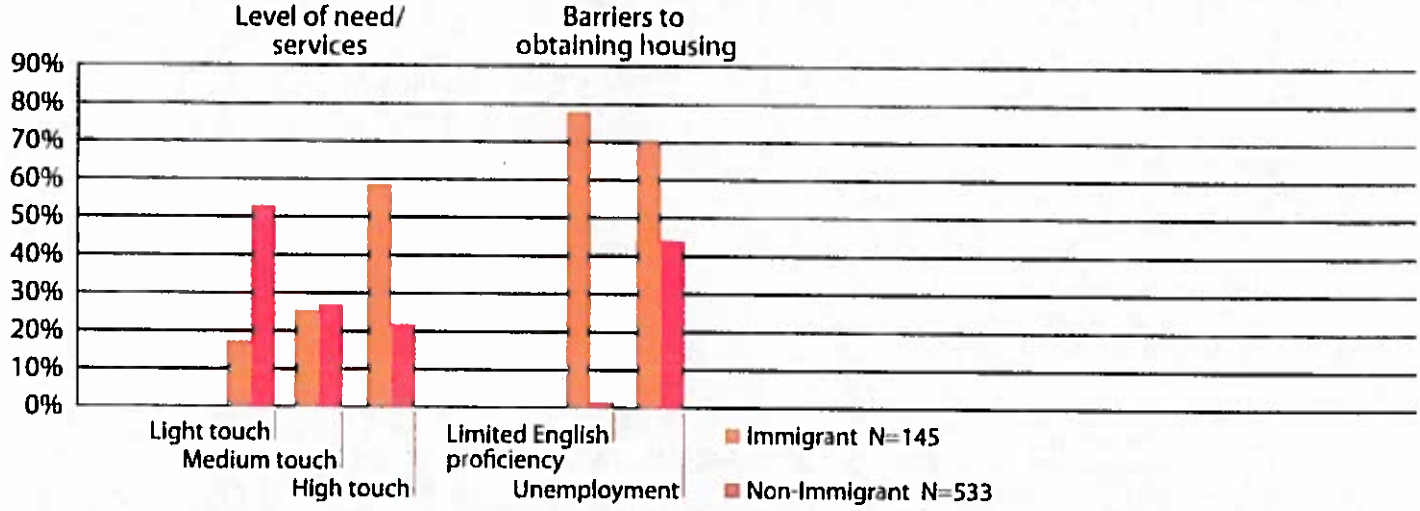
Of the nearly 700 survivors who entered the DVHF program between September 2011 and September 2014, 22% identified as immigrant, primarily Asian, Latino/a, and African. Although the majority of immigrant survivors faced limited English proficiency (77%) and unemployment (70%) as barriers to accessing housing (compared to 1% and 44%, respectively, among non-immigrant survivors), they were more likely to be in permanent housing and less likely to be homeless at program entry (see Table 8). Despite having housing at intake, immigrant survivors were much more likely to have high needs for services (58%) to retain their housing (compared to 21% of non-immigrant survivors) (see Figure E). Immigrant survivors were also more likely to have spent time in a domestic violence shelter and transitional housing. Finally, immigrant survivors were less likely than non-immigrant survivors to have eviction and criminal background histories, chemical dependency, CPS involvement, and disabilities as barriers to accessing housing.

Barriers Facing Immigrant Survivors

Conversations with survivors and agency staff revealed that immigrant survivors faced multiple barriers. In addition to facing the individual and systemic barriers hindering most DVHF survivors, many immigrant survivors also lacked a social security number, had language barriers, and were undocumented. In rural communities, especially with the depressed economy, relocating survivors for their safety was often unrealistic. Advocates voiced that survivors were often better off staying in a familiar community, with supportive neighbors, where they had work (e.g., migrant and seasonal work). In urban communities, where housing was expensive and waitlists for subsidized housing were up to three years long, immigrant survivors often felt trapped. One elderly survivor with grown children in her home country ended up in an emergency homeless shelter, where she experienced extreme elder abuse and anti-immigrant sentiments and violence. In addition to fearing the abuser, immigrant survivors also often feared deportation.

Figure E

Figure E. Highlighted Characteristics at Program Entry Among Immigrant and Non-Immigrant Survivors



Culturally Relevant Services

The DVHF model's emphasis on flexible, survivor-driven services supported culturally specific approaches to advocacy, in both mainstream and culturally specific agencies. Survivors emphasized the importance of having bilingual staff and a minimum provision of translation services. Immigrant survivors expressed that having advocates from the same culture made them feel less alone; they felt understood without explaining.

> *"Learning to hear what survivors are saying without them talking is important. It's hard for survivors from certain cultural communities to ask for help or to tell people that things aren't going well. The more you explicitly call out what participants don't have, the more you degrade them. Instead, look at the strengths, build on that, and fill in the gaps."*—Advocate in culturally specific agency serving primarily immigrant survivors

One survivor was amazed at the lengths her advocate went to in order to check in on her and her children soon after they moved to a new permanent home. The advocate called them from another country while on vacation.

> *"My advocate travelled internationally but still called to see how things were going and how the children were doing. She went above and beyond to help make sure we were doing okay."*
> —Immigrant survivor

Table 8

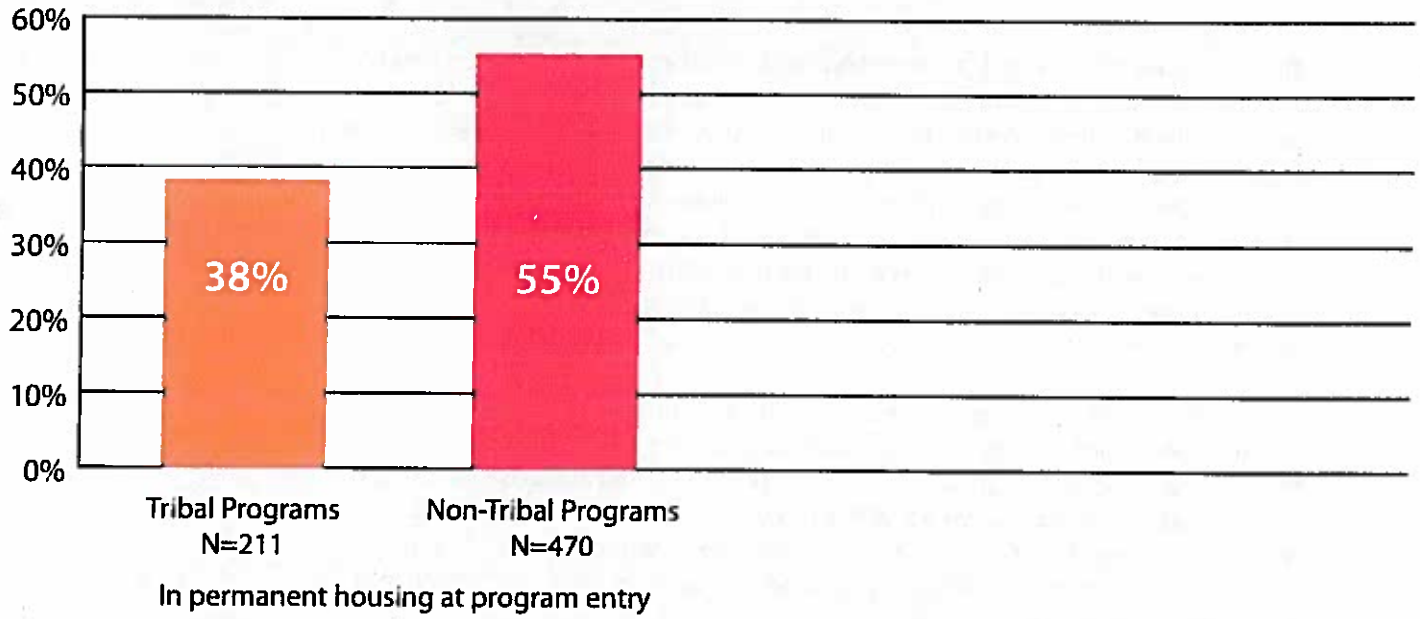
Table 8. Demographics and Housing Among Immigrant and Non-Immigrant Survivors at Program Entry

Demographics and Housing	Immigrant N=145	Non-Immigrant N=533
Hispanic or Latino/a	30%	6%
Race		
African American/African Descent/Black	21%	8%
Asian	41%	1%
Native American/Alaska Native	0%	41%
Pacific Islander/Native Hawaiian	4%	1%
Caucasian/European American/White	14%	42%
Multiracial	4%	4%
Other	14%	2%
Not reported/Unknown	2%	1%
Education—high school diploma/GED or less	57%	60%
Level of need/services		
Light touch	17%	53%
Medium touch	25%	26%
High touch	58%	21%
In permanent housing at program entry	58%	48%
Type of housing at program entry		
Rent	50%	42%
Own	6%	7%
Shelter/voucher	6%	11%
Transitional housing	21%	2%
Temporary arrangement	7%	14%
Homeless	9%	18%
Other	2%	6%
Domestic violence shelter in the past?	39%	30%
General emergency shelter in the past?	14%	15%
Transitional housing in the past?	34%	10%
Income—average household monthly income $800 or less	53%	50%
Individual/Personal barriers to obtaining housing		
Limited English proficiency	77%	1%
Unemployment	70%	44%
Eviction history	6%	13%
Criminal background history	1%	18%
Chemical dependency	1%	13%
CPS involvement	3%	10%
Disability that has been a barrier to obtaining housing		
Mental disability	3%	12%
Physical disability	3%	9%
Sensory disability	1%	1%
Multiple disability	0%	4%

Tribal Program Participants

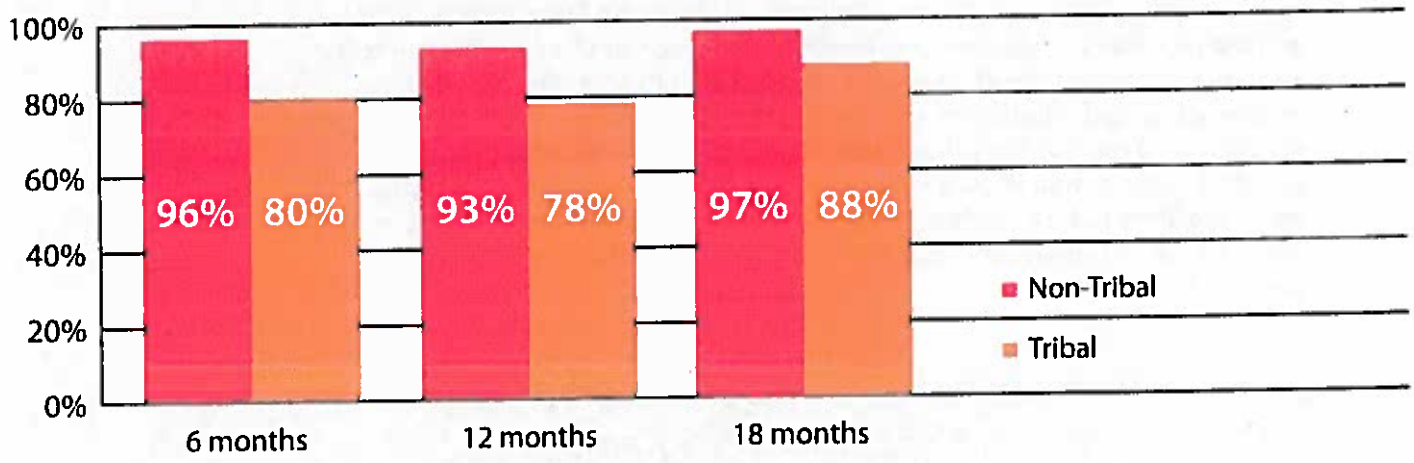
About one third (31%) of Cohort 2 participants received DVHF advocacy services from three tribal programs: Lummi, Kalispel, and Spokane. The majority (71%) of tribal program participants only needed light touch services at program entry, and fewer reported individual and personal barriers to accessing housing (such as unemployment, disabilities, eviction history). Nevertheless, tribal program participants were less likely than those served by non-tribal programs to be in permanent housing (Figure F) or in transitional housing at program entry, and more likely to be homeless—reflecting, in part, a lack of housing on the reservations and survivors' desire to remain in their tribal communities (see Table 9).

Figure F. Permanent Housing Status at Program Entry
Tribal and Non-Tribal Programs



Most Native survivors wanted to stay on the reservation. Unfortunately, because of lack of housing in rural and Native communities, survivors were not always able to stay in their communities. On average, it took tribal program participants three times as long (six months versus two months) to access housing, and they were less likely to retain that housing by follow-up compared to non-tribal participants (see Figure G and Table 10). These findings highlight both the lack of permanent housing and the importance of extensive advocacy time for survivors in tribal communities.

Figure G. Housing Retention at 6,12, and 18 Months of Service: Tribal and Non-Tribal Programs



Native survivors remained strongly connected to the reservation even when not living there. Those without a home on the reservation went back for services, health clinics, counseling, family, culture, and tradition, especially when reservations were close to nearby towns. Due to living in small communities where everyone knows each other, several survivors spoke of remaining fearful that the abuser knew and had easy access to where they lived. Survivors in tribal communities described more incidents of abusers coming to their homes, in some cases pounding on windows. In these instances, advocates installed security sensors at survivors' homes.

In addition to other services, agencies in Native communities referred survivors to traditional spiritual and cultural practices, including sweat lodges, spiritual healers, sage and sweet grass burning, and teachings about Native traditions. These practices helped survivors heal from recent abuse and attended to the historical trauma that often makes it harder to heal from domestic violence. Effective Native advocacy was not just survivor-centered, but also family–and community–centered.

> *"The flexibility allows the community to pick people up and hold them, and help them heal emotionally and spiritually."*
> —Advocate

DVHF agencies also helped procure more support from local law enforcement, the tribal council, and the community at large. As one advocate described, this type of broad-based community support, where people take care of each other and each other's children, dates back to the history of the tribe.

Table 9. Demographics and Housing Among Tribal and Non-Tribal Program Participants at Program Entry

Demographics and Housing	Tribal Programs (N=211)	Non-Tribal Programs (N=470)
Hispanic or Latino/a	<1%	16%
Race		
African American/African Descent/Black	<1%	14%
Asian	0%	14%
Native American/Alaska Native	96%	4%
Pacific Islander/Native Hawaiian	<1%	3%
Caucasian/European American/White	2%	48%
Multiracial	0%	5%
Other	0%	7%
Not reported/Unknown	0%	5%
Immigrant/Refugee	<1%	30%
Education—high school diploma/GED or less	76%	54%
Level of need/services		
Light touch	71%	35%
Medium touch	17%	30%
High touch	11%	34%
In permanent housing at program entry	38%	55%
Type of housing at program entry		
Rent	29%	49%
Own	11%	6%
Shelter	7%	11%
Transitional housing	0%	8%
Tribal housing	1%	0%
Temporary arrangement	21%	9%
Homeless	23%	12%
Other	7%	5%
Domestic violence shelter in the past?	18%	40%
General emergency shelter in the past?	13%	18%
Transitional housing in the past?	4%	18%
Income—average household monthly income $800 or less	45%	52%
Individual/Personal barriers to obtaining housing		
Limited English proficiency	<1%	25%
Unemployment	27%	57%
Eviction history	6%	15%
Criminal background history	4%	12%
Chemical dependency	10%	10%
CPS involvement	7%	8%
Disability that has been a barrier to obtaining housing		
Mental disability	2%	13%
Physical disability	3%	9%
Sensory disability	0%	2%
Multiple disability	0%	5%

Table 10. Housing and Services at Follow-Up Among Tribal and Non-Tribal Program Participants

Housing status, length of services and housing retention at final check-in (September 2014)	Tribal	Non-Tribal
Participant is in permanent housing at the time of the September 2014 check-in, regardless of length of time in that housing.	135/157 (86%)	251/281 (89%)
Type of housing participant obtained or retained	(N=135)	(N=251)
Fair-market housing	56%	55%
Subsidized/Section 8 housing	2%	34%
Other low-income housing	4%	8%
Tribal housing	34%	0%
Other	4%	3%
Level of need/services		
Light touch	85%	72%
Medium touch	8%	13%
High touch	7%	15%
Average length of time receiving services from DVHF agency	15 months	15 months
Average length of time to access housing	6 months	2 months
Average length of time in housing at the September 2014 check-in	17 months	17 months
In permanent housing 6 months after housing placement	28/35 (80%)	191/200 (96%)
In permanent housing 12 months after housing placement	18/23 (78%)	140/150 (93%)
In permanent housing 18 months after housing placement	14/16 (88%)	102/105 (97%)

Urban and Rural Communities

Survivor Demographics and Housing Situation at Program Entry

Data from survivors entering the DVHF program during 2014 were analyzed to learn of similarities and differences between rural and urban communities. A majority (67%) of survivors were living in rural communities, with 33% living in urban communities. Ethnically, urban and rural communities served a similar percentage of Latino/a participants (see Table 11). Urban communities served a more racially diverse clientele, with 82% survivors of color compared to 53% of those served in rural communities. Native Americans/Alaska Native survivors represented 42% of the rural caseload. Ninety-three percent of those survivors were served by the agencies in tribal communities. Agencies in urban communities served a much larger population of immigrant and refugee survivors (69% compared to 10% of the caseload in rural agencies), as well as African American and Asian survivors. Among the immigrant survivors, 43% of those in urban communities were recent immigrants, having lived in the U.S. for five years or less, compared to 16% of those in rural communities.

Close to 50% of survivors in both urban and rural communities had permanent housing at program entry, and around 40% rented their home. Survivors in urban areas also had more experience living in domestic violence shelters, emergency shelters, and transitional housing prior to program entry.

While survivors in rural communities were less educated than those in urban settings, average income between the two communities did not differ very much, and more survivors in urban areas faced employment barriers than did those in rural communities. More survivors in rural communities than urban settings were struggling with chemical dependency, CPS involvement, and all types of disabilities at program entry. Despite the above obstacles facing both communities, more than two thirds (70%) of survivors in rural settings received light touch services, compared to only 6% of those in urban settings.

Table 11

Table 11. Demographics and Housing at Program Entry in Urban and Rural Communities

Demographics and Housing (Participants enrolled in 2014; N=285)	Urban N=94	Rural N=191
Hispanic or Latino/a	14%	16%
Race		
African American/African Descent/Black	31%	2%
Asian	32%	2%
Native American/Alaska Native	2%	42%
Pacific Islander/Native Hawaiian	3%	1%
Caucasian/European American/White	17%	45%
Multiracial	3%	4%
Other	11%	2%
Not reported/Unknown	1%	2%
Immigrant/Refugee	69%	10%
Gender (% of female survivors)	99%	97%
Education—high school diploma/GED or less	50%	70%
Level of need/services		
Light touch	6%	70%
Medium touch	35%	18%
High touch	59%	12%
In permanent housing at program entry (Note: separate question ["yes/no"] from below)	44%	52%
Type of housing at program entry		
Rent	42%	44%
Own	3%	9%
Shelter	6%	8%
Transitional housing	23%	0%
Tribal housing	0%	1%
Temporary arrangement	10%	20%
Homeless	15%	14%
Other	1%	4%
Domestic violence shelter in the past?	34%	22%
General emergency shelter in the past?	17%	12%
Transitional housing in the past?	32%	4%
Income—average household monthly income $800 or less	53%	55%
Individual/Personal barriers to obtaining housing		
Limited English proficiency	59%	9%
Unemployment	80%	34%
Eviction history	14%	8%
Criminal background history	3%	7%
Chemical dependency	0%	10%
CPS involvement	0%	7%
Disability that has been a barrier to obtaining housing		
Mental disability	10%	11%
Physical disability	4%	7%
Sensory disability	0%	3%
Multiple disability	0%	4%

Survivors' Levels of Need, Housing Status and Length of Service at Follow-Up (Rural and Urban Communities)

Survivors in urban and rural communities were reported to have less need for services after finding stability at follow-up, with those in the urban communities experiencing a larger reduction in level of need compared to survivors in rural communities (Note: a majority of survivors in rural communities were already reported as only needing light touch services at intake) (See Figures H and I). There were no big differences between rural and urban communities in terms of housing status at follow-up. The vast majority of survivors in both communities had accessed permanent housing, and most retained housing at 6, 12, and 18 months after program entry (see Table 12). Nearly a fifth of survivors in rural communities (18%) were able to access tribal housing, compared to none in urban communities, mostly due to the big representation (42%) of Native American/Alaska Native survivors in rural communities. Differences were also found in length of time to access housing: While on average survivors in urban areas were able to obtain housing in two months, it took those in rural communities double the time to find a home. The lack of permanent housing in rural communities led many survivors to be in shelter for six months to a year on average in some communities. Mobile advocacy was very difficult in rural communities, with survivors' homes as far apart as 50 miles or more. Agencies in these communities consequently made more use of mobile advocacy through technology, such as texting, Facebook, and email—meeting survivors where they were through modern technology.

Figure H. Change in Level of Need in Urban Communities: Intake and Follow-Up

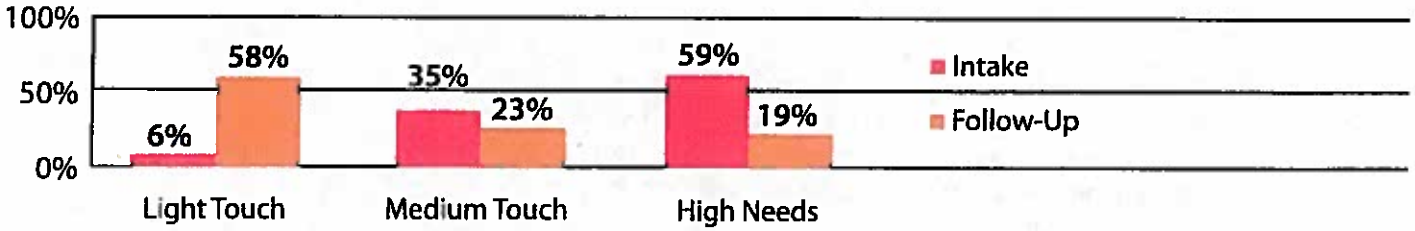
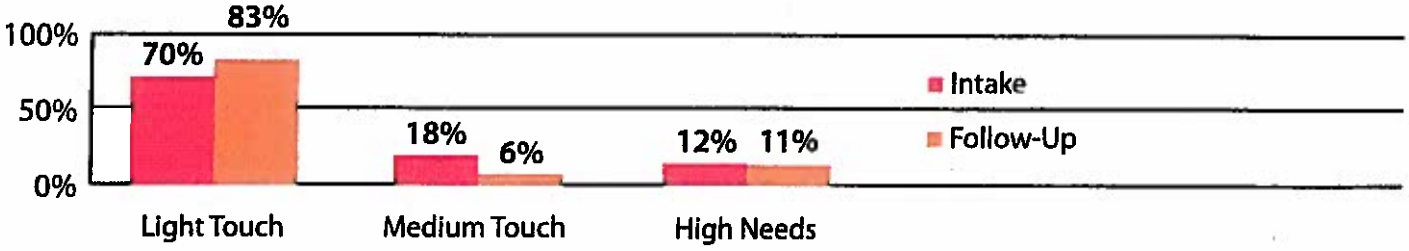


Figure H. Change in Level of Need in Rural Communities: Intake and Follow-Up



Rural agencies sometimes served survivors who had been referred from other communities and had no intention of settling in the communities where the cohort agencies were located. These situations posed a challenge to DVFH programs, whose goal was to help find permanent housing, and required them to work in collaboration with agencies in survivors' home communities, including some outside Washington State. Unfortunately, not all programs had the resources to be as responsive to survivors' needs.

In small, rural communities, people knew each other's histories. Abusers tended to know where survivors were living. According to some survivors, when their abuser saw their lives improve, the abuse escalated. Some survivors in rural areas installed motion lights in the yard. Some installed panic buttons in their homes and on car remote controls, both connected to the police. Some asked police to patrol their homes. For survivors whose abusers were in positions of authority (for example, law enforcement or family doctor), being in a community where everyone knew each other meant fleeing not only the abuser, but their community as well, even if it meant losing housing assistance.

Survivors in urban areas had access to multiple and unique resources, including the "landlord liaison project," which helps house survivors with extensive criminal histories and assists with screening fees. At the same time, living in urban communities meant a lack of affordable housing, long waitlists for subsidized housing (in some cases three years), and unsafe conditions for more affordable homes (e.g., a ground-floor apartment in an alley).

> *Sometimes survivors have to make the decision between unsafe housing or being homeless."*—Advocate

A survivor living in an urban area expressed his wish for an affordable, safe, and healthy home:

> *It would be nice to live somewhere less expensive, and more affordable. To be able to live in a community with no drugs, to not have to pour all resources into housing—it's hard to get ahead with high housing costs [65% of this survivor's income]."*
> —Male survivor

Table 12. Housing and Services at Follow-Up in Urban and Rural Communities

Housing status, length of services, and housing retention at final check-in (September 2014)	Urban N=188	Rural N=469
	(N=154)	(N=284)
Participant is in permanent housing at the time of the September 2014 check-in, regardless of length of time in that housing.	88%	88%
Type of housing participant obtained or retained	(N=136)	(N=250)
Fair-market housing	49%	58%
Subsidized/Section 8 housing	35%	16%
Other low-income housing	11%	4%
Tribal housing	0%	18%
Other	4%	4%
Level of need/services		
Light touch	58%	83%
Medium touch	23%	6%
High touch	19%	11%
Average length of time receiving services from DVHF agency	18 months (N=188)	14 months (N=469)
Average length of time to access housing through the DVHF program	2 months (N=91)	4 months (N=56)
Average length of time in housing at the September 2014 check-in	18 months (N=136)	16 months (N=250)
In permanent housing 6 months after housing placement	94% (N=117)	92% (N=118)
In permanent housing 12 months after housing placement	93% (N=91)	89% (N=82)
In permanent housing 18 months after housing placement	98% (N=61)	93% (N=60)

Survivor Feedback

Self-Administered Survivor Feedback Survey

During the three-year pilot, 139 survivors completed the self-administered Survivor Feedback Survey, either filling them out during evaluation visits or mailing them in after the visits (surveys were anonymous and did not ask any identifying information). Of those who completed surveys, 86% were very satisfied with the DVHF services they had received, 11% were satisfied, and 3% were neutral. The majority (85%) of survivors were very satisfied with their agency's cultural sensitivity, 12% were satisfied, 2% were neutral, and 1% reported being not satisfied. When asked how important culturally sensitive services were to them, 68% of survivors reported them as extremely important, 20% said they were important, 10% were neutral, and 2% reported that culturally sensitive services were not important to them.

Most survivors (96%) strongly agreed that the advocate treated them with respect, and 91% strongly agreed that they trusted their advocate (see Table 13). The majority (88%) strongly agreed that the advocate helped to restore their sense of dignity, and 84% strongly agreed that DVHF services increased their and their children's safety. When asked, 96% of survivors felt that their and their children's quality of life had improved due to DVHF services.

Table 13. Survivors' Feedback: Safety and Relationship with DVHF Advocate

(N=139)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The DVHF advocate has treated me with respect.	96%	1%	1%	1%	1%
I trust my DVHF advocate.	91%	6%	0%	2%	1%
The DVHF advocate has helped to restore my sense of dignity.	88%	11%	1%	0%	1%
The services increased my and my children's safety.	84%	13%	1%	1%	1%

The Survivor Feedback Survey included three open-ended questions: (1) to further expand on the impact of DVHF services on their and their children's quality of life, (2) to suggest improvements to the program, and (3) to add any other comments. Survivors emphasized that their lives had improved not simply because they had housing, but because they had *safe* housing (e.g., a home in a drug-free neighborhood). Many reported that the program had improved their finances, independence, confidence, and/or emotional well-being/happiness and had provided opportunities for emotional and spiritual growth for them and for their children. Survivors talked about feeling more respected as human beings and having a greater sense of self-worth and dignity. Many gave examples of feeling and being free with their children, including the ability to "have fun now!"

> *"As a survivor, this program is a bridge to us to get out there and start a new life. It helps us to empower our life and do more for our life. It gives us confidence to build our dream. I really can't imagine my life back then without their help, assisting me in finding a job, shelters, advice, and planning for a new life. Please continue this good cause."*—Survivor

> *"Without DVHF, I don't know what my children and I would have done or where we would have been."*—Survivor

> *"DVHF helped me and my family get a home. Made us more secure. And gave us a safe environment so we can live a normal life without the worry of feeling helpless."*—Survivor

Survivors' Suggestions for Change and Improvements to the DVHF Model

Most survivors did not have suggestions for improving the DVHF program, and stated that it was good as is. Many spent more time on the survey and during face-to-face conversations expressing their thanks to advocates for all that they were doing and to the Bill & Melinda Gates Foundation for making it possible. Several had referred others to the program. However, survivors did offer some specific suggestions, including:

- More outreach about the DVHF program
- A checklist of things to do to make the transition to a permanent home more successful
- More financial support
- A handout or brochure clarifying guidelines and housing options and other available resources
- Updated agency brochures to reflect current services and resources
- Encouragement to survivors to be more proactive in their recovery or accessing services on their own
- More resources for children, extra funding for children's therapy after DV exposure
- Legal custody help, including applying for child support
- Classes (parenting, ESL)
- Workshops and support groups for survivors and children
- Addressing survivors' immediate needs
- Trauma therapy
- More interns to work with survivors (e.g., field placements for graduate students)
- Resources for parenting after DV, resources for families building healthy relationships

Community and Agency Impact

Community Partnerships and Involvement

The DVHF program increased agencies' credibility within their communities, in part due to being funded by the Bill & Melinda Gates Foundation. The funding also gave advocates time for community education and involvement, leading to new partnerships with organizations and entities that have not regularly worked together. Agencies used the increased credibility and newly established partnerships to further educate and raise awareness in their communities and to connect survivors to needed resources (for example, private landlords). The DVHF program helped communities more deeply understand domestic violence and involved community organizations and individuals in new ways in efforts to prevent and end domestic violence, mitigate the impact of abuse and trauma on children, and change housing agencies' and private landlords' understanding of survivors' experiences. The program helped communities take responsibility to prevent and intervene in domestic violence.

> *"If the abuser shows up, the abuser is not going to get away with being violent. There's zero tolerance for DV, and the agency has partnerships with everyone in the community, which won't allow it to happen. They are keeping an eye out for survivors."*—Survivor

> *"My apartment complex residents didn't tolerate it when the abuser was violent during parenting visits; the property manager and residents all knew to call 911. The community has my back!"*—Survivor

Positive relationships with landlords enabled advocates to negotiate on survivors' behalf and educated landlords about domestic violence, leading to adjustments for survivors' safety without adding financial burdens.

> *"In the past, landlords said, 'I'm not renting to those kind.' Now landlords say, 'What's going on and how can I help?' In some cases, landlords have reduced rent for survivors and counted it as a donation."*—DVHF staff

At the end of the funding period, one DVHF agency in a rural community was in the process of developing a Landlord Appreciation Program, an event for landlords to leverage relationship building, including nominating a "housing hero" within and across nearby counties.

In small communities, the connection with and support from law enforcement was often conducive to participant and advocate safety. DVHF helped educate law enforcement about survivors' safety and housing needs. The police often drove by survivors' homes to ensure safety, and they communicated with advocates about arrests and releases related to domestic violence and other violent crimes.

Agencies also developed strong partnerships with other domestic violence, sexual assault, and housing programs, including DVHF cohort agencies,

particularly those in their geographic region. In some cases, DVHF agencies shared cases with other cohort agencies. Agencies also formed or enhanced partnerships with community organizations and businesses, including:

- Housing programs, tribal housing authority, realtors, emergency shelters, hotels
- Auto repair shops, gas stations, phone shops, locksmiths
- Treatment centers, clinics, daycares, health and human services, youth programs, schools
- Job training and work programs
- Legal services, population-specific resources (including for men, LGBTQ community)
- Furniture and grocery stores, household appliance stores, community resources, clothing and food banks

Agency Impact

DVHF's funding flexibility impacted agencies administratively and personally. Administratively, flexible funding allowed agencies to determine the best use of resources, often giving staff the freedom to collaborate more. In order to stretch the flexible assistance dollars as much as possible, DVHF advocates worked in collaboration with staff within and across agencies to provide participants with resources available from other funding sources or agencies first, so as to secure DVHF financial assistance to cover unique resources that were sometimes restricted with other funding mechanisms.

Having an advocate dedicated to survivors' permanent housing gave that advocate more time to work on meeting survivors' needs. For some DVHF advocates, this meant devoting many hours to mobile advocacy, financial planning, and community education on behalf of a handful of survivors at a time, while for others it meant connecting many more survivors to other relevant resources with minimal financial assistance.

Flexible funding led to increased staff morale and confidence of leadership because of the capacity to impact hundreds of families. During initial evaluation visits, advocates were very emotional when talking about the ability to truly help survivors, to meet them where they were, and to be able to say "yes" to simple requests that could make a big impact in survivors' lives (e.g., changing locks, buying a new car battery). In one agency, this meant paying the driver's license fee for the teenage son of a survivor who was disabled, so he could drive his mom where she needed to go.

> *"It's the happiest money [advocates have] ever had."*
> —DVHF agency director

With flexibility came innovation and the ability to implement the "dreams" advocates already had, while also being allowed to dream even bigger about ways to transform survivors' lives. To support flexible survivor-driven advocacy and program infrastructure, a rural agency used some of the funding to purchase

two vehicles for staff to do mobile advocacy because doing so was more cost-effective in the long term than compensating advocates for mileage in their own cars.

> *"Empowering the participant means better outcomes for the organization. Transforming lives of people is what it's all about. The support is more important than the financial assistance."*
> —DVHF agency director

Decisions about how much financial assistance to give each survivor and for how long varied across agencies and evolved over time. In some agencies, the DVHF advocate, the executive director, and other relevant staff members made decisions as a team. In other agencies, the DVHF advocate made the determination, consulting with the executive director as needed. Yet others blended both pathways of decision-making, depending on each survivor's situation.

Lessons Learned and Suggestions for Improvement

> *"Follow-up calls are really important—it helps to know that there is someone out there who is thinking of you; you don't have to go asking for help, advocates ask how you need to be supported."*
> —Survivor

> *"Contact more regularly—since some people won't ask for the help, it would be good to reach out to offer help."*—Survivor

Lessons Learned and Suggestions for DVHF Model Improvements

During the final evaluation visit to agencies, staff and survivors were asked for lessons learned over the three years of the funding period, as well as final suggestions for improvements to the DVHF model. Below are the most common ideas that came up across the nine agencies:

- It's crucial to keep in mind that not everyone will succeed immediately; agencies have to give survivors second chances.
- It's important to function under a "fresh face" concept: that everyone who comes in should be treated as a new face, regardless of how many times they have come to ask for help. Survivors should be told that they can always come back for support and help. Tellingly, one of the principles of the DVHF model is that "a participant is always a participant."
- While focusing on what the survivor needs at the present time, it's important to be a step ahead and think about anticipated needs in the future.
- Agencies should leverage money with money earlier on. Agencies can use current grants to solicit other grants for future implementation of the same model or for concurrent specialized services.
- While most agencies found the evaluation process helpful, and some had already incorporated survey questions in their ongoing advocacy, many advocates found collecting and reporting data time-consuming and difficult.
- The DVHF model's flexibility is not the best fit for all advocates' mindsets, which should be okay; however, it's important to analyze that fit sooner rather than later.
- Future pilots or grants should consider including a budget for advocates' self-care.
- If possible and relevant, agencies should determine early whether to provide services to a wide group with varying levels of need or to focus on families with high needs and provide a deeper investment and intensive services.
- It's important to discuss and determine participant contact and engagement from the beginning and to keep revisiting while being sensitive to survivors' wishes. While some survivors found it extremely helpful when advocates checked in on them even after they had found stability, other survivors preferred no contact unless they reached out in need of a resource and instead wanted to focus on rebuilding their lives. Even at the same agency, survivors' preferences for advocate engagement and follow-up differed. One agency provided gift cards while checking in with survivors, both as an incentive for participation and as a token of appreciation for survivors' time. Some agencies planned to use some of the evaluation questions to continue checking in with survivors even after the DVHF funding period ended.

Sustainability

Looking into the Future: Agencies' Plans to Sustain the DVHF Model

Although results are preliminary, the DVHF program appears to have prevented homelessness among participating survivors and their children. Through all three years of funding, when survivors were asked where they would be if it weren't for the DVHF program, the five most common responses were (1) with the abuser, (2) relapse to alcohol and drug abuse, (3) loss of children's custody, (4) homeless, or (5) dead.

Following a model that had been implemented for two years by Cohort 1 agencies, several Cohort 2 agencies thought about sustainability from the very start; early on, they applied for other funding and were able to continue offering flexible services even as the DVHF funding period came to an end. At the end of the funding period, another agency was planning to open a service-enriched housing facility (with various resources provided within the same building).

Agency staff often described the DVHF program as naturally cost-effective due to its collaborative spirit within and across agencies and communities, connecting survivors to available resources; this collaborative practice will help the model continue regardless of new funding and will lead to more grants from other funders (using evaluation data). Several agencies mentioned they wished they could have been implementing elements of this model long ago because it enhanced services.

> *"Although DVHF is ending, pieces of the program that worked will be carried on. Financial change is significant, but the philosophy and focus on housing will remain (internal focus on participants and external involvement in housing/homeless work in the community)."*—DVHF agency director

Several agencies planned to continue quarterly meetings with housing partners, including mainstream agencies partnering with tribes to create access to culturally relevant services to Native survivors.

Some agencies were fearful of not having the capacity to help survivors in similar situations when the DVHF funding ended, particularly agencies that mostly served survivors with high needs. Others felt there wasn't enough time in three years to do the work needed for long-term outcomes, particularly for survivors with limited resources or significant barriers (e.g., chemical dependency, criminal background or eviction histories, undocumented legal status).

Several advocates mentioned that sustainability meant having difficult conversations with survivors about the funding coming to an end and helping them plan for that transition. Some survivors were already feeling the impact of the program or funding ending, with advocates not as available as they used to be.

Agencies were inspired by their success and by what they had learned, and most importantly, by the positive impact on survivors and their children. Some agencies were advocating for local government to allow flexible use of public funds. There's been excitement that flexible funding is becoming more commonly available, although with some restrictions (e.g., geographic restrictions and only for survivors who are homeless at program entry). More funding is always welcomed by domestic violence programs, which are often stretched thin financially, even as the demand for critical advocacy services is high. Flexibility in advocacy and financial assistance, however, is the key component that made the difference in the DVHF program—allowing advocates to meet survivors where they were without geographic, time, or financial assistance limitations. The DVHF model improves survivors' lives, children's lives, advocates' job satisfaction, and community connectedness.

The future of the domestic violence movement lies within the ability to meet survivors where they are, to have flexible services and funding, and to be intentionally survivor-driven and determined.

Limitations and Suggestions for Future Evaluation

Evaluation Limitations

The first five years of the DVHF program and evaluation were exploratory, and methods and processes evolved over time. The program determined how best to implement a flexible model in its funding and administration while addressing diverse needs among survivors in each community. Due to the newness of the DVHF program and limited funding for its research, the evaluation design had two major limitations:

- **Agency staff reporting participant data:** Although third-party evaluators conducted face-to-face interviews and analyzed all data, advocates reported each survivor's individual data. This process required significant staff resources and challenged data objectivity.
- **Loss of contact with a third of survivors at follow-up, affecting the sample size:** Agency staff were not able to check in with 36% of survivors at the final follow-up, for three reasons: (1) Several survivors had moved to new geographical locations and no longer had the same contact information, (2) some survivors felt content and wanted to be left alone as they re-established their lives, and (3) some survivors simply did not respond to attempts at contact, so advocates were unable to determine their location. A primary DVHF component is survivor-driven advocacy, which includes respecting survivors' self-determination and decisions about what is best for them and their children. This created a dilemma at times with follow-up. Although reaching all survivors would have helped evaluators track the program's impact and may have provided opportunities to offer additional resources to participants, advocates worried that follow-up attempts undermined the self-determination of those survivors who did not want to be reached or were not in need of any more advocacy services.

Taking into account the DVHF program's newness and flexibility across diverse communities (rural/urban, demographically diverse participants) and its limited evaluation budget, there were still important findings and lessons learned from the three years of Cohort 2's evaluation, including intake data on 681 enrolled survivors, final follow-up data on 64% of those survivors, face-to-face interviews with 170 survivors, 139 survivor feedback surveys, 36 staff focus groups, and 81 agency narratives.

Suggestions for Future Evaluation

Suggestions for Future Evaluation

The data and evaluation findings are sufficient to move the DVHF program from a "pilot" exploratory phase to a demonstration project, with the following suggestions for future evaluation:

- Introduce a third-party evaluation team to conduct all data collection in an effort to remove the burden from DVHF agency staff and at the same time to enhance the data's objectivity.
- Incorporate child-focused assessments, ideally positioned as an add-on to the DVHF program, with child-specific advocacy or a treatment program for children beyond childcare provisions.
- Develop an "exit point" for the program, or categories for "active" and "inactive" participation, in collaboration with agency staff.
- Perform follow-up intervals while survivors are actively participating in the program, and when inactive or after program exit.
- Provide incentives to survivors who participate in follow-up data collection, to reimburse them for their time and to increase follow-up response rates.
- Develop a dynamic participant-tracking database, to better enable follow-up with participants (e.g., using ACCESS).
- Collect and/or merge all data into a statistical analysis software program, such as SPSS or SAS.
- Hire additional resources for database, web, or other programmer activity to connect follow-up data from the same participants over time.
- Implement a quasi-experimental design, to allow for a comparison between agencies providing DVHF services and those providing more traditional DV housing advocacy services.
- Hire an economist or equivalent to conduct a cost-benefit analysis.
- Ensure the evaluation budget is sufficient for any of the above recommendations that are implemented.