

The Washington State
Domestic Violence Housing First Program
Evaluation Summary

Cohort 1 Agencies
July 2011 – December 2012

Table Of Contents

Executive Summary 3

Program Overview 6

Evaluation Overview And Data Collection Methods 9

Quantitative Data Findings 13

 Intake And Follow-Up Data

 Agency Narratives

Qualitative Data Findings 24

 Staff And Survivor Focus Groups

 Survivor Individual Interviews

 Agency Narratives

Survivor Feedback 33

 Self-Administered Survivor Feedback Survey

Concluding Remarks 36

Appendix 38

Executive Summary

Funded by the Bill & Melinda Gates Foundation and coordinated by the Washington State Coalition Against Domestic Violence (WSCADV), the Domestic Violence Housing First program (DVHF) eliminates housing as a reason for domestic violence survivors to stay in abusive relationships by providing flexible advocacy. This flexible approach gives survivors the ability to establish a home as safely as possible, and the freedom to choose how best to rebuild their lives. Permanent housing is the beginning of their new journey.

Between July 2011 and December 2012, the first four funded agencies, known as Cohort 1, served more than 200 survivors, most of whom had young children (10 years old or younger). The survivors were racially and ethnically diverse, and the majority were between 25 and 44 years old. The survivors were mostly low income, and many were financially dependent on TANF, SSI, and child support.

Cohort 1 survivors had significant barriers to stable housing at program entry; at intake, a majority of them did not have permanent housing and were unemployed. Several of the survivors had barriers that had prevented them from obtaining or retaining a permanent home in the past, including an eviction history, limited English proficiency, drug and alcohol dependency, a criminal history, child protective services (CPS) involvement, or disability.

“If it was just housing, I don’t think it would work. But they really look at every part of your situation and work with you on all of it.”—Survivor

Despite these financial, health, and legal obstacles and the general lack of affordable housing, survivors were still able to access and retain housing. Some survivors were able to do so with relatively minimal cost to the agency (“light touch”); others required legal and support services (“medium touch”); still others received substantial survivor-centered mobile advocacy—meeting survivors where it is safe and convenient for them and accompanying them as needed (“high touch”). Following program enrollment, close to 90% of clients were in permanent housing, and most had retained that housing after 12 months with no interruptions. It took survivors and advocates an average of five weeks to access permanent housing. Advocates worked with survivors an average of 12 months. Survivors received a variety of tailored advocacy services (for example, help searching for and moving into housing, transportation, children’s resources) and financial assistance that responded to their specific needs (including rent deposit, first month’s rent, utilities, and student loans).

As survivors retained housing and became stable over time, their needs lessened, their priorities shifted, they felt safer, and their danger levels decreased. Most of them were very satisfied with DVHF services and the agencies’ cultural sensitivity, and they felt that their advocate had respected them and helped to restore

their sense of dignity. Most survivors did not have suggestions for improvement, and they emphasized that the services were good as provided. The few who did have suggestions requested more publicity of the DVHF program due to its positive impact. Some survivors asked for more guidelines and clarity about housing options, and some suggested that support groups were crucial to survivors' healing.

Through face-to-face conversations with survivors, advocates, and executive directors, we discovered what the DVHF model means to survivors, their families, their communities, and the agencies serving them:

- DVHF allows survivors to live in the community.
- DVHF allows DV agencies to be self-reflective and to restructure "business as usual."
- DVHF emphasizes survivor-centered advocacy.
- DVHF's flexibility contributes to survivors' empowerment and healing.
- DVHF sets a standard for working with survivors on housing.

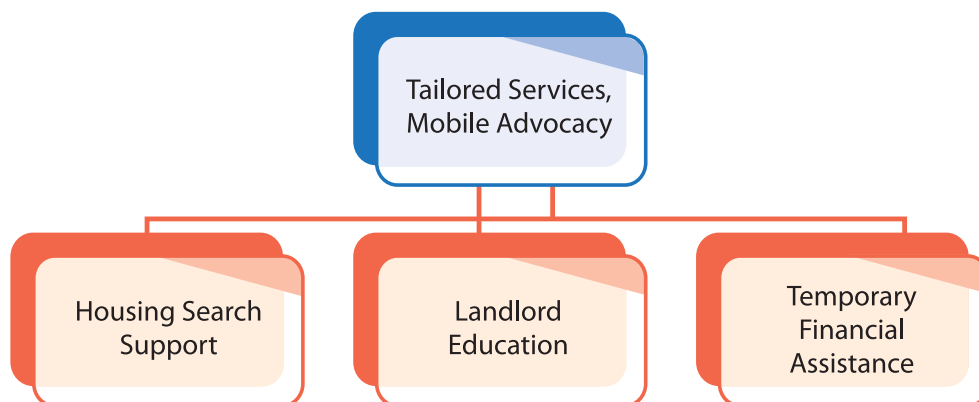
Program Overview

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. This program is intended to increase access to permanent and affordable housing among survivors of domestic violence. Initially funded for a two-year period, these four community-based domestic violence service providers included 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). WSCADV was 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; and
3. identify and pursue statewide strategies to increase access to safe, affordable, permanent housing for domestic violence survivors.

Paramount to the DVHF program is the control the Bill & Melinda Gates Foundation gave agencies in how to use the funding and administer the program. The DVHF program eliminates housing as a reason for survivors to stay in abusive relationships by providing flexible advocacy that gives survivors the ability to establish a home and the freedom to choose how best to rebuild their lives. The goal is to provide clients/survivors needed services to help them retain housing based on their unique needs, which may include such supports as transportation, career training, job-related expenses, childcare, necessities for children, lock changes, home security features, advocacy with a landlord, and temporary rental assistance. Key components of the DVHF program include tailored survivor-driven services, mobile advocacy, flexible financial assistance, community and landlord education, and partnerships with community-based organizations and housing providers.

Key Components



Initially Cohort 1 agencies received funding to pilot the program for two years. Due to immediate, successful outcomes and a pressing need for permanent housing for survivors and their children, funding was extended by one year to become a three-year pilot. Furthermore, the Bill & Melinda Gates Foundation expanded the DVHF program to respond to survivors with significant financial and other challenges to permanent housing in underserved communities, such as communities of color and rural, Native, and immigrant communities. Cohort 2 was then established in September 2011 when nine urban, rural, tribal, and culturally specific domestic violence programs across Washington State were funded for three years to test the concepts of DVHF (addressing specific needs of survivors facing housing instability or homelessness) in communities with marginalized, high-needs populations.

WSCADV contracted with third-party evaluators (Strategic Prevention Solutions from 2009 to 2011; University of Washington faculty from 2011 to the present) to measure the process and impact of implementing the DVHF model. The following summary report presents findings from the final 18 months of the Cohort 1 DVHF program (July 2011 to December 2012). A separate report documents findings from the first 16 months of the Cohort 2 DVHF program (September 2011 to December 2012).

Evaluation Overview And Data Collection Methods

Evaluation Overview

Due to the DVHF program's pilot nature and its flexible service and funding implementation, evaluators of the program have used mixed (data collection) methods to document service provision and impact from varying perspectives. During the first two years of implementation, when agency staff were adjusting to and redefining the DVHF program for their agency and survivors, the evaluation was intentionally designed to be exploratory, qualitative, and process-oriented ([see the WSCADV website](#) for the first two annual summaries). Following two years of implementation and the yearlong extension, 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.

Process and Outcomes

Because the DVHF model is still in its early stages and because flexibility is built into service delivery, determining outcomes for the program is an evolving process, with input from agency staff and survivors.

Below are anticipated outcomes based on lessons learned from earlier years of piloting new DVHF approaches.

Anticipated Outcomes

- Increased access for survivors to permanent housing
- Housing retention (at six and twelve months)
- 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 are 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
- System level: collaboration with and referrals to community partners
- Organization level: mechanisms of flexible funding structure and administration
- Organization level: implementation of mobile and tailored survivor-centered advocacy

Data Collection Methods

Since October 2011, the DVHF evaluation has consisted of five data collection methods (see the appendix for all surveys and questions):

1. Two online quarterly surveys: Individual Client Intake and Follow-Up, and Agency Narrative
2. In-person staff focus groups
3. In-person survivor focus groups
4. In-person survivor individual interviews
5. A self-administered Survivor Feedback Survey

Every quarter, DVHF agencies completed two online surveys, a process known as the quarterly check-in. The **Individual Client Intake and Follow-Up** was one of the two online quarterly surveys that advocates completed. It 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 **Agency Narrative** was the second online quarterly survey that advocates and/or project directors completed on behalf of all staff. 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 Agency Narrative for Cohort 1 (October 2012) included reflection questions about the program's three years of implementation, such as lessons learned, changes in implementation and funding, and suggestions for Cohort 2 and other similar programs.

In-person staff focus groups were conducted primarily by the evaluator during annual evaluation visits to the agencies. The WSCADV housing program coordinator and other WSCADV staff (when available) co-facilitated and provided technical assistance as necessary. 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; and other follow-up questions based on the conversation.

In-person survivor focus groups were conducted primarily by the evaluator during annual evaluation visits to the agencies. The WSCADV housing program coordinator and other WSCADV staff (when available) co-facilitated and provided technical assistance as necessary. 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. Interpretation was provided for survivor focus groups as needed to promote participation and access.

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

The **self-administered Survivor Feedback Survey** was first introduced in 2012 to provide survivors an opportunity to share their experience with the DVHF program in an anonymous and private setting. The brief survey includes questions about the survivors' satisfaction with advocates and program services, the program's impact on survivors and their children, and suggestions for change. The evaluator provided survivors with the survey during evaluation visits. They 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 evaluator collected. In addition, blank surveys with self-addressed and stamped envelopes remained at each agency for other survivors to complete and send directly to the evaluator.

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.

Quantitative Data Findings

Intake And Follow-Up Data

Agency Narratives

The following findings include data and conversations based on new and continuing survivors served between July 2011 and December 2012. New survivors are those just enrolled into the DVHF program, and the data below were collected during their intake. Continuing survivors had already been in the DVHF program and their intake data previously reported; advocates then provided housing and other follow-up information for continuing survivors at each check-in. (Note: Only Womenscare enrolled clients between October and December 2012, due to a one-quarter no-cost extension. Additionally, the YWCA of Kitsap County's DVHF program received a no-cost extension for one year, and their data and activities beginning October 1, 2012, were merged with Cohort 2; see the Cohort 2 summary report).

The data were collected from:

- Six quarterly check-ins
- Thirteen Survivor Feedback Surveys (translated to Spanish, Mandarin, Cambodian/Khmer, and Tagalog)
- Four staff focus groups
- One survivor focus group in English and Spanish
- Five survivor individual interviews
- The staff and survivor focus groups and the individual interviews were conducted during evaluation visits in July and August 2012.

Number of Clients Served

The Cohort 1 agencies served a total of 236 survivors between July 2011 and September 2012. Survivors' most common referrals came from within the agency (for example, the agency's shelter, transitional housing, or legal or domestic violence advocacy), from other DVHF or partnering domestic violence and housing agencies, and through self-referral. For detailed information on each Cohort 1 agency, please refer to the second evaluation summary, a case study analysis of all four agencies. That report, titled "The Missing Piece," is available on the [WSCADV website](#).

Table 1. Number of Clients Served by Agency

	Clients Served July 2011 – September 2012
Family Resource Center, Davenport, WA	19
Lifewire, Bellevue, WA	144
Womenscare, Bellingham, WA	42
YWCA of Kitsap County, Bremerton, WA	31
TOTAL:	236

Characteristics of DVHF Survivors at Program Entry

Cohort 1 enrolled 151 new clients between July 1, 2011, and December 31, 2012. Data from these clients were reported across six quarterly check-ins and merged and analyzed for the findings below. Womenscare’s program enrolled 31 clients between October and December 2012; those survivors are also included in this total.

Demographics

Race/ethnicity/immigrant status. Ethnically, 17% of Cohort 1 new clients were Hispanic/Latina (see Table 2 below). Racially, the majority (59%) of clients were European American or White. Ten percent were African American or Black (none of them identified as African immigrant/refugee), 5% were Native American/Alaska Native, 3% were Asian, 1% were Pacific Islander, 8% were multiracial, and 8% identified as other (including Latino/a). The race of 7% of the survivors was unknown or not reported by the survivor. Eight percent of clients identified as immigrant or refugee, and the majority of these survivors had been living in the United States for five years or less. Spanish was the most common language spoken in the new clients’ homes besides English. Other languages included Russian, Arabic, French, Filipino, Punjabi, Hindi, Mandarin, and Urdu.

Age. The largest group of survivors, encompassing 41% of survivors at program entry, were between 25 and 34 years old; 28% were between 35 and 44 years old; and 15% were 45 to 54 years old (see Table 2 below for a more detailed age breakdown).

Education and income. Upon program entry, half of the new clients had an average monthly income of \$800 or less. The four most common sources of income included employment (33%), TANF or equivalent (24%), SSI or equivalent (20%), and child support (12%). Forty percent of the new clients had a high school degree/GED or lower; another 40% had attended some college but did not have a four-year college degree (see Table 2 below).

Children. The new clients had a combined total of 178 children (17 years and younger) living in their households at program entry:

- 28% of the children were 5 years old or younger.
- 31% were between 6 and 10 years old.
- 32% were between 11 and 15 years old.
- 11% were between 16 and 17 years old.

Table 2. Client Demographics at Program Entry

Table 2. Client Demographics at Program Entry

Demographic		N=151
Hispanic or Latino/a		17%
Race		
African American/African Descent/Black*		10%
Asian		3%
Caucasian/European American/White		59%
Native American/Alaska Native		5%
Pacific Islander/Native Hawaiian		1%
Multiracial		8%
Other		8%
Not reported		4%
Unknown		3%
Immigrant/Refugee**		8%
Age		
18–24 years old		10%
25–34 years old		41%
35–44 years old		28%
45–54 years old		15%
55–64 years old		5%
65 years old and older		1%
Education		
High school diploma/GED or less		40%
Associate degree or some years in college		40%
Four-year college degree or more		8%
Currently in school		2%
Other		10%
Income		
Average household monthly income \$800 or less		50%
Income Source		
Employment		33%
SSI/equivalent		20%
TANF/equivalent		24%
Child support		12%
Other (e.g., HEN equivalent, no source)		11%
Children		
Total number of children 17 years old or younger		178 children
Children's ages (under 18)		
5 years old or younger		28%
6–10 years old		31%
11–15 years old		32%
16–17 years old		11%

*None of the survivors who were Black or of African descent identified as immigrant or refugee.

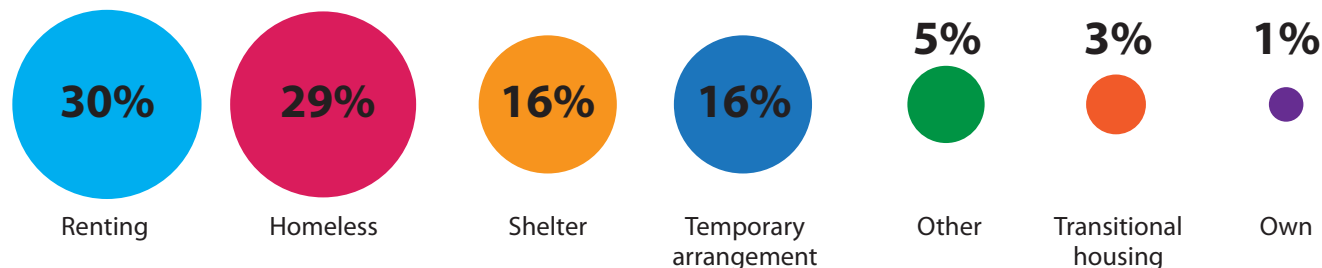
**Of those who identified as immigrant/refugee, 80% had been living in the U.S. for 1–5 years, and 20% for 6–10 years.

Living Situation at Program Entry

One third (31%) of the survivors had permanent housing when they entered the DVHF program (30% renting and 1% owning). Nearly another third were homeless (29%). The rest were in various forms of temporary housing: 16% were in a shelter; another 16% had other temporary arrangements, including living with family or friends; 3% were in transitional housing; and 5% had other living arrangements (see graph below).

Living Situation at Program Entry

N=151



“I was seven months pregnant and was homeless after leaving my abuser and lived in my car.”—Survivor

“I went from being a homeowner to being homeless within 24 hours, and they made the process of finding housing very easy. I was in a shelter and then filled out some paperwork, and was able to move into permanent housing. I’ve been in this apartment for about two years.”—Survivor

Past Emergency/Temporary Housing Assistance

Although two-thirds of the survivors did not have permanent housing at program entry, the majority had never been in emergency or transitional housing before. Prior to entering the DVHF program, 22% had been to a domestic violence shelter, 15% had been in transitional housing, and 14% had been to a general emergency shelter.

Past Barriers to Housing Access

In addition to the lack of (affordable) housing and the tough economy in their local communities, DVHF participants reported dealing with a range of obstacles that have made it difficult to obtain or retain housing in the past. Unemployment has been survivors’ biggest hurdle, affecting 62% of the 151 new clients across six quarterly check-ins, followed by eviction history (19%), limited English proficiency (7%), chemical dependency (7%), criminal background history (6%), and CPS involvement (3%). Disabilities have also gotten in the way of survivors’ housing attainment or retention, with mental disability affecting almost a quarter

(22%) of the survivors at program entry, followed by physical disability (13%), multiple disability (7%), and sensory disability (5%).

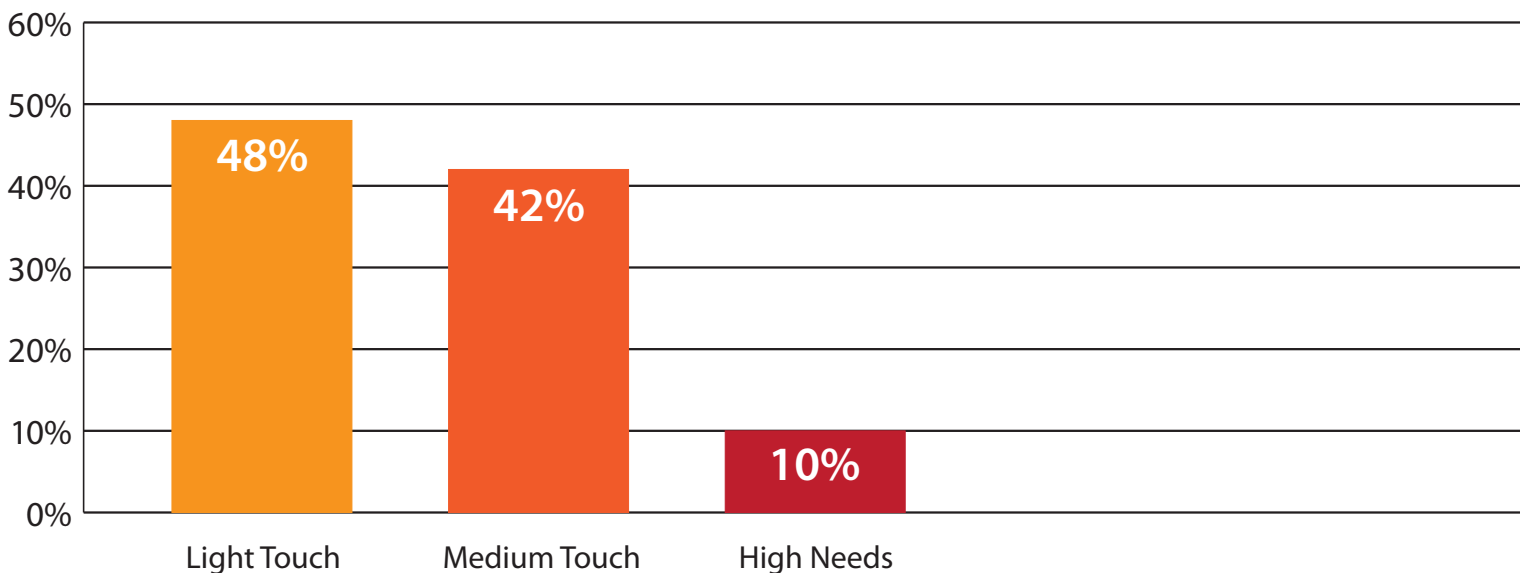
During focus groups and individual interviews, survivors spoke of other situations that made it difficult to get or keep housing, including lack of available housing (particularly affordable housing), being single (preventing them from getting housing meant for families), having pets (even when they are service or “comfort” pets), having to search for housing by bus, not having a checking account, being unemployed, landlords’ attitude toward survivors, lack of childcare, not having custody of children when searching for family housing, and language barriers. During evaluation visits and through the quarterly check-ins, DVHF staff reiterated some of the same systemic barriers; in particular, they highlighted lack of affordable income-based housing (for example, Section 8 and other subsidized housing) and lack of childcare.

Level of Need

Through the innovative, flexible approach to advocacy, it became clear that survivors were receiving services at varying levels of need. The previous evaluator worked with agencies to define the levels of need. “Light touch” represents simple and discrete needs that are met quickly (for example, paying for one month’s rent, lock installation, utilities, or temporary childcare). “Medium touch” includes light touch needs, plus connecting the client with other services provided at the agency (for example, support groups or counseling); housing is retained or obtained relatively quickly for clients who need medium touch. Clients at the “high needs” level present the needs of light and medium levels and also need long-term planning with an advocate to obtain housing, improve their financial situation, and so on. Safety planning occurs at all levels.

Almost half of the clients (48%) had simple and discrete needs that were met quickly (light touch), 42% had medium levels of need at program entry, and just 10% had high needs (see graph below).

Level of Need N = 59



“Children’s sports, school photos and supplies . . . these are a few of the things that are important enough to survivors that they were paying for these instead of their rent.”—Advocate

Due to the DVHF program’s flexibility and the differing levels of need among the survivors, the amount provided to survivors ranged from \$20 for bus tickets to \$10,000 for rent and other expenses. The average amount of money that agencies spent on each survivor over the three-year period was \$1,500.

The flexibility of the DVHF model gave agencies an opportunity to meet survivors’ needs in innovative and unconventional ways, which were at minimum difficult to quantify or put a price tag on and at best priceless. These unique service approaches helped survivors retain housing for a prolonged period of time, increase their safety and that of their children, and make steps toward their goals, including maintaining or acquiring a new job, going back to school, becoming and remaining sober, and building their confidence.

Beyond housing search and mobile advocacy, services received by the survivors who were interviewed included:

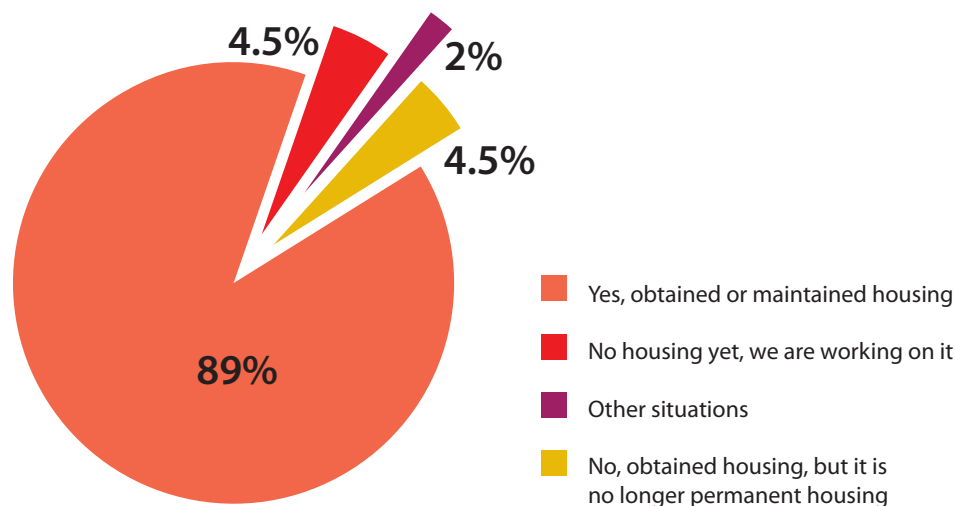
- Rent deposit
- First month’s rent
- Utilities
- Student loans
- Transportation
- Children’s school supplies
- Zoo membership for children
- Gym membership

Length of Service, Housing Status, and Housing Retention at Follow-Up

DVHF advocates were able to reach 125 clients across the four agencies during the final check-in for Cohort 1 (October 2012). Agencies lost touch with many survivors because following up with clients who were not actively receiving services was not a priority in the first two years of the program or evaluation. Furthermore, Womenscare advocates did a final review of their data at the end of their grant and determined that an additional 45 survivors who had enrolled in a different housing project also benefited from the DVHF advocacy work and flexible financial assistance. These data were not entered into our analyses due to incomplete information.

Of the 125 clients reached during the October 2012 check-in, 89% were in permanent housing, 4.5% were seeking housing, 4.5% had obtained housing through the DVHF program but were no longer in permanent housing, and 2% were in other housing (see graph below). Advocates worked with survivors an average of 12 months. It took advocates and survivors an average of five weeks to access permanent housing, with a range from 0 to 41 weeks. By the final check-in, survivors had been in housing for an average of 11 months. That number increases when selecting for continuing clients only (not including those at intake), who were in permanent housing an average of 15 months among 82 survivors. Almost all continuing clients (95%) had no housing interruptions. Two survivors experienced housing interruption once, and one survivor experienced housing interruption twice. The housing interruptions were mostly due to lack of rent payment.

Cohort1: Permanent Housing Status For Clients By The Final (October 2012) Check-In N = 125



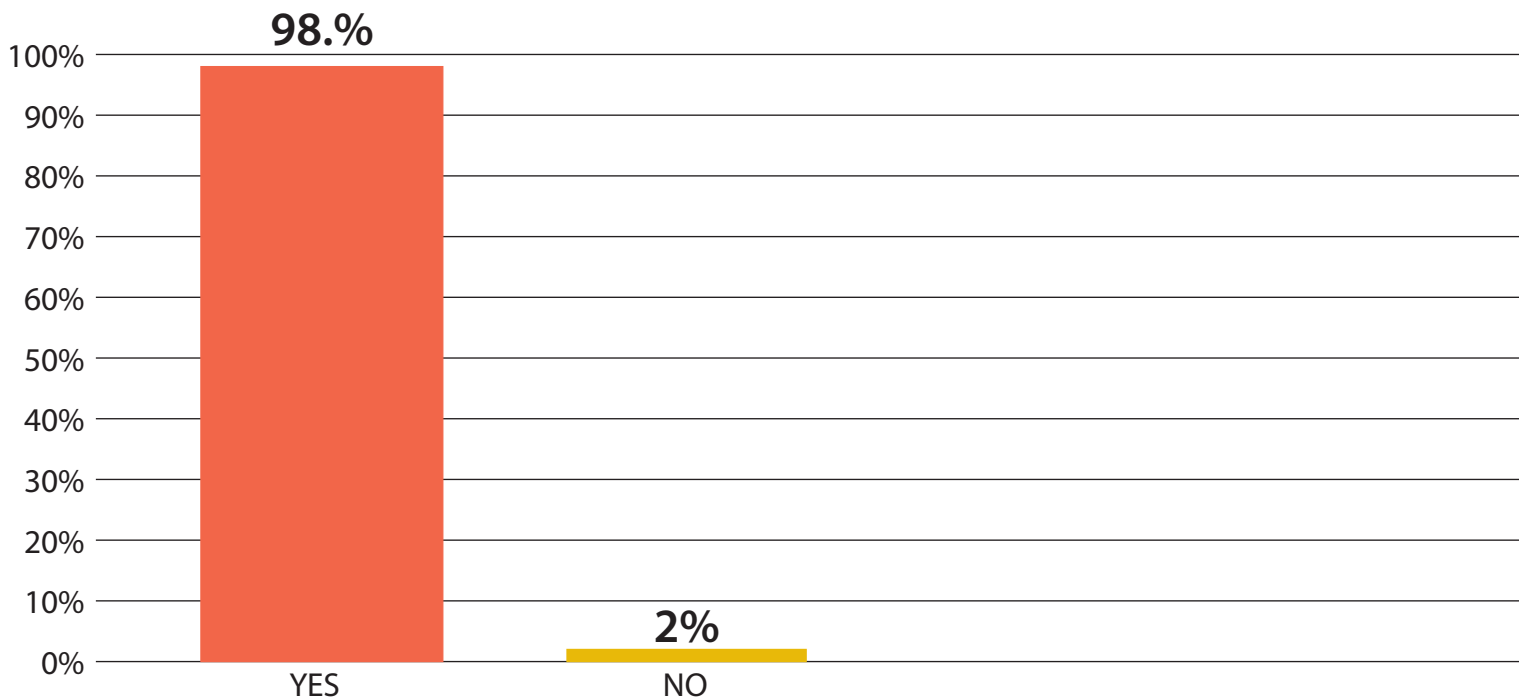
About a third (35%) of the 113 clients in permanent housing obtained or retained unsubsidized fair-market housing, followed by 34% who were in other low-income housing, 22% in subsidized/Section 8 housing, and 9% in other types of housing, including shared housing, low-income apartments, rental assistance, and tax credit units. Survivors were able to retain their housing over a long period of time. Almost all (98%) of the 59 clients who had received DVHF services for at least 6 months had retained their housing during that time. All (100%) of the 37 clients who had received services for at least 12 months and all (100%) of the 30 clients who had received services for at least 18 months were able to retain their housing. When asked what led to survivors' housing retention, staff talked about survivors' ability to find work or return to school; advocates' ability to spend time with the clients and their children; and survivors' use of agency services as a safety net while relying on other resources for main housing costs and related expenses.

“We really provide a great amount of resources and when clients get work, their world changes and they are able to maintain their housing.”—Advocate

The few survivors who weren't able to retain housing were dealing with long-term challenges such as unemployment, chemical dependency, ongoing domestic violence, criminal history, undocumented status, and discrimination against gay and lesbian families.

Cohort1: Housing retention 6 months after housing placement last quarter

N=59



Shifts In Survivors' Needs, Priorities, And Safety As They Find Stability

Changes in Levels of Need

As survivors retained housing and became stable over time, their needs lessened. While the number of clients with high needs stayed the same (at 10%), the number of survivors needing only "light touch" services greatly increased after entering the program (from 48% at program entry to 71% at follow-up; see Table 3 below). Soon after implementing the program, agency staff realized that it was the small things that could make the biggest difference. For instance, helping survivors with their driver's license renewal fee so they could drive

to work allowed them to pay their rent, which contributed to their housing retention. Or when agencies paid for items such as utility bills or children's school supplies, survivors could pay rent on time instead of having to pick among basic necessities or priority items.

“It takes a little thing to make someone successful.”—DVHF staff

Table 3. Survivors' Levels of Need and Services at Intake and at Follow-Up

Level of Service	Intake/Program Entry N=151	Follow-Up N=125
Light	48%	71%
Medium	42%	20%
High	10%	10%

Shifts in Priorities

As expected, housing was a top priority for most clients (91%) at program entry. At follow-up, when housing was no longer an issue, more survivors prioritized health and well-being and financial and career skills, as well as coping skills and self-sufficiency (see Table 4 below).

Table 4. Survivors' Priorities at Intake and at Follow-Up

Level of Service	Intake N=151	Follow-Up N=125
Housing	91%	N / A
Health and Well-Being	50%	82%
Financial and Career	55%	72%
Employment and Career	68%	55%

Reductions in Danger Levels

DVHF clients' danger levels were quite high at program entry, with almost half (47%) believing that the abuser was capable of killing them and almost a quarter (22%) having received threats by the abuser to kill or harm them. Danger levels were further exacerbated by the abusers' unemployment and problem drinking/drug use (among 44% and 41% of the survivors' abusers, respectively). One third (32%) of the survivors' abusers were violently and constantly jealous of them; a similar percentage (34%) stalked, harassed, or destroyed survivors' property at program entry. The frequency of reported dangerous behaviors decreased between intake and follow-up for all items, except abusers' threats to harm survivors' children (9% at intake and at follow-up). Furthermore, a third of the abusers continued to stalk or harass survivors at follow-up, and abusers' unemployment and drinking/drug use decreased only slightly between intake and follow-up (see Table 5 below).

Table 5. Survivors' Danger Assessment (Campbell, 1986; www.dangerassessment.org) at Intake and at Follow-Up

		Intake (N=63)	Follow-Up (N=49)*
1.	Is the survivors current or former partner/abuser a problem drinker, alcoholic and/or drug abuser?	41%	35%
2.	Is he/she violently and consistantly jealous of survivor?	32%	20%
3.	Has the survivor's current or former partner/abuser threatened or tried to commit suicide?	13%	8%
4.	Does the survivor believe her current or former partner/abuser is capable of killing her?	47%	22%
5.	Does he/she ever try to choke or strangle survivor?	18%	8%
6.	Does he/she threaten to kill survivor?	22%	14%
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%	4%
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?	34%	29%
9.	Has the physical violence toward the survivor increased in severity and frequency?	29%	6%
10.	Is the survivor's current or former partner/abuser unemployed?	44%	31%
11.	Does he/she threaten to harm survivor's children?	9%	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)?	7%	0%
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)?	3%	0%

* Note: The sample size at follow-up is small, as staff wanted to respect the survivors' space by limiting the amount of time during the check-in with clients they were able to reach. Furthermore, the Danger Assessment was introduced during the April 2012 Check-In, therefore there is no Intake data for those who enrolled prior to the January-March 2012 Quarter.

The Danger Assessment, originally developed by Jacquelyn Campbell in 1986, is an instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner. Select questions from the instrument were used for the DVHF evaluation.

Qualitative Data Findings
Staff And Survivor Focus Groups
Survivor Individual Interviews
Agency Narratives

Agency Narratives and Conversations with DVHF Staff and Survivors

The evaluation team and WSCADV staff visited each Cohort 1 agency in the summer of 2012. During those visits, the evaluator facilitated group or individual conversations with staff and survivors who were available. Across the four agencies, a total of 10 advocates and executive directors participated in the staff focus groups. Thirteen survivors participated in either a focus group or an individual interview (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 the survivors and staff before or after the focus groups.

Notes from the focus groups and individual interviews were coded thematically to document themes and specific examples from staff and survivors. The following are themes and quotes from these group and individual conversations (other quotes also appear throughout this evaluation summary). Furthermore, material from the final Cohort 1 quarterly Agency Narrative is included below, as relevant.

DVHF Allows Survivors to Live in the Community

While permanent housing gave survivors and their children security and stability, staff and survivors emphasized that having a "home" has even greater meaning.

Survivors Rooted in Community

The DVHF program's flexibility has allowed survivors to access or retain homes in their own communities or has given them an opportunity to connect to a new community.

"This ability to provide flexible financial assistance has kept survivors out of the homelessness system, which would require them to uproot their lives and leave their communities."
—Advocate

"You really work hard to provide something that's going to be permanent and something rooted in community. We don't want our agency to be a revolving door and we want people to be rooted in their communities." —DVHF staff

"It's nice to be able to choose where you live because it's important to me to be in a familiar area and close to school. I feel safer where I am because I'm part of the community and I know my neighbors." —Survivor

The importance of permanence [of a home] and housing stability is reflected in the advocates' commitment to serving and supporting survivors with no term limits.

“None of us see this process as a client ‘going through the program.’ We see it as walking with clients and supporting them with their needs.”—Advocate

While this focus on community has a direct impact on survivors and their children, it also changes the communities they live in—for example, raising awareness of and sensitivity to domestic violence dynamics among landlords, car repair shops, locksmiths, and others.

Stronger Community Connections and Intentional Partnerships

DVHF staff have created intentional collaborations with stakeholders in their communities, such as law enforcement, housing authority personnel, and landlords. Collaboration was often the norm in smaller communities, but even so, the DVHF program provided agencies the time and funding to be even more creative in community awareness-raising and collaboration.

With flexible funding—and the reality of a pilot that will end—agencies established or further enhanced existing relationships in order to serve survivors. Agencies first drew on available resources in the community and then dipped into the DVHF pot to provide services not allowed by other funds, naturally using the money as a safety net to “fill in the gaps.” Advocates spent more time networking and advocating for clients, including meeting survivors “where they are,” both figuratively and literally (see the section about mobile advocacy below).

“The flexibility of the money led to more partnerships as agencies wanted to be creative and stretch the flexible dollars by using other partnerships and resources first.” —DVHF staff

Some examples of creative partnerships included DVHF agencies hosting ongoing brown-bag lunches and information sessions with community members, cooking and hosting a weekly breakfast with law enforcement, convening and facilitating a landlord forum to develop relationships with landlords, publishing articles on housing needs for survivors, and collaborating with legislators and funders.

“Our county commissioners are allies and have our interests in mind. Victims are some of the highest on the list of priority for housing.” —DVHF staff

Some landlords who read one of the agencies’ articles became very open to renting to survivors. Several of the agencies brought survivors to speak directly to landlords. In one of those meetings, a landlady unexpectedly disclosed her own experience with domestic violence, and said directly to a survivor: “I’m going to give you a chance because I’m a survivor myself!”

Overall, agency staff mentioned partnerships with housing programs, auto repair/service shops, gyms, treatment centers, rapid re-housing organizations, legal services, furniture stores, moving companies, recreation/dance and arts

groups, community resources, work/community jobs programs, domestic violence and sexual assault services, youth services, shelters, colleges, and thrift shops. Some partnerships had been in existence for more than 20 years, while others, instigated by DVHF funding, were as recent as six months old at the final check-in in October 2012. Some of the agencies also partnered with other cohort agencies, particularly those in their geographic region.

Survivors' presence as part of the community also created some challenges for DVHF agencies. In some cases, it was difficult to maintain confidentiality when clients were living in the same apartment building and/or frequenting the same resources. In other cases, survivors expected to receive the same resource or service that another survivor was receiving, regardless of the fit to their situation. Another challenge, which was a surprise to some of the agencies, was the resistance from the community, particularly from some of the private landlords.

Unexpected Backlash from Landlords

Of the challenges that came with rooting survivors in the community, the most pronounced was the unexpected backlash from private landlords. Some landlords would not consider renting to survivors. Others lacked understanding of domestic violence dynamics and compromised clients' confidentiality, negatively impacting their safety.

“We thought that property owners would just embrace this project and they didn't. We followed up with a property owner who owns about 500 units in our community, and I invited him to breakfast. He didn't think that he should have to rent to, [as he put it,] battered women who would be destroying his property. There was still some misunderstanding about who battered women are and what that means to landlords.”—DVHF staff

While some agencies walked away from such landlords, others used the opportunity to educate, train, dispel myths, and break down the stigma of domestic violence in their communities. In some cases, the education and advocacy led to a strong collaboration with landlords, who made several adjustments for survivors and their children.

DVHF Is About Agency Self-Reflection and Restructuring “Business as Usual”

With funding restrictions eliminated and the ability to serve survivors based on their needs, DVHF advocates spoke about the positive impact being able to say “yes” has had on them. Directors expressed that the DVHF model has improved staff morale and agency confidence as a whole. The flexibility of funding and implementation also challenged agencies to “think outside the box,” which allowed them to further enhance the DVHF program. Such creative thinking was strongly encouraged and supported by the funder. Finally, the program's flexibility challenged the staff to check their own personal biases.

“Step out of the box and be creative—don't be afraid to make mistakes.”—DVHF staff

While the DVHF program has not replaced the need for emergency shelter, it has compelled these agencies to discover housing stability options after or instead of shelter. Shelter has become a last resort instead of the norm.

“Shelter is not the ‘end all’ or only option anymore.” —DVHF staff

“Shelter requires immediate danger; the flexibility of DVHF can prevent violence.” —Survivor

Staff turnover was also an obstacle at some agencies that had to train new staff on a flexible model that doesn’t necessarily come with a blueprint. At one agency, self-reflection led the director to decide to restructure the staff team and job expectations to adjust to a flexible spending and implementation structure.

“Our agency was accustomed to money that gets survivors into housing, rather than keeps survivors in housing.” —Advocate

The DVHF program increased communication and consultation within the agencies. Partnerships have helped to reduce silos not just across agencies, but within some of the bigger agencies as well. The program has helped staff educate their colleagues internally about the DVHF model and the need for permanent housing for survivors.

Culturally Relevant Services

When asked about adjustments made to the organization, staffing, or service provision to ensure that the services provided are culturally relevant, two agencies mentioned that while their ongoing focus has always been on hiring bilingual staff and staff of color and working closely with interpreter services, the DVHF program further enhanced their collaboration with culturally specific agencies (for example, doing more direct referrals to culturally-specific agencies and/or directly communicating with staff at those agencies).

Trust

Flexibility provided by the funder communicated to the agencies that the funder trusted them to know best how to provide services. In turn, this trust allowed agencies to learn to trust themselves, their partnering agencies, and survivors. Some agencies even changed program eligibility criteria (for example, income level, gender, and so on) to be more inclusive, realizing that survivors of all characteristics could benefit from the program and trusting that decision, knowing it would be trusted and respected by the funder.

“We are learning to trust in ourselves to use flexible funds and not be overwhelmed by the responsibility and entrustment.” —DVHF staff

“Trust the families that you are working with to make their own decisions. They are smart, innovative adults who have survived a lot and they can make decisions. We don’t have all the answers.” —DVHF staff

“Learning what you can do and what you can’t do: you can support people but you can’t save them, even in housing.”—DVHF staff

Trusting survivors meant trusting them to know what is best for them and their children and allowing them to define for themselves the meaning of successful outcomes. At times, agencies found it challenging to maintain a commitment to trust survivors and also allow clients to be accountable for tenancy requirements or check in on how they were doing (see client engagement below).

DVHF Emphasizes Survivor-Centered Advocacy

While flexible funding allowed programs to provide resources for items and activities not usually allowed by funders (for example, changing car batteries or temporarily covering childcare costs), thereby improving survivors’ stability, survivors reported that the most significant component of the DVHF program was time and support from advocates. “Life advocates” has become a regular term to describe DVHF advocates, after one of the executive directors referred to her staff that way in a video clip played during a cohort gathering at the Bill & Melinda Gates Foundation.

*“We thought the money was the only thing our families wanted, but we’ve found that the support was what they really held on to.”
—DVHF staff*

During focus groups and individual interviews, survivors emphasized the amount, quality, and longevity of help and support as meaningful and life-saving to them.

“I had no expectations. I didn’t think I was worthy of any assistance. I didn’t know that people were capable of that kind of kindness, I had forgotten that. I haven’t forgotten the people—they really make it. It’s overwhelming. The effort that they put into it—it’s not just that they roll out of their car every day and go sit at their desk all day.”—Survivor

“Having someone to talk to who wasn’t judging me or didn’t have an agenda was lifesaving.”—Survivor

DVHF’s Flexibility Contributes to Survivors’ Empowerment and Healing

Although agencies stated that assistance such as rental deposits, first month’s rent, and utilities were “typical” services provided to many of the clients, it was difficult to say what the “average” type and amount of services were due to the flexible nature of the program and its survivor-centered approach. Through Agency Narratives, staff shared that the DVHF model has allowed them to focus on survivor-driven services—providing flexible, tailored, individualized, cost-effective, and solution-oriented services. Advocates’ ability to say “yes” to survivors’ needs has improved staff morale and client satisfaction. Instead of asking “What do funders want?” or “What do we think survivors need?”, they

are now asking “What do survivors want?” It has made such an impact among agencies that, according to the staff, returning to old models would be difficult. Yet making that shift was not easy, and staff initially spent a significant amount of time trying to set up boundaries around the money, developing screening tools, monitoring funds, and developing other restrictions on fund distribution.

By the end of the DVHF pilot program, agencies were assessing survivors’ needs on a case-by-case basis and providing services based on their individual needs, serving the “whole client.”

“We try to fit our services to each individual client based on where they’re at and what their needs are.”—Advocate

Dignity and Mental Well-Being

Survivors described having stable housing—including having their own kitchen, bathroom, and privacy—as improving their quality of life and regaining their dignity. Furthermore, survivors appreciated that DVHF advocacy takes into account the whole survivor, not just their housing situation.

“Staff are trained to treat survivors as individual humans, not use a blanket definition of abuse.”—Survivor

While physical safety was a first priority for survivors, survivors also talked about the importance of mental well-being. Establishing boundaries with the abuser, removing themselves from reminders of past trauma, attending counseling, therapy, or support groups, and being able to keep their pets all contributed to survivors’ mental well-being.

“When I left my situation, I was very traumatized and easily startled. To have a place of my own was very important to me to heal.”—Survivor

“I feel safer because of the work I’ve been doing internally.”—Survivor

Self-Sufficiency

“We have clients meet us even a tenth of the way, so they have ownership . . . and [we] prepare them for the future when we may not be there.”—Advocate

Some agencies did the housing search and communication with landlords on behalf of the survivors, while other agencies encouraged survivors to do their own search and helped them know when to do a final walk-through and process with the landlords. Some survivors mentioned that while advocates were supportive, the program expected survivors to do their share of the work, which allowed them to choose their own housing, its location, and goals to prioritize. According to survivors, this in turn fostered self-sufficiency, personal agency, and ownership—a strength of the program.

“In an abusive relationship when you lose yourself and focus entirely on the other person, your self-image is really damaged. The program has helped me with that, because I can see that I’m capable of writing a check, I’m capable of taking care of some things. I get help, but I can pay my own rent. The program helps me feel self-sufficient.”—Survivor

Being empowered allowed survivors to focus on their own personal goals or outcomes, including finding or keeping their jobs, returning to school, and/or owning a vehicle (car or bicycle).

Although survivors were proud to be self-sufficient after getting on their feet, some still preferred for the staff to help them more at the beginning, including when choosing a housing location, as it can be overwhelming when in crisis and parenting at the same time.

Client Engagement: Empowering or Intrusive?

Client engagement was interpreted differently across agencies and, at times, between staff and survivors. On the one hand, checking in with survivors can assure them that they’re not alone and give the DVHF program valuable data on permanent housing retention and impact; on the other hand, it can interfere with autonomy for those survivors who want to move on from services. While some agencies checked in with survivors on a monthly basis, others intentionally let survivors reach out to them if and when needed. One agency let clients know at program entry that they would be checking in to see how they were doing and also to get valuable feedback on the program to improve services (directly linking to the evaluation). At another agency, in a rural area, staff were less inclined to check in with survivors because they know and see survivors in the community and wanted to respect their privacy.

“We don’t keep tabs on clients, and actually I consider it good news if we don’t hear from clients. That generally means that they don’t need us, and isn’t that the long-term goal?”—Advocate

“We encourage survivors to contact advocates as they see fit, rather than an advocate constantly following up with them. We expect that all survivors will reach a point where they no longer need our services. We expect that this means that they have reached a point of self-sufficiency.”—Advocate

Even after finding stability, however, several survivors (including some in rural communities) preferred and appreciated when staff checked in on them.

“I didn’t do anything wrong, but I think maybe they felt that I was self-sufficient even though I didn’t quite feel like that. Even some standard guidelines [would be helpful] for people that are on this program[to tell you] why you are dismissed. They said that I was self-sufficient, was their reason.”—Survivor

DVHF agencies continue to grapple with the right amount of outreach and follow-up.

Mobile Advocacy

While mobile advocacy was a given in most agencies, the DVHF program has allowed advocates to be “where the client is” in ways that advocates dreamed of and never thought possible, since they could devote an entire staff position dedicated to this program. In rural areas, especially, having the time and resources to do mobile advocacy is integral to meeting survivor needs.

“For a rural area, it’s very different from urban areas. Things are a lot more spread out so we have to be more mobile . . . We are able to fit wherever it’s convenient and safe for the survivor.”—Advocate

DVHF Sets a Standard for Working with Survivors on Housing

With funding for Cohort 1 ending, sustainability was one of the topics of conversation during evaluation visits in the summer of 2012. Empowering survivors to be self-sufficient and accountable naturally helps agencies with sustainability. Staff also talked about the DVHF model itself being sustainable, in that it allows agencies to think creatively to make housing sustainable.

“Returning to old models will be impossible.”—Advocate

*“It’s sustainable. Instead of advocates feeling incapable and having to rescue survivors or take on a ‘savior’ role, they can provide empowering, logical responses to client problems.”
—DVHF staff*

Some agencies have considered creating small businesses and/or becoming landlords themselves and leasing to survivors at sliding-scale fees. Other sustainability plans have included using newsletters and other evaluation findings to demonstrate that DVHF strategies, including flexible funding, are effective. Agencies have embraced this model enough that some have directed their development staff and/or grant writers to raise money to extend the program. A few have already received grant money from other funders who support flexible funding; others have temporarily reduced staff until they secure new funding to continue the model.

Survivor Feedback

Self-Administered Survivor Feedback Survey

Thirteen survivors completed the self-administered Survivor Feedback Survey during evaluation visits to their DVHF agencies (surveys are anonymous and do not ask any identifying information). Of them, 92% were very satisfied with the DVHF services they were receiving and 8% were satisfied. All of them (100%) were very satisfied with the agency's cultural sensitivity. When asked how important culturally sensitive services are to them, 54% of the survivors reported them as extremely important, 23% said they were important, and 15% were neutral. Culturally sensitive services were not important to 8% of the survivors.

Almost all survivors (92%) strongly agreed that the DVHF advocate treated them with respect and restored their sense of dignity; the same number strongly agreed that they trusted their advocate (see Table 6 below). Furthermore, the majority of survivors (77%) strongly agreed that DVHF services increased their safety and that of their children. Finally, 92% of survivors felt that their quality of life and their children's had improved due to DVHF services.

Table 6. Survivors' Feedback: Safety and Relationship with DVHF Advocate (N=13)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The services increased me and my children's safety	77%	23%	0%	0%	0%
The DVHF advocate has treated me with respect	92%	8%	0%	0%	0%
I trust my DVHF advocate	92%	8%	0%	0%	0%
The DVHF advocate has helped me to restore my sense of dignity	92%	8%	0%	0%	0%

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. When asked to describe how the DVHF program has improved their lives, survivors mentioned that their lives were improved not simply because they had housing, but because they had safe housing. Several of them identified that the program has enabled them to become more independent and confident and that it has provided a growth opportunity for them as well as for their children. Other survivors mentioned that stability has improved their lives and has also allowed their children to be more relaxed. One survivor highlighted the advocates' ability to handle a variety of situations compassionately.

Survivors' Suggestions for Change and Improvements to the DVHF Model

When asked for suggestions to change DVHF services to better meet the needs of survivors in the future, most survivors said they would not change anything. A few suggested further publicizing the DVHF program to other agencies and

the public. Some asked for more guidelines and clarity about housing options (including an updated referral list of housing). One survivor suggested a reference library containing readings relevant to the survivors' situation. Support groups were also brought up as important to provide at DVHF agencies.

“More explanation as to the qualifications to be on the program and when you will be off of the program would be helpful.”—Survivor

During evaluation visits, survivors suggested that programs provide packets of information at the beginning of the advocacy process and present information about available services and housing options. They felt that when survivors are in crisis, even reading through pamphlets can be daunting.

Concluding Remarks

Cohort 1 agencies pioneered the Domestic Violence Housing First program in Washington State. From them, we learned that permanent housing for domestic violence survivors is not only possible, it is a successful and effective strategy for survivors and their families. Giving agencies flexibility to serve survivors literally and figuratively “where they are” changes lives, agency cultures, and communities as a whole. Domestic violence survivors want stable housing and independence, and they take pride in providing for themselves and their children. Their most common goals were going back to school or training, getting a living-wage job, and taking care of their health/mental health to ensure their children are not just safe, but happy.

The DVHF model has permanently changed the field of domestic violence. We conclude this summary with lessons learned and words of wisdom from Cohort 1 that will impact the field for years to come:

- Partner with other agencies, including other DVHF agencies and landlords.
- Prioritize housing stability.
- Think outside the box of standard victim services.
- Prioritize survivor-driven services.

“Remember, we are seed planters.”—DVHF agency executive director

Appendix

Online Quarterly Check-In: Agency Narrative (Cohort 1, October 2012)

Online Quarterly Check-In: Individual Client Intake and Follow-Up

Staff Focus Group Questions

Survivor Individual Interview Questions

Survivor Feedback Survey

WASHINGTON STATE COALITION



AGAINST DOMESTIC VIOLENCE

©2013 Washington State Coalition Against Domestic Violence

Permission to reproduce any portion of this report is granted, on the condition that the authors and the Washington State Coalition Against Domestic Violence are credited.

Cohort 1 Agency Narrative October 2012

Introduction

Happy Fall and welcome to the Domestic Violence Housing First (DVHF) fourth quarterly check-in of 2012, and FINAL Check-In for Cohort 1!

The following survey was designed specifically for Cohort 1. As you answer the questions, please keep in mind that this is the last Quarterly Check-In, therefore we ask that you reflect and write about changes over the past 3 years and lessons learned over time. The questions we are asking are from a learning perspective. Your responses will help to guide revisions and improvements to the DVHF model, and as Cohort 2 agencies continue with the program.

If you have any questions contact Ankita at ankita@wscadv.org / 206-389-2515 ext 207, Lyu or Alison at 206-543-7511 / Lyungai@uw.edu / ajk22@uw.edu.

Cohort 1 Agency Narrative October 2012

Agency information

***1. What is your agency name? (Note to New Hope: Adams and Grant counties are listed separately)**

- ☐ FRC - Davenport
- ☐ Lifewire - Bellevue
- ☐ Womenscare - Bellingham
- ☐ YWCA - Bremerton

***2. Please enter your contact information below**

Name:

Email Address:

Phone Number:

Major changes in the past 3 years

***3. Reflecting on the past three years, what are the major changes that you have incorporated over time in how you administer DVHF and/or allocate funding to survivors and their needs? How has your organization changed since the beginning of the program? (In your responses, please include the steps you took to implement those changes, and events or critical points in your shift in thinking that led to those changes.)**



Housing Retention

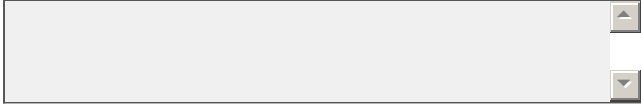
The following questions ask about reasons survivors were able to retain and not retain housing.

***4. For survivors who were able to retain housing over a period of time (e.g. more than one year), what worked for them to retain that housing? From your perspective, what support or services from your agency contributed to that retention?**

***5. For survivors who lost their housing, what were the main reasons for losing that housing? What would have made a difference in preventing that loss?**

Successes over the past three years

***6. What are your biggest successes over the past three years? (Include innovative/successful ways in which you have been able to use the program funds and/or provide tailored survivor-driven services, relationship with landlords, public housing agencies, etc.)**



Adjustments for cultural relevance (if applicable)


7. If relevant, what adjustments did you make over time to ensure that your DVHF services are culturally relevant (if this doesn't apply to your agency, write-in "not applicable" below)?

Cohort 1 Agency Narrative October 2012

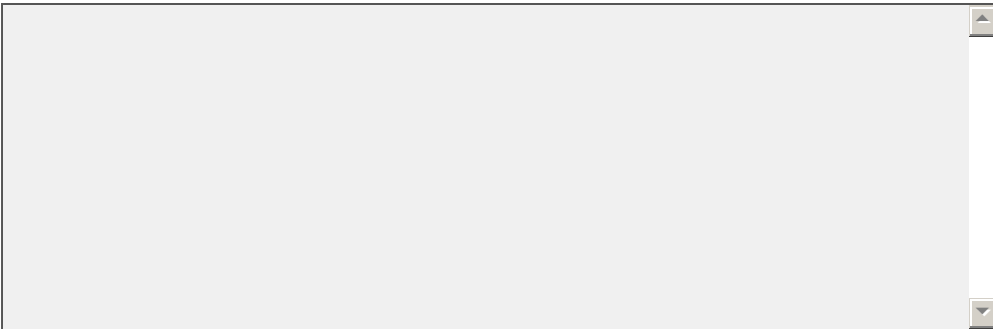
Losing touch with clients

Losing touch with clients has been one of the challenges for all agencies. We'd like your thoughts and suggestions on this as we continue to implement the program with Cohort 2 agencies.

***8. In general, how often did you keep in touch and/or “check-in” with survivors who were no longer receiving services from you on a regular basis?**

A large, empty rectangular text input area with a light gray background and a thin black border. It includes a vertical scrollbar on the right side.

***9. What were the main reasons for losing touch with clients at your agency (please provide as much information and context as possible – e.g. disconnected numbers vs. not hearing back from clients who you’ve left messages with).**

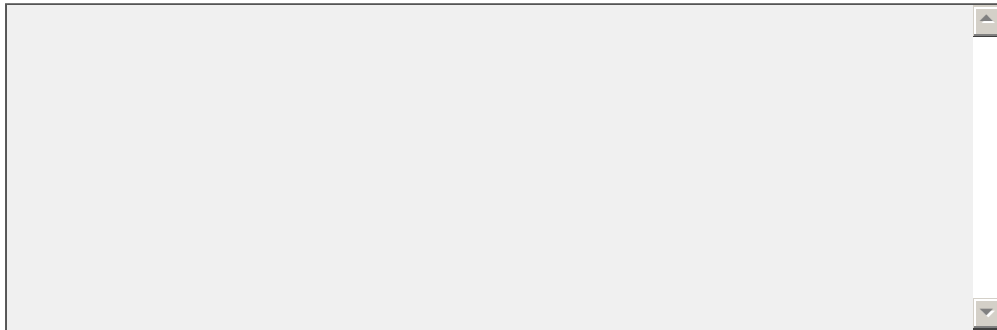
A large, empty rectangular text input area with a light gray background and a thin black border. It includes a vertical scrollbar on the right side.

***10. What worked well in keeping touch with survivors, and what suggestions do you have for Cohort 2 to prevent losing touch with clients?**

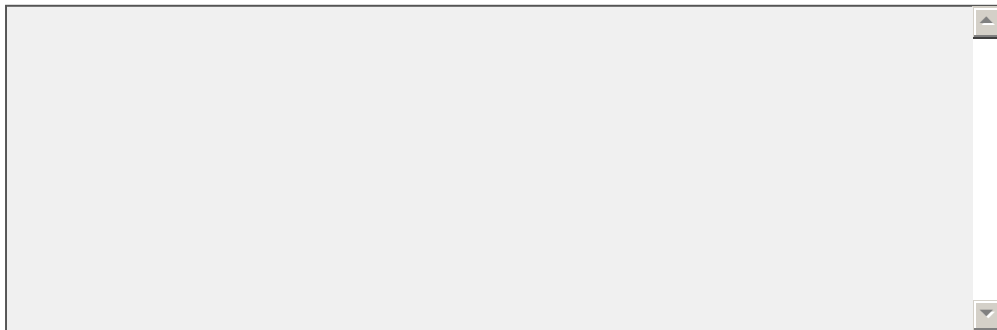
A smaller, empty rectangular text input area with a light gray background and a thin black border. It includes a vertical scrollbar on the right side.

Challenges implementing the program

***11. What are the main challenges that your agency has faced in implementing the program? (Can include administrative/ implementation, meeting survivors' needs/expectations, relationships inside and outside the agency, etc.)**

A large rectangular text input area with a light gray background and a vertical scrollbar on the right side.

***12. How did you address those challenges?**

A large rectangular text input area with a light gray background and a vertical scrollbar on the right side.

***13. Are there challenges that are ongoing, and/or that you will face after the grant/funding period ends? (In your response, include any plans of action to address these “future” challenges)**

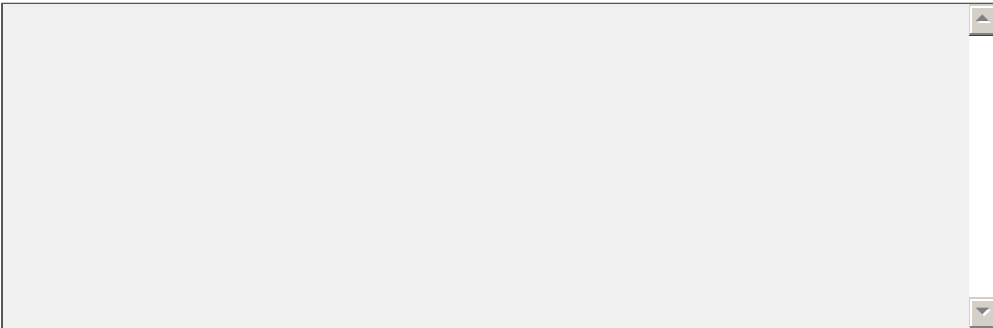
A rectangular text input area with a light gray background and a vertical scrollbar on the right side.

Biggest lessons learned and advice for Cohort 2

***14. What have been your 3 top lessons learned over the past years?**

A large rectangular text area with a light gray background and a vertical scrollbar on the right side, intended for the user to type their answer to question 14.

15. If you could do it all over again, what would you do differently? (if already answered above, write-in "see above")


A large rectangular text area with a light gray background and a vertical scrollbar on the right side, intended for the user to type their answer to question 15.

***16. What advice do you want to give Cohort 2 agencies and other DV programs planning to implement a similar Housing First model?**

A smaller rectangular text area with a light gray background and a vertical scrollbar on the right side, intended for the user to type their answer to question 16.

Community Education and Messaging

***17. If not already addressed above, please describe how the DVHF services have enabled your organization to better educate your community and stakeholders about project activities and outcomes (this response may include educating your local community about homelessness issues).**



Wraparound Services

Wraparound Services

We would like to know what other services your clients accessed through other parts of your program or at other agencies, including other Cohort agencies. This is to get a sense of where systems could change to make this easier.

***18. What have been your top 3 partnerships over the past years - in your community and/or outside, as directly impacted by the DVHF program? (Include partnerships with other Cohort agencies)**


Service types (e.g. housing, legal, thrift shop, etc.) (Please separate each type with a comma)

How long has your agency partnered with each of these organizations? (Please separate each partnership's length with a comma)

19. Do you have any other comments?

Plans for sustainability

***20. What are your plans for sustaining the DV Housing First model? What steps have you taken or will be taking to ensure sustainability? What is the future of this project at your agency?**



Cohort 1 Agency Narrative October 2012

Average amount spent on each client

We realize that each client's needs and services are different from another one, however from a learning perspective, we'd like to get a sense of the range of dollar amount that you spent on each client.

***21. What was the average amount of money that was distributed and/or that you spent on each client?**

***22. What was the range (minimum and maximum amount) of money that you spent and/or that was distributed to each client?**

Keeping Track: Program Participants

Keeping Track: Participants

Note: This page is an OVERVIEW of the services you have provided. Thanks!

***23. For the entire project period, please list the number of people who:**

Were considered for DVHF services (potential clients) Oct 2009-Sept 30th 2012

Entered the program Oct 2009-Sept 30th 2012

***24. For the previous quarter, please list the number of people who:**

Were considered for DVHF services (potential clients) between July 1, 2012 and Sept 30, 2012:

Entered the program between July 1, 2012 and Sept 30, 2012:

25. Please select the reason(s) that survivors have been prevented from participating in the program.

	Income	History of DV	Housing Status	Safety Concerns	Criminal History
Survivors who were screened out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivors who were screened in/completed the intake process, but who did NOT enter the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

***26. In your own words, please explain the following:**

What would help you be able to screen people into the project?

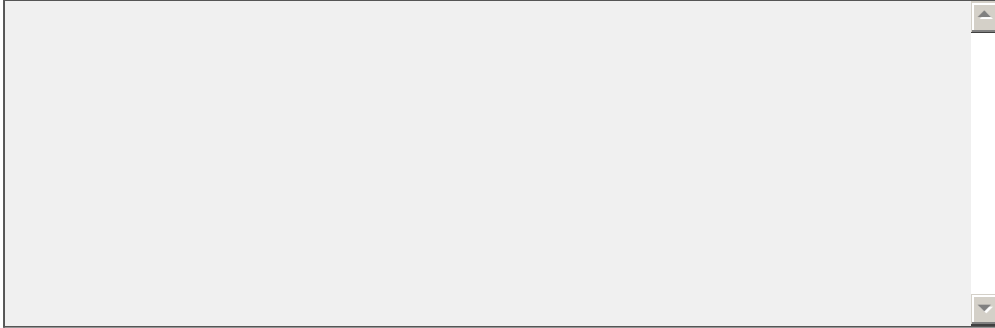
What would this project look like if it could accommodate survivors with a variety of different issues?

Cohort 1 Agency Narrative October 2012

**27. Please list the languages spoken by your clients other than English, if applicable
(simply separate them by a comma)**

Suggestions for improving the program

***28. Please let us know how we can improve the DVHF program and its services, evaluation, and/or quarterly newsletter.**



Cohort 1 Agency Narrative October 2012

Thank You

Thank you and congratulations for completing your final Quarterly Narrative Check-In! Please click "done" below to submit your responses. As a reminder, you can edit this survey at any time, including after clicking done below; however you will not be able to start a new narrative survey from the same computer. Your lead advocate has been emailed a link to enter intake information for clients. Please contact Ankita or Lyu if you have any questions or comments. Thanks again!

Lyungai, Ankita, Linda, and Alison

Cohort 1 Client Intake and Follow-Up January 2013

Welcome

Welcome to the DVHF individual client intake and follow-up online survey. Please enter information on all your DVHF clients, whether or not you are still working with them or have entered intake information for them in the past. If you have already entered intake information for a client, you will be automatically skipped to a much shorter survey (even more than before for Cohort 1 agencies). If you are unclear about a question, please call or e-mail Kendra at 206-389-2515 ext 214/kendra@wscadv.org or Alison at (206) 543-7511/ajk22@uw.edu. Thank you for your time!

Cohort 1 Client Intake and Follow-Up January 2013

Agency information

***1. Which of the following agencies is the client/survivor receiving DVHF services from?**

- ☐ FRC/Davenport
- ☐ Lifewire/Bellevue
- ☐ Womenscare/Bellingham
- ☐ YWCA/Bremerton

***2. What's the client's DVHF identification number?**

***3. Are you entering information for this client for the first time?**

- ☐ Yes
- ☐ No

Cohort 1 Client Intake and Follow-Up January 2013

Client's program entry

*4. Date of client's program entry

MM DD YYYY
1 / /

Cohort 1 Client Intake and Follow-Up January 2013

Client's living situation at program entry/ intake

***5. what was her/his living situation when s/he first came into contact with the DVHF program?**

- ☐ Rent
- ☐ Own
- ☐ Shelter/ Voucher
- ☐ Transitional housing
- ☐ Temporary arrangement
- ☐ Homeless
- ☐ Other

Other (please specify)

6. Did s/he have permanent housing when you started working with her or him (at intake)?

- ☐ Yes
- ☐ No

Cohort 1 Client Intake and Follow-Up January 2013

Client demographics at program entry/ intake

*7. Age at intake

- ☐ Under 18 years of age
- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65 years or older
- ☐ Unknown

*8. Is the client Hispanic or Latino/a?

- ☐ Yes
- ☐ No
- ☐ Not reported
- ☐ Unknown

*9. What is the client's racial identification?

- ☐ African American/ African Descent
- ☐ Asian
- ☐ Native American/Alaska Native
- ☐ Pacific Islander/ Native Hawaiian
- ☐ European American/ Caucasian
- ☐ Multi Racial
- ☐ Other
- ☐ Not reported
- ☐ Unknown

please specify for other, multi-racial, Asian, Nation (if known)

Cohort 1 Client Intake and Follow-Up January 2013

***10. Does client identify as an immigrant or refugee?**

- ☐ Yes
- ☐ No
- ☐ Not reported
- ☐ Unknown

11. Approximately how many years has client lived in the US, if known?

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11 or more years
- ☐ Unknown

Cohort 1 Client Intake and Follow-Up January 2013

Client's prior housing

***12. Has the client been in a DV shelter in the past?**

- ☐ Yes
- ☐ No
- ☐ Not reported
- ☐ Unknown

***13. Has the client been in a general emergency shelter in the past?**

- ☐ Yes
- ☐ No
- ☐ Not reported
- ☐ Unknown

***14. Has the client had previous transitional housing?**

- ☐ Yes
- ☐ No
- ☐ Not reported
- ☐ Unknown

Cohort 1 Client Intake and Follow-Up January 2013

Client priorities at program entry/ intake

*15. Select the areas that the participant identified AT INTAKE as priorities

- | | |
|---|--|
| <input type="checkbox"/> Housing (e.g. type, cost, utilities, phone, safety, basic maintenance) | <input type="checkbox"/> Parenting & Children (e.g. skills, emotional needs, physical needs, child care, counseling) |
| <input type="checkbox"/> Immigration (e.g. petitioning residency, immigration legal services) | <input type="checkbox"/> Health & Well-Being (e.g. emotional, counseling, medical, dental, nutrition, addiction, fitness, self-care) |
| <input type="checkbox"/> Transportation (e.g. bus pass, vehicle, maintenance, insurance, driver's license, bicycle) | <input type="checkbox"/> Coping skills/ self-sufficiency |
| <input type="checkbox"/> Legal (e.g. court fines, child custody, divorce, probation/parole, treatment) | <input type="checkbox"/> Counseling (e.g. seeing a professional counselor or therapist) |
| <input type="checkbox"/> Financial/ independent living skills (e.g. income, food stamps, credit/rental history, bank accounts, budgeting) | <input type="checkbox"/> Support group participation |
| <input type="checkbox"/> Education (e.g. GED, High School diploma, job training, classes, conferences) | <input type="checkbox"/> Creating a safety plan for self |
| <input type="checkbox"/> Employment and career (e.g. Job searching, apprenticeship, employment history, ability to work) | <input type="checkbox"/> Creating a safety plan for child(ren) |
| <input type="checkbox"/> Community outreach (e.g. groups, friends, organizations, Faith Community, Tribal community) | <input type="checkbox"/> Other |

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

Client's demographics - intake and ongoing

***16. What is her/his approximate monthly household income? (Do not include food stamps, but include other sources of income)**

- ☐ \$0
- ☐ \$1-\$400
- ☐ \$401-\$800
- ☐ \$801-\$1,200
- ☐ \$1,201-\$1,600
- ☐ \$1,601-\$2,000
- ☐ \$2,001+
- ☐ unable to reach client - phone disconnected, moved out of area
- ☐ client is not returning my call/messages

***17. What is her/ his current source of income? (check all that apply)**

- ☐ Employment
- ☐ Unemployment benefits
- ☐ SSI or equivalent
- ☐ TANF or equivalent
- ☐ HEN or equivalent
- ☐ Tribal allocation
- ☐ Child support
- ☐ Other
- ☐ unable to reach client - phone disconnected, moved out of area
- ☐ client is not returning my call/messages

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

*18. What's the highest level of education that the client has achieved?

- ☐ Has not graduated from High School
- ☐ Graduated from HS or attained GED
- ☐ Received an Associated degree or attended some years of college
- ☐ Graduated from a 4-year college degree or greater
- ☐ Currently in school
- ☐ Other

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

*19. For clients currently in school, what level of education are the classes in?

- ☐ GED or High School
- ☐ Technical College, associate degree, 2-year college, or equivalent
- ☐ 4-year college
- ☐ Graduate school
- ☐ Other
- ☐ Unknown
- ☐ Not reported

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

Barriers to attaining housing

***20. Have any of the following ever been barriers to the client's ability to obtain housing?**

	Yes	No	Unknown
Limited English Proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eviction history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal background history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical dependency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPS involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

***21. Have any of the following disabilities ever been a barrier to the client's ability to obtain housing?**

	Yes	No	Unknown
Mental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Other household members

***22. Does this client have additional household members?**

- ☐ Yes
- ☐ No
- ☐ Unknown

Cohort 1 Client Intake and Follow-Up January 2013

***23. Total number of household members with whom the client either currently lives with or who intend to live with the client once housing is secured. (note: total household members should be the sum of adults + children)**

24. Total number of other adults (18 years or older) currently living or who will live with the client once housing is secured

25. Total number of children (17 years or younger) currently living or who will live with the client once housing is secured

***26. Please complete the following for each person with whom the client either currently lives or who intend to live with the client once housing is secured**

	Age	Hispanic or Latino	Race (feel free to specify detailed race or Nation in "other" below)	Child of client?
Person 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

27. Feel free to list any other information or comments about the client's household member(s)

Cohort 1 Client Intake and Follow-Up January 2013

Client priorities after housing placement (at follow-up)

28. At follow-up/After Intake: If already in Housing, select the client's priorities for ongoing support besides housing. If new and not in housing yet, check the first response: "not applicable..."

☐ NOT APPLICABLE/CLIENT IS NEW AND NOT YET IN HOUSING

☐ UNABLE TO REACH CLIENT - moved out of area, number disconnected, we lost touch years ago

☐ CLIENT NOT RETURNING CALL - left messages with client's voicemail or family member; no response

☐ Immigration (e.g. petitioning residency, immigration legal services)

☐ Transportation (e.g. bus pass, vehicle, maintenance, insurance, driver's license, bicycle)

☐ Legal (e.g. court fines, child custody, divorce, probation/parole, treatment)

☐ Financial/ independent living skills (e.g. income, food stamps, credit/rental history, bank accounts, budgeting)

☐ Education (e.g. GED, High School diploma, job training, classes, conferences)

☐ Employment and career (e.g. Job searching, apprenticeship, employment history, ability to work)

Other (please specify)

☐ Community outreach (e.g. groups, friends, organizations, Faith Community, Tribal community)

☐ Parenting & Children (e.g. skills, emotional needs, physical needs, child care, counseling)

☐ Health & Well-Being (e.g. emotional, counseling, medical, dental, nutrition, addiction, fitness, self-care)

☐ Coping skills/ self-sufficiency

☐ Counseling (e.g. seeing a professional counselor or therapist)

☐ Support group participation

☐ Creating a safety plan for self

☐ Creating a safety plan for child(ren)

Cohort 1 Client Intake and Follow-Up January 2013

Permanent Housing Status, Type, and Length in Housing

***29. Is S/He currently in permanent housing?**

- ☐ Yes, had permanent housing when came to DVHF, and retained.
- ☐ Yes, obtained housing through DVHF.
- ☐ No permanent housing yet, we are working on it
- ☐ No, obtained housing through DVHF, but is no longer in permanent housing
- ☐ Other
- ☐ Don't know. (e.g. phone disconnected). (Please specify in other below).

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

*30. What kind of housing was S/He able to obtain or maintain?

- ☐ Subsidized/ Section 8
- ☐ Fair Market
- ☐ Other Low Income
- ☐ Tribal housing
- ☐ Other

Other or "other low income" (please specify)

*31. Has client received DVHF services for at least 6 months?

- ☐ Yes
- ☐ No
- ☐ Don't know, we haven't had contact with client

Cohort 1 Client Intake and Follow-Up January 2013

32. If yes, did they have housing at 6 months after housing placement?

☐ Yes

☐ No

***33. Has client received DVHF services for at least 12 months?**

☐ Yes

☐ No

☐ Don't know, we haven't had contact with client

Cohort 1 Client Intake and Follow-Up January 2013

34. If yes, did they have housing at 12 months after housing placement?

- ☐ Yes
- ☐ No

***35. Has client received DVHF services for at least 18 months?**

- ☐ Yes
- ☐ No
- ☐ Don't know, we haven't had contact with client

36. If yes, did they have housing at 18 months after housing placement?

☐ Yes

☐ No

Cohort 1 Client Intake and Follow-Up January 2013

Length in housing

***37. How long was/has client been in housing since becoming a DVHF client? (note: if they were already in housing at intake, start counting the month and week they entered the DVHF program, which helped to maintain their housing).**

weeks

38. During this time, how many times has the client's housing been interrupted for more than 2 consecutive weeks? (note: if client's housing hasn't been interrupted, please type-in 0; if unknown, type-in unknown)

39. Please list reasons for client's housing interruptions, if applicable. (Note: if not applicable, please type-in NA)

40. If in permanent housing through DVHF, how many weeks did it take to access housing for client?

(Note: skip this question if client was already in housing at intake.)

weeks

Cohort 1 Client Intake and Follow-Up January 2013

Not in permanent housing

***41. If this client is not in permanent housing, which of the following describes her or his housing situation?**

- ☐ Emergency shelter
- ☐ Transitional housing
- ☐ In Treatment
- ☐ In other institution
- ☐ Living temporarily with family/ friends
- ☐ Unknown
- ☐ Other

Other (please specify)

Cohort 1 Client Intake and Follow-Up January 2013

Length of time working with client

***42. As of TODAY, about how many weeks has the DVHF advocate worked with the survivor/ client?**

Weeks

Cohort 1 Client Intake and Follow-Up January 2013

Level of Services

*43. How would you describe this client/survivor's level of need for DVHF services?

- ☐ Light touch: simple, discrete needs that are met quickly. Client is not seen/helped after this need is met. E.g. one month rent, child care, install locks, pay for utilities, pay for diploma.
- ☐ Medium touch: Discrete needs met as above, PLUS client is connected with some of the services of your agency, such as support groups, counseling. Housing is sought after and obtained relatively quickly.
- ☐ High need: All of the above, PLUS long term planning with advocate is needed to obtain housing, improve financial situation, safety, etc.

Comments

Cohort 1 Client Intake and Follow-Up January 2013

Short Version of Danger Assessment - new questions as of April 2012

***44. For new clients or clients you are in touch with, please refer to the last 3 months in answering the following questions regarding the survivor's risk and potential lethality. Here, "abuser" refers to the survivor's current intimate partner/spouse, or ex-partner/ex-spouse assuming there is still contact or relationship even if not intimate (e.g. having children in common, part of the same community, or continued communication for any other reason).**

If it's been many years since you've been in touch with a client and/or cannot reach her/him, please check "not applicable" for all, and write-in the "other" box below that you lost touch with client years ago, and/or any other explanation you can provide.

	Yes	No	Don't know	Not reported	Not applicable (please explain below)
Has the physical violence toward the survivor increased in severity or frequency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does he/she threaten to kill survivor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does he/she ever try to choke or strangle survivor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the survivor's current or former partner/abuser threatened or tried to commit suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does he/she threaten to harm survivor's children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does he/she follow or spy on the survivor, leave threatening notes or messages on her answering machine, destroy her property, or call survivor when s/he doesn't want him/her to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the survivor's current or former partner/abuser a problem drinker, alcoholic, and/or drug user?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cohort 1 Client Intake and Follow-Up January 2013

Is he/she violently and constantly jealous of survivor?

☐
☐
☐
☐
☐

Does the survivor believe her current or former partner/abuser is capable of killing her?

☐
☐
☐
☐
☐

Is the survivor's current or former partner/abuser unemployed?

☐
☐
☐
☐
☐

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?)

☐
☐
☐
☐
☐

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?)

☐
☐
☐
☐
☐

please specify or clarify on any of the above responses (e.g. "question #_ or set of questions is not applicable, survivor currently not in a relationship and abusive ex-partner has no idea where survivor is")

Other comments

45. Do you have any other comments?

Cohort 1 Client Intake and Follow-Up January 2013

Last Page

If you are done entering information for this participant, select "Done" below and you will be taken to the first page of the intake survey. You can then enter information for the next client.

If you're done entering information for all clients, select "Done" below to save the current client's data. You will still be redirected to the first page of the survey, where you can simply close your browser/window to exit. Thank you!

Staff Questions

DVHF Evaluation Visits July/August 2012 (C1 Final Evaluation Visits)

Focus Group Questions for Staff

<<Note for Cohort 1 Evaluation Visits: Have staff keep in mind that this is the final evaluation visit; therefore with the questions below, to think about changes over the past 3 years, lessons learned over time, etc. Lyu will probe for this information as well, and see new questions below.>>

- First, please describe your role on this program. (FU, if relevant: Has this changed over time?)

- How well do you think this program has served the needs of survivors and their children? Please give examples.

- What are some of the innovative/successful ways in which you have been able to use these program funds/administer this program? (Probes: how have you used/structured your funding? What has this program meant to you?)

- How has mobile advocacy changed for your agency over time, because of the Domestic Violence Housing First program? If you were already doing that, how did the program enhance mobile advocacy for your agency?

- In what ways has flexible funding allowed you to help improve:
 - The safety of survivors and their children
 - Housing opportunities for survivors – obtaining/maintaining (if not already covered by above)

- How has your agency changed as a result of participating in the Domestic Violence Housing First program? (what kind of impacts has it had on your agency? How have other staff members been impacted by this program? The Community? How are you impacted by this program?)

- What are some ways that this program has been challenging? (e.g. administratively-implementation, in relation to services, relationships outside the agency, client expectations, etc.)

- What are some ways that this program has surprised you?

- What are one or two things you would change to improve the program?

- What has been your biggest lesson learned over the past months to years?

- If you could do it all over again, what would you do differently? OR what advice do you want to give Cohort 2 agencies (if you haven't already shared)?

- What are your plans for sustaining the Housing First model?

- Is there anything that we haven't asked today or in the quarterly check-in that you would just love to share?

Individual Interview/Focus Group Questions for Survivors (*additional follow-up/probing questions will happen during the interviews)

<<Note to interviewers: before beginning the questions, clarify with survivors who their main housing advocate is, in part to listen to how they address the advocate. Then replace “housing advocate” below with how she/he is addressed by the client(s).>>

<<Note to interviewers: Also clarify how they refer to the program. E.g. many of the advocates call it “the Gates” program and not DVHF.>>

[Brief overview of the DVHF, role of WSCADV and Evaluator ~ Linda usually does this]

[Brief Introductions ~ e.g. if eating together before FG; name; ice-breaker Q]

[Overview of evaluation visits – what, why, what, how, etc. ~ Lyu usually does this while going over the Consent Form]

[Detailed Introductions: name, length of time receiving DVHF services, # of children].

- First, please describe your experience of finding housing and working with your housing advocate. If you already had housing, please share your experience of what it took to maintain your housing, and how the housing advocate helped you with that. (Probes: What are specific things that you and the advocate have worked on?)

- How well have your needs been met since working with the housing advocate? In other words, what were you hoping to get from the program, and how much of that has been met? Please give examples. (Probe about extent of children’s needs being met)

- How have you (your life) changed as a result of participating in the Domestic Violence Housing First program? Please give specific examples. (Probe: how has your family changed, including your children). (Probe 2: where do you think you’d be if it wasn’t for the [DVHF] program, in terms of housing or anything else?)

- How has your sense of safety, as well as your children's safety, changed since you began receiving services from the DVHF program? (Probes: do you feel safe, do you feel safer than before you starting working with [advocate name]? How so?)

- What are some of the challenges that you have faced while trying to get or keep your housing? Any other challenges, in terms of housing, and/or working with [agency name]?

- What are some things that have surprised you while working with the housing advocate, in terms of this program and advocacy for survivors of domestic violence? (E.g., is there anything you've received that you didn't expect, or something you expected that the agency wasn't able to provide to you or your children?)

- Do you have any words of advice for other women (or men) who are in a situation similar to yours? (It can be related to housing, working with agencies such as this one, or anything at all)?

- Do you have any suggestions for how the DVHF program or [agency name] can make its services even better?

For culturally-specific/Tribal programs:

- How important is it for you to have an advocate who understands your culture and/or language? (probe: encourage to give specific examples)

- Anything else at all?

Agency Name: _____

Date: _____

Survivor Feedback Questions

Thank you for completing the following questions on the Gates Foundation's Washington Domestic Violence Housing First program. Your input is extremely valuable and important to us. It will help us improve services to survivors and their children.

1. How satisfied are you with the overall Domestic Violence Housing First (DVHF) Services?

Please check one response.

- ☐ (5) Very Satisfied
☐ (4) Satisfied
☐ (3) Neutral
☐ (2) Unsatisfied
☐ (1) Very Unsatisfied

2. How satisfied are you with the cultural sensitivity of DVHF Services?

Please check one response.

- ☐ (5) Very Satisfied
☐ (4) Satisfied
☐ (3) Neutral
☐ (2) Unsatisfied
☐ (1) Very Unsatisfied

3. How important are culturally sensitive services to you?

Please check one response.

- ☐ (5) Extremely Important
☐ (4) Important
☐ (3) Neutral
☐ (2) Unimportant
☐ (1) Extremely Unimportant

How much do you agree or disagree with the following statements (please select one response per question, by circling strongly agree, agree, neutral, disagree, or strongly disagree):

4. The services I'm receiving/I received from the DVHF advocate increased my and my children's safety.	Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The DVHF advocate has treated me with respect.	Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
6. I trust my DVHF advocate.	Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The DVHF advocate has helped to restore my sense of dignity.	Strong Agree	Agree	Neutral	Disagree	Strongly Disagree

8. Do you feel that the quality of you and children's life has improved?

- Yes. If so, how has it improved for you or your child(ren)?

--Please turn page--

- No. If not, what are some things that have not helped your quality of life improve in your opinion?

- Not sure. Any comments about that?

9. How would you change the DVHF services to better meet the needs of survivors in the future:

10. Feel free to add any other comments on any of the above questions or anything else:



Thank you for your time.
Please feel free to call the Evaluator if you have any questions about this survey or the evaluation in general.
Lyu at (206) 949-9338