



# The Washington State Domestic Violence Housing First Program Evaluation Summary

Cohort 2 Agencies  
September 2011 – December 2012

*“The services and support have given me a chance to start over.”*  
—Survivor

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# 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 (DVHF) program eliminates housing as a reason for survivors to stay in abusive relationships by providing flexible advocacy. This flexible approach gives survivors of domestic violence the ability to establish a home and the freedom to choose how best to rebuild their lives. Permanent housing is the beginning of their new journey.

The first phase of the DVHF program began with a cohort of four domestic violence agencies. The second phase, known as Cohort 2, expanded the program to nine additional agencies to serve survivors with higher needs, including those living in rural, tribal, immigrant, and culturally specific communities. Between September 2011 and December 2012 (roughly the first half of a three-year pilot), the nine agencies served 316 survivors, most of whom were between 25 and 44 years old and had young children (10 years old or younger). The survivors were racially and ethnically diverse; the majority, particularly in rural communities, were people of color including Native Americans. A majority of the survivors were also low income, financially dependent on TANF, SSI, and child support. Only a little over a third had attained more education than a high school degree or GED.

*“ [DVHF] has been a life-changing experience for me and my children.”—Survivor*

Although Cohort 2 survivors faced significant barriers (particularly unemployment and lack of affordable housing) at program entry, half of them had permanent housing at intake. For many of the survivors, eviction history, limited English proficiency, chemical dependency, criminal history, child protective services (CPS) involvement, and disabilities had gotten in the way of obtaining or retaining a permanent home in the past. Despite these significant challenges, 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 additional legal and support services (“medium touch”); still others received substantial survivor-centered mobile advocacy (“high touch”). Following program enrollment, close to 90% of clients were in permanent housing, and most retained that housing after one year with no interruptions. It took survivors and advocates an average of seven weeks to access that housing (11 weeks in rural communities). Advocates had worked with survivors an average of seven months by the program’s midpoint (around 16 months). Survivors received a variety of kinds of financial assistance (including rent deposit, utility bill coverage, daycare, and student loan assistance) and advocacy services (for example, support identifying needs and corresponding resources).

As survivors retained housing and became stable over time, they felt safer and their danger levels decreased. The majority were very satisfied with DVHF services and the agencies’ cultural sensitivity, and they felt that their advocates 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. Some suggested more publicity of the DVHF program due to its positive impact. A few survivors asked for more guidelines and clarity about services, more financial support and other individualized resources, and updated agency brochures. Finally, some survivors reiterated the importance of support groups to their healing.

Through face-to-face conversations with survivors, advocates, and executive directors, we discovered what continues to make the DVHF model work for survivors—including those with significant barriers—and their families, their communities, and the agencies serving them:

- DVHF roots survivors and agencies in the community.
- With DVHF, individualized service is a first resort and financial support a last resort.
- DVHF helps improve survivors' mental health and chemical dependency issues.
- DVHF's flexibility fosters survivors' sense of dignity.
- DVHF enables survivors to define their own goals.
- DVHF enhances culturally relevant services.
- DVHF is inclusive of male survivors.
- DVHF supports parenting and children's well-being.
- Sustaining DVHF prevents homelessness, saves lives, and gives hope.

# 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. WSCADV was subsequently commissioned to:

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

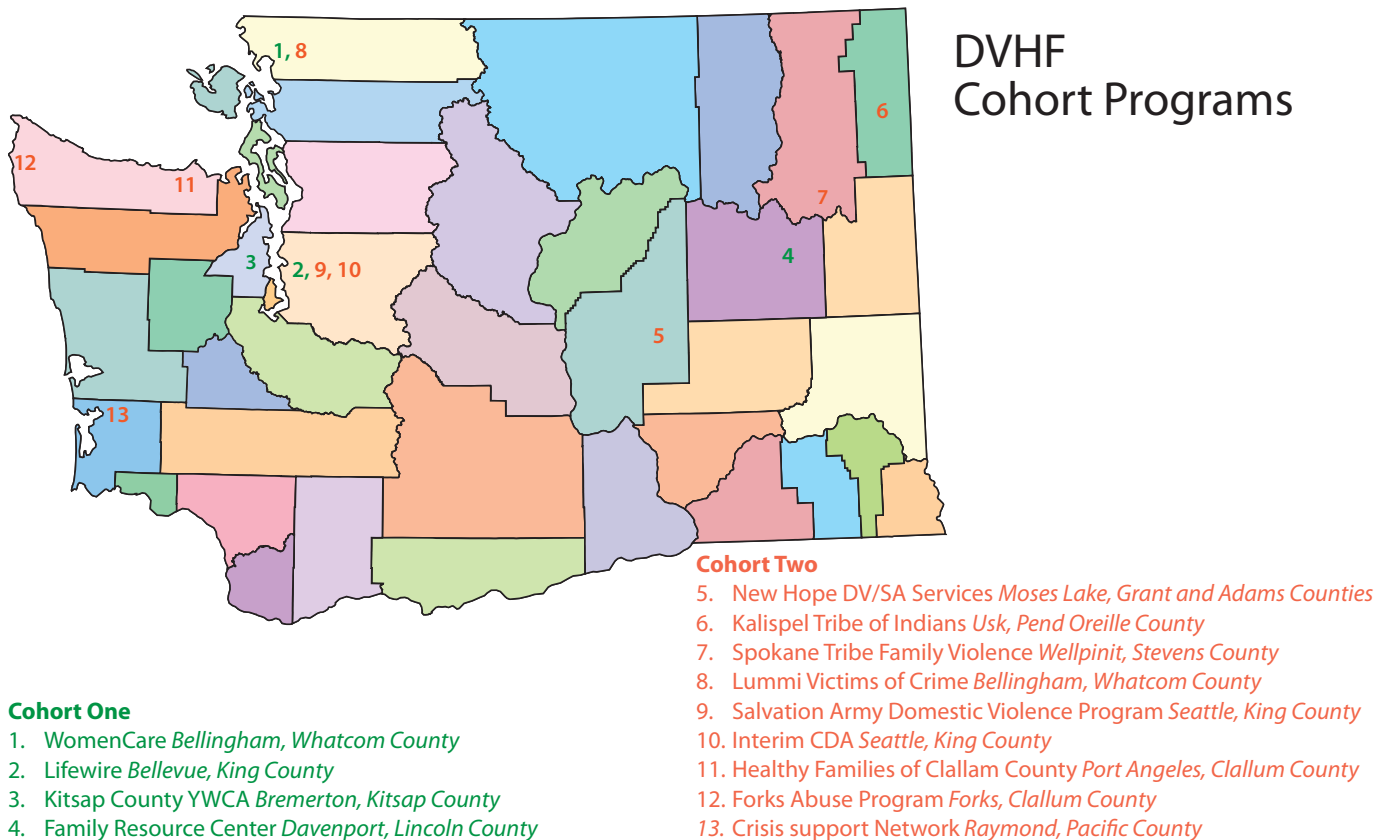
The DVHF program is intended to increase access to permanent and affordable housing among survivors of domestic violence. Paramount to the DVHF program is the control the Bill & Melinda Gates Foundation gave agencies in how to use the funding and administer the program. The DVHF program eliminates housing 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, and temporary rental assistance. (Note: "Clients" and "survivors" are used interchangeably throughout the rest of the report.) 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.

Four community-based domestic violence agencies, known as Cohort 1, received initial funding for two years (2009 to 2011). The four agencies included Family Resource Center of Lincoln County (Davenport), Lifewire (formerly known as the Eastside Domestic Violence Program, Bellevue), Womenscare (Bellingham), and YWCA of Kitsap County (Bremerton). Due to immediate, successful outcomes and an intense 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 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, and tribal domestic violence programs across Washington State were funded for three years to engage with survivors and their communities to address specific needs of survivors faced with housing instability and/or homelessness.

Cohort 2 agencies include urban, rural, tribal, and culturally specific domestic violence programs across Washington State:

- Crisis Support Network, Raymond, WA
- Forks Abuse Program, Forks, WA
- Healthy Families of Clallam County, Port Angeles, WA
- InterIm CDA (merged with original grantee International District Housing Alliance), Seattle, WA
- Kalispel Tribe of Indians, Usk, WA
- Lummi Victims of Crime, Bellingham, WA
- New Hope DV/SA Services, Grant County and Adams County, Moses Lake, WA
- The Salvation Army Northwest Division Domestic Violence Program, Seattle, WA
- Spokane Tribe Family Violence, Wellpinit, WA
- YWCA of Kitsap County, Bremerton, WA (as of October 2012)

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 first 16 months of the Cohort 2 DVHF program (September 2011 to December 2012). A separate report documents findings from the final 18 months of the Cohort 1 DVHF program (July 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 multiple methods to document service provision and impact from varying perspectives. During the first two years of Cohort 1's 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 Cohort 1 implementation and at the start of Cohort 2 (September 2011), the evaluation design was enhanced to include more structured and quantitative analysis, as well as a stronger emphasis on outcomes and survivor impact, while still maintaining the richness of qualitative methods for data collection and dissemination.

## 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 that were formulated 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):

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

Every quarter, DVHF agencies complete two online surveys, a process otherwise known as the quarterly check-in. The **Individual Client Intake and Follow-Up** is one of the two online quarterly surveys that advocates complete. It consists of a mixture of quantitative/standardized and qualitative/open-ended questions and includes 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** is the second online quarterly survey that advocates and/or project directors complete on behalf of all staff. It is 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.

**In-person staff focus groups** are conducted primarily by the evaluator during annual evaluation visits to the agencies. The WSCADV housing program coordinator and other WSCADV staff (when available) are also present to provide technical assistance and to co-facilitate. Staff focus groups address 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** are conducted primarily by the evaluator during annual evaluation visits to the agencies (see questions in the appendix). The WSCADV housing program coordinator and other WSCADV staff (when available) are also present to provide technical assistance and to co-facilitate. Survivor focus groups address 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 is provided for survivor focus groups as needed to promote participation and access.

**In-person survivor individual interviews** are offered to survivors who are not comfortable in focus group settings or those who want their identity kept private

from other clients. Interviews include questions similar to those asked during survivor focus groups. Interpretation is 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 provides survivors with the survey during evaluation visits. They complete the survey on their own and in private, and are asked to insert completed surveys in an envelope (without names or other identifying information), which the evaluator collects. In addition, blank surveys with self-addressed and stamped envelopes remain at each agency for other survivors to complete and send directly to the evaluator.

The evaluation description, consent form, and surveys are translated into several languages to be culturally and linguistically inclusive. Blank surveys are 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 survivors served between September 2011 and December 2012. Three of the agencies in this cohort are primarily urban, and seven are rural. (Note: The YWCA of Kitsap County, a Cohort 1 agency, received a no-cost extension for their DVHF program for one year. Their data and activities beginning October 1, 2012, were merged with Cohort 2 and are included below.)

The data were collected from:

- Five quarterly Individual Client Intake and Follow-Up surveys
- Five quarterly Agency Narratives
- Seventy-seven Survivor Feedback Surveys (currently translated to Spanish, Mandarin, Cambodian/Khmer, and Tagalog; surveys completed in Spanish, Mandarin, and Cambodian were translated back to English for analysis)
- Eighteen staff focus groups
- Eight survivor focus groups in English, Spanish, and Tagalog (translated during the focus groups)
- Fifty-two survivor individual interviews in English, Spanish, Mandarin, and Tagalog (translated during the interviews)

The staff and survivor focus groups and individual interviews were conducted during two sets of evaluation visits to each agency in the spring and fall of 2012.

## Number of Clients Served

Cohort 2 agencies served a total of 316 survivors between September 2011 and December 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. In tribal communities, some referrals occurred after survivors ran into advocates at local stores.

**Table 1. Number of Clients Served by Agency**

	Clients Served September 2011 – December 2012
Crisis Support Center, Raymond, WA	52
Forks Abuse Program, Forks, WA	26
Healthy Families of Clallum County, Port Angeles, WA	29
InterIm CDA (formerly IDHA), Seattle, WA	41
Kalispel Tribe of Indians, Usk, WA	10
Lummi Victims of Crime, Bellingham, WA	66
New Hope DV/SA Services, Adams County, Moses Lake, WA	6
New Hope DV/SA Services, Grant County, Moses Lake, WA	32
The Salvation Army Domestic Violence Program, Seattle, WA	36
Spokane Tribe Family Violence, Wellpinit, WA	13
YWCA of Kitsap County, Bremerton, WA (beginning October 2012)	5
<b>TOTAL:</b>	<b>316</b>

## Characteristics of DVHF Survivors at Program Entry

Cohort 2 enrolled 347 clients between September 2011 and December 2012. Data from these clients were reported across five quarterly check-ins, merged and analyzed for the findings below. (Technical note: Enrolled versus served—31 or 9% did not continue with services after enrollment.)

### Demographics

**Race/ethnicity/immigrant status.** Per the intention of the DVHF Cohort 2 design, Cohort 2 is serving a highly racially diverse clientele, with survivors of color making up the majority (63%) of the caseload (see Table 2 below). As of December 2012, Cohort 2 was serving 34% European American or White survivors, 32% Native American/Alaska Native survivors, 9% African American or Black survivors (15% of them identified as African immigrant/refugee), 9% Asian, 3% Pacific Islander, 4% multiracial, and 6% who identified as other (including Latino/a). The race for 3% of the survivors was unknown or not reported by the survivor.

Ethnically, 9% of the clients were Hispanic/Latina.

Sixteen percent of DVHF clients identified as immigrant or refugee—mostly Asian, Latino, Pacific Islander, or multiracial. Of the immigrant or refugee survivors, 42% had been living in the United States for 11 or more years, 31% had been living in the U.S. for 5 or fewer years, and 27% had called the U.S. home for 6 to 10 years. Spanish was the most common foreign language spoken in the clients' homes besides English. Other languages included Tagalog, Vietnamese, Somali, Japanese, Russian, Cambodian, Mandarin, Cantonese, French, Arabic, Amharic, Samoan, Malayalam, and Tamil.

Salish was another domestic language spoken in some of the homes in addition to English.

**Age.** The largest group of survivors, encompassing 35% of survivors at program entry, were between 25 and 34 years old; 34% were between 35 and 44 years old, 15% were 45 to 54 years old, and 12% between 18 and 24 years old (see Table 2 on page 16 for a more detailed age breakdown).

**Education and income.** Cohort 2 clients were under-educated, with the majority (59%) having a high school degree/GED or lower (see Table 2 below). Upon program entry, almost half (48%) of the clients had an average monthly income of \$800 or less. The four most common sources of income included employment (45%), TANF or equivalent (25%), SSI or equivalent (12%), and child support (10%). Six percent of survivors had been receiving unemployment benefits.

**Children.** The clients had a combined total of 459 children (17 years and younger) living in their households at program entry

- 35% of the children were 5 years old or younger.
- 32% were between 6 and 10 years old.
- 25% were between 11 and 15 years old.
- 8% were between 16 and 17 years old.

Table 2. Client Demographics at Program Entry

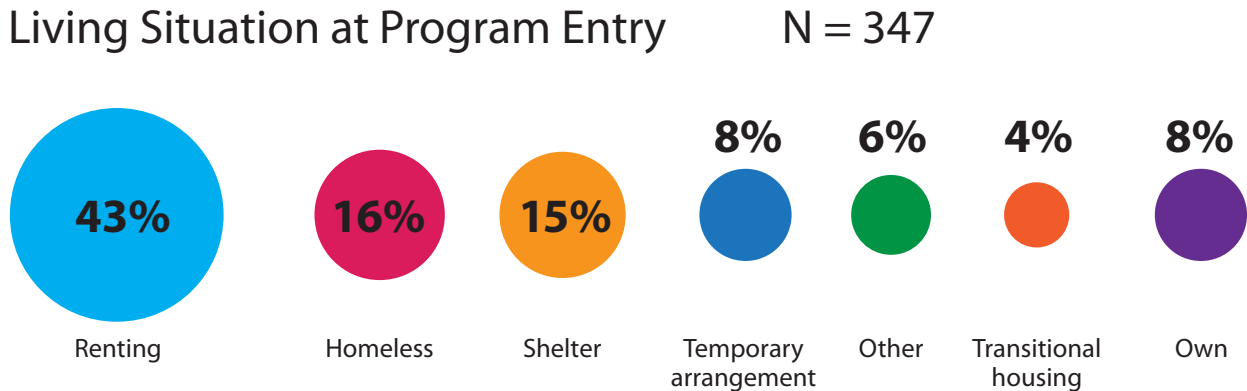
<b>Demographic</b>	<b>N = 347</b>
<b>Hispanic or Latino/a</b>	9%
<b>Race</b>	
African American/African Descent/Black*	9%
Asian	9%
Caucasian/European American/White	34%
Native American/Alaska Native	32%
Pacific Islander/Native Hawaiian	3%
Multiracial	4%
Other	6%
Not reported	3%
<b>Immigrant/Refugee</b>	16%
<b>Age</b>	
18–24 years old	12%
25–34 years old	35%
35–44 years old	34%
45–54 years old	15%
55–64 years old	3%
65 years old and older	1%
<b>Education</b>	
High school diploma/GED or less	59%
Associate degree or some years in college	23%
Four-year college degree or more	9%
Currently in school	3%
Other	6%
<b>Income</b>	
Average household monthly income \$800 or less	48%
<b>Income Source</b>	
Employment	45%
SSI/equivalent	12%
TANF/equivalent	25%
Child support	10%
Unemployment benefits	6%
Other (e.g., HEN equivalent, no source)	2%
<b>Children</b>	
Total number of children 17 years old or younger	459 children
<b>Children’s ages (under 18)</b>	
5 years old or younger	35%
6–10 years old	32%
11–15 years old	25%
16–17 years old	8%

\*15% of the survivors who were Black or of African descent identified as immigrant/refugee (not African American) at program entry.



## Living Situation at Program Entry

Over half (53%) of the survivors had permanent housing when they entered the DVHF program, including some who were in other living arrangements (see below). At program entry, 43% were renting, 16% were homeless, 15% were in a shelter, 8% owned their homes, another 8% had temporary arrangements including living with family or friends, 4% were in transitional housing, and 6% had other living arrangements including permanent housing (see graph below).



*“I was living in a 5-by-5 tent in the woods behind my work.”—Survivor*

## Past Emergency and Temporary Housing Assistance

One-third of the survivors had been to a domestic violence shelter in the past, 28% had been in transitional housing at some point in their lives, and 14% had stayed in a general emergency shelter.

## Barriers to Housing Access and Retention

In addition to the lack of affordable housing in their local communities and a tough economy, DVHF survivors have also faced a range of significant personal challenges that have made it difficult to obtain or retain housing in the past. Cohort 2 was created, in part, to respond to these challenges impacting survivors living in underserved communities such as rural, tribal, immigrant, and culturally specific communities. Unemployment was the most common barrier, affecting 47% of the 347 survivors, followed by eviction history (14%), limited English proficiency (13%), chemical dependency and criminal background history (12% each), and child protective services (CPS) involvement (10%). Disabilities have also stood in the way of survivors’ housing access or retention, with mental disability affecting 9% of the survivors at program entry, followed by physical disability (8%), multiple disability (4%), and sensory disability (1%).

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), the stigma of abuse (especially for men), having pets (even when they are service or “comfort” pets), credit card debt from abuser, relying on seasonal employment/migrant work, fear of deportation (for undocumented survivors), being unemployed, landlords’ attitude toward survivors, lack of childcare, not having custody of children (including custody struggles through the Indian Child Welfare system), language barriers, undocumented immigrant status, credit history or lack thereof, and having teenage sons. During evaluation visits and through the quarterly check-ins, DVHF staff reiterated some of the same systemic barriers and added others: lack of affordable income-based housing (Section 8 and other subsidized housing), and the effects of the depressed economy in rural areas, particularly on undocumented immigrants.

*“Finding employment when you are undocumented in a depressed rural area is incredibly hard and one of the biggest barriers.”—DVHF staff*

According to staff, a challenge specific to tribal communities has been the difficulty of advocating on behalf of survivors within the Indian Child Welfare system, when it is investigating whether a survivor’s children have been exposed to domestic violence (the investigation could prevent a survivor from getting housing). [Go here](#) for more information on the Indian Child Welfare System. Other local policies are adding more complexity to how agencies are serving DVHF clients, including the Coordinated Entry or Access System, which is an effort to provide one point of access for homeless persons to each jurisdiction’s homeless/housing system. These systems are required for jurisdictions receiving Housing and Urban Development funding through the HEARTH Act. Each jurisdiction has a certain amount of flexibility in how its system is structured, but the structure may not be amenable to the safety needs of survivors or the survivor-driven advocacy approach required by Washington Administrative Code for domestic violence shelters and services.

*“The whole coordinated entry thing seems like a contradiction in that sense—on the one hand we have these community partnerships as suggested by the city, and on the other hand we have this coordinated entry system. While intellectually it makes some sense, when working with vulnerable populations you can’t just take whoever is next in the queue. It’s about assessing and meeting the most urgent needs first. We don’t know how it’s going to shake out—we’re trying to be open about it.”—DVHF staff*

Other systemic challenges have affected survivors directly, including the King County Metro termination of the “ride free zone” in downtown Seattle.

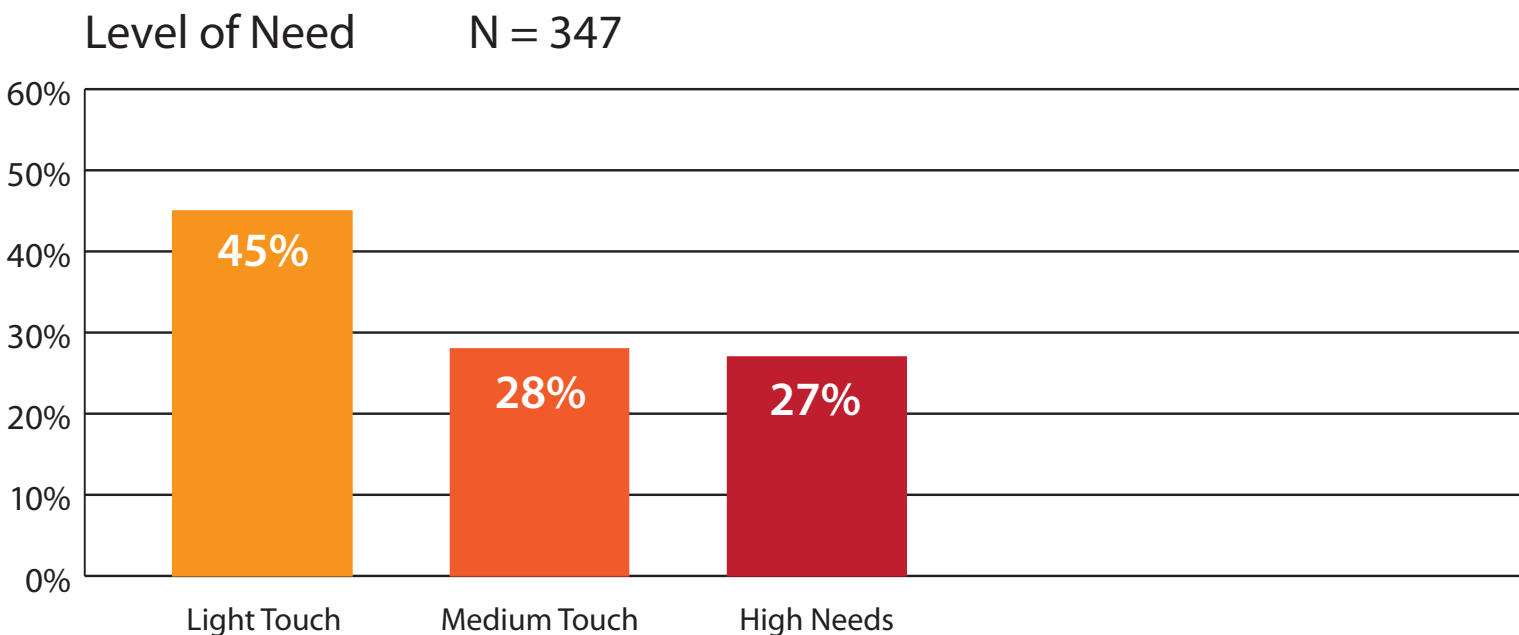
*“I was remembering one client who came to us—she was homeless and had just gotten a job to work for \$10 an hour and was staying at an overnight shelter. She was able to get where she needed to go using the ride free zone. She would ride to our agency and use the computer. She sometimes just needed somewhere warm and safe to be during the day. And we think now, what would it be like for a client like that who would never even be able to make it here? What does that mean for their life?”—DVHF staff*

Despite the lack of affordable housing, depressed economy, and other barriers, survivors have accessed and retained their housing with minimal cost to agencies.

### Level of Need

Agencies classified DVHF participants according to their level 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 (45%) had light touch levels of need, close to a third (28%) had medium levels of need, and 27% had high needs (see graph below).



*“It does not take much money to help people over the bridge.”—Advocate*

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/Rides
- Children’s school supplies
- Gym membership
- Payment of credit card debt from abuser

## **Survivor Demographics and Housing Situation in Urban and Rural Communities**

Data from the most recent check-in (January 2013) were analyzed to learn of similarities and differences between rural and urban communities. A majority (63%) of the 56 survivors enrolled between October and December 2012 were living in rural communities, while 38% were living in urban communities.

Ethnically, urban and rural communities served a similar percentage of Latino/a clients (see Table 3). Rural communities served a slightly more racially diverse clientele, with 86% survivors of color compared to 71% served by urban communities. Cohort 2 includes three agencies in tribal communities, whose survivors represented 71% of the rural caseload. Agencies in urban communities served a larger population of immigrant/refugee, African American, Asian, and Pacific Islander survivors than did agencies in rural communities (see Table 3).

Around 60% of survivors in both communities had permanent housing at program entry. More survivors in urban areas rented their homes, while survivors in rural communities were more likely to own their homes (see Table 3 on page 21). Survivors in urban areas also had more experience living in emergency or transitional housing.

While survivors in rural communities were less educated than those in urban settings, average income between the two communities did not differ very much, and more survivors in urban areas faced unemployment barriers than did those in rural communities. More survivors in rural communities were struggling with chemical dependency, CPS involvement, and all types of disabilities at program entry than were those living in urban settings (see Table 3 below). Despite the above obstacles facing both communities, more than three-quarters (77%) of survivors in rural settings needed only light touch services, compared to 24% of those in urban settings.

Table 3. Demographics and Housing in Urban and Rural Communities

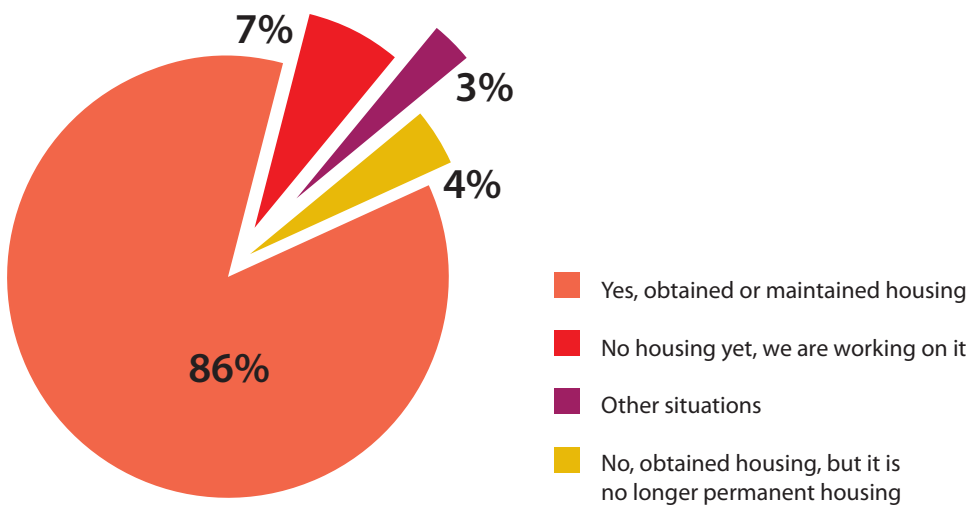
<b>Demographics and Housing</b> (New Clients Oct.–Dec. 2012)	<b>Urban N=21</b>	<b>Rural N=35</b>
<b>Hispanic or Latino/a</b>	10%	9%
<b>Race</b>		
African American/African Descent/Black*	33%	3%
Asian	29%	0%
Native American/Alaska Native	5%	71%
Pacific Islander/Native Hawaiian	5%	0%
Caucasian/European American/White	29%	11%
Multiracial	0%	3%
Other	0%	9%
Not reported/ Unknown	0%	3%
<b>Immigrant/Refugee**</b>	33%	3%
<b>Education— High school diploma/GED or less</b>	48%	77%
<b>Level of Need/Services</b>		
Light Touch	24%	77%
Medium touch	43%	20%
High touch	33%	3%
<b>In Permanent Housing at Entry</b>	62%	63%**
<b>Type of Housing at Entry</b>		
Rent	62%	43%
Own	0%	11%
Shelter	14%	9%
Transitional housing	0%	3%
Temporary arrangement	14%	11%
Homeless	5%	11%
Other	5%	11%
<b>Domestic violence shelter in the past?</b>	52%	29%
<b>General emergency shelter in the past?</b>	29%	17%
<b>Transitional housing in the past?</b>	29%	17%
<b>Income—average household monthly income \$800 or less</b>	47%	40%
<b>Individual/personal barriers to obtaining housing</b>		
Limited English proficiency	33%	3%
Unemployment	67%	23%
Eviction history	19%	9%
Criminal background history	14%	9%
Chemical dependency	0%	17%
CPS involvement	5%	9%
<b>Disability that has been a barrier to obtaining housing</b>		
Mental disability	0%	14%
Physical disability	0%	9%
Sensory disability	0%	6%
Multiple disability	0%	9%

\* 14% of Black survivors in urban communities identified as immigrant; 0% did so in rural communities.  
 \*\*includes clients in other types of (permanent) housing.

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

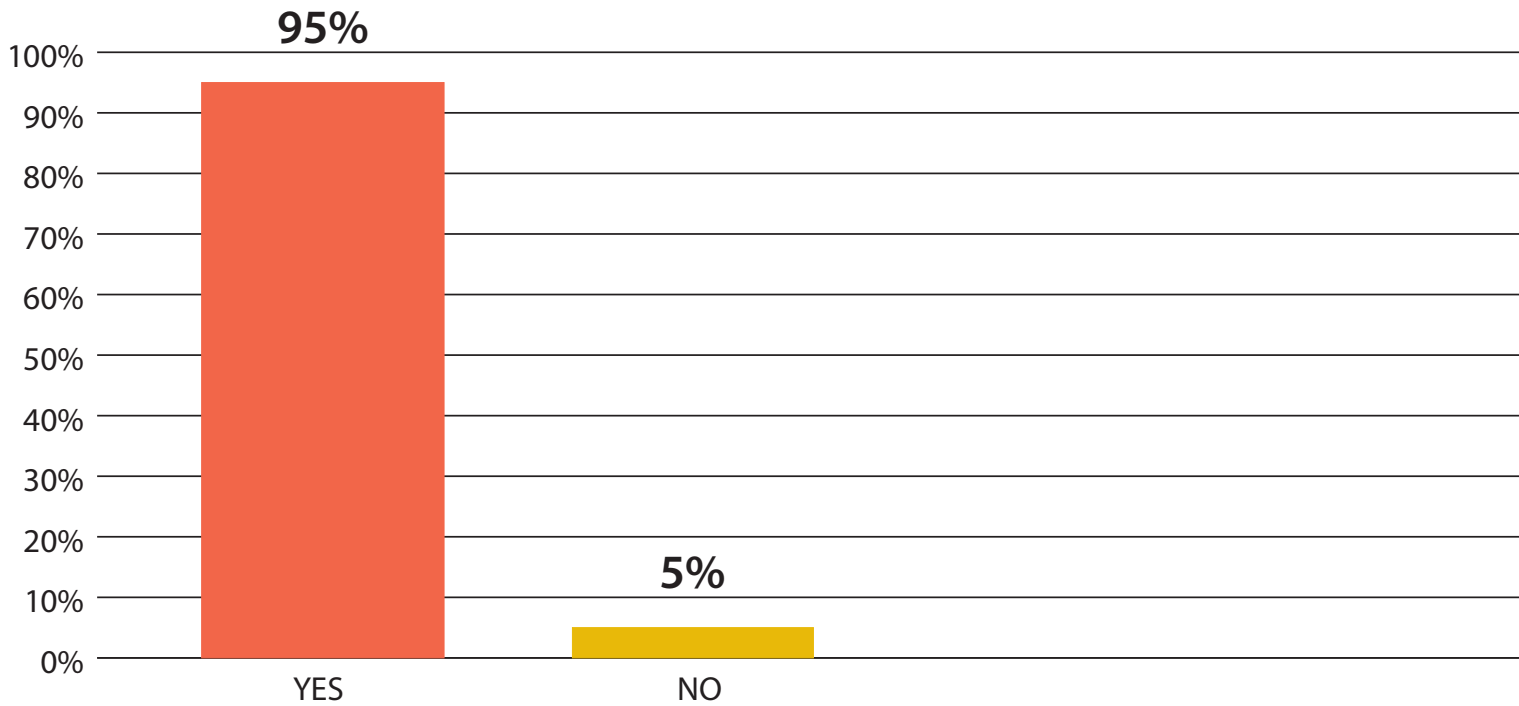
DVHF advocates reached 240 clients across the 10 agencies during the January 2013 check-in. The majority (86%) of all clients were currently in permanent housing, 7% were seeking housing, 4% had obtained housing through the DVHF program but were no longer in permanent housing, and another 3% were in other housing. By the January 2013 check-in, advocates had worked with survivors an average of nine months, and survivors had been in permanent housing an average of 10 months (with the program still ongoing). It took advocates and survivors an average of seven weeks to access that housing, with a range from zero 0 to 72 weeks. Almost all (96%) survivors had no housing interruptions. Seven survivors experienced housing interruption once, three survivors experienced housing interruption twice, and one survivor experienced housing interruption three times. The most common reason for interruption (for eight of the survivors) was inability to pay rent/eviction. One survivor decided to return to the abuser, another one lost unemployment benefits, and one survivor’s landlord was unhappy with her tenancy, leading to loss of housing.

### Cohort 2: Permanent Housing Status For All Clients By The January 2013 Check-In N = 240

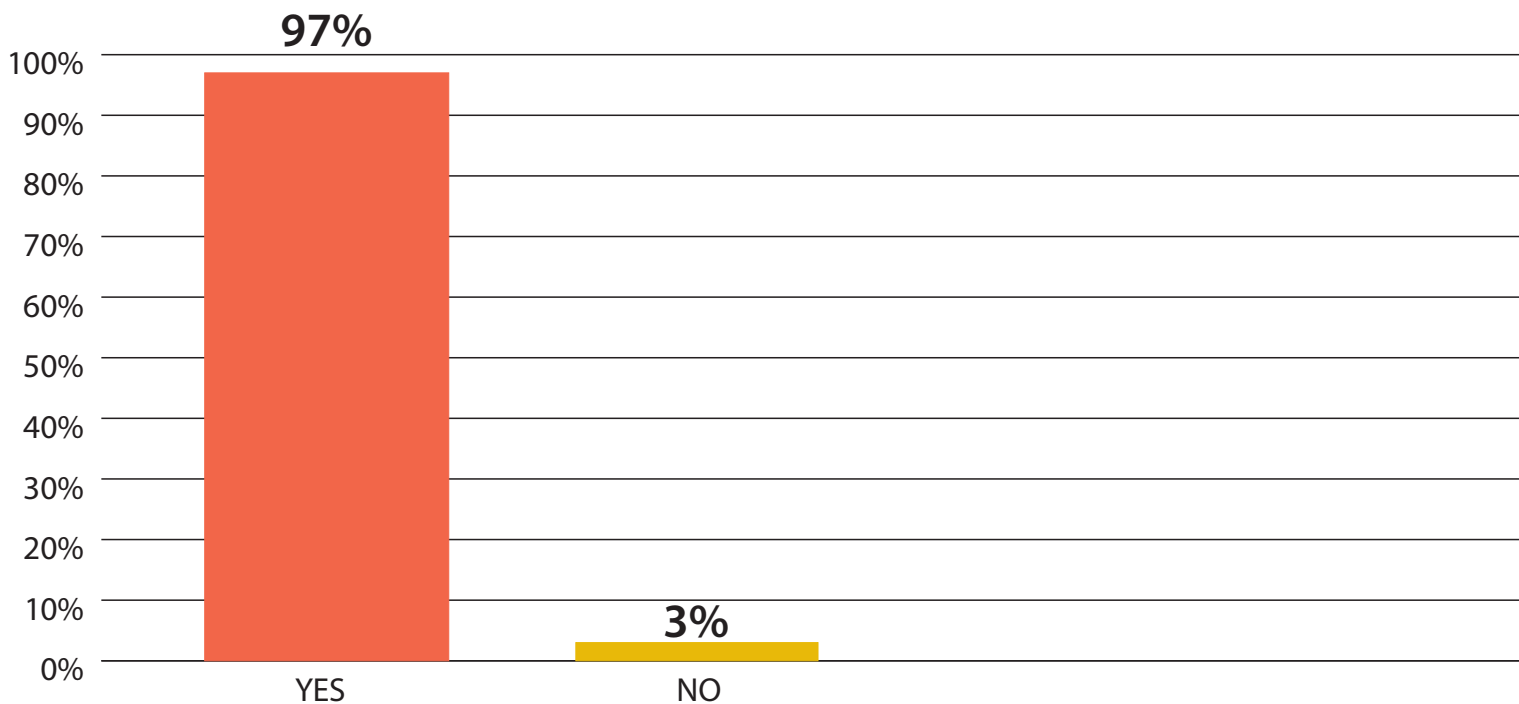


More than half (54%) of the clients in permanent housing obtained or retained unsubsidized, fair-market housing, followed by 22% who were in subsidized/Section 8 housing, 8% in other low-income housing, 7% in tribal housing, and 9% in other types of housing, including owning their home, transitional in place, living with family, assisted-living facilities, room rental, and clean-and-sober housing. Survivors were able to retain their housing over a long period of time. Most (95%) of the 151 clients who had received DVHF services for at least six months had retained their housing during that time; likewise, 97% of the 68 clients who had received services for at least 12 months retained permanent housing (see charts below).

### Cohort 2: Housing retention 6 months after housing placement (N = 151)



### Cohort 2: Housing retention 12 months after housing placement (N = 68)



## Survivors’ Housing Status and Length of Service in Urban and Rural Communities

There were no big differences between rural and urban communities in terms of housing status at follow-up. The majority of survivors in both communities had accessed permanent housing, and most to all retained housing at six and twelve months after program entry (see Table 4 below). Some differences were found in length of time to access housing and type of housing accessed. While on average survivors in urban locations were able to obtain housing in three weeks, it took those in rural communities an average of eleven weeks to find a home. Furthermore, a higher percentage of survivors in urban communities (34%) accessed subsidized housing than those in rural communities (17%). In turn, survivors in rural communities were more likely to be in other low-income housing including tribal housing (20% total), compared to those in urban communities (3%). This may be due to the high percentage of Native American/ Alaska Native survivors in the cohort (32% overall).

**Table 4. Housing and Services at Follow-Up in Urban and Rural Communities**

<b>Housing status, length of services and housing retention at Follow-Up at the January 2013 check-in</b>	<b>Urban</b>	<b>Rural</b>
	(N = 92)	(N = 195)
Client is in permanent housing at the time of the January 2013 check-in regardless of length of time in that housing	76%	70%
Type of housing client obtained or retained	(N = 71)	(N = 144)
Fair-market housing	54%	54%
Subsidized/Section 8 housing	34%	17%
Other low-income housing	3%	11%
Tribal housing	0%	9%
Other	10%	8%
	(N = 61)*	(N = 193)
Average length of time receiving services from DVHF agency	11 months	7 months
	(N = 71)	(N = 54)
Average length of time to access housing	3 weeks	11 weeks
	(N = 47)*	(N = 143)
Average length of time in housing at the January 2013 check-in	10 months	9 months
	(N = 52)	(N = 97)
In permanent housing 6 months after housing placement	100%	94%
	(N = 31)	(N = 39)
In permanent housing 12 months after housing placement	100%	95%

\* Note: The YWCA of Kitsap County data were removed for length of services and time in housing to avoid skewing the data analysis, as their program began under Cohort 1 in 2009.



## Shifts in Survivors’ Needs, Priorities, and Safety as They Find Stability

As expected, housing was a top priority for most clients (89%) at program entry. While levels of need and priorities did not change very much between intake and follow-up, the need for transportation reduced dramatically during their program participation, and more survivors prioritized their health and well-being after finding stability in their housing (see Tables 5 and 6 below).

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

Level of Need /Service	Intake/ Program Entry N = 347	Follow-Up N = 240
Light	45%	53%
Medium	28%	24%
High	27%	23%

Similar to Cohort 1, agency staff in Cohort 2 realized soon after implementing the program that it was the small things that could make the biggest differences. Helping survivors change their car tire or battery meant they had transportation to work, which contributed to their housing retention. And when agencies paid for items such as utility costs or children’s school supplies, survivors could pay rent on time instead of having to pick among basic necessities or priority items.

**Table 6. Survivors’ Priorities at Intake and at Follow-Up**

Priorities	Intake/ N = 347	Follow-Up N = 240
Housing	89%	N/A
Financial and independent-living skills	60%	67%
Employment and career	55%	59%
Coping skills and self-sufficiency	50%	43%
Transportation	45%	18%
Health and well-being	21%	42%

## Reductions in Danger Levels

DVHF clients’ risk of danger was high at program entry: 26% of survivors’ abusers had tried to strangle or choke them, 30% of survivors were being stalked or harassed, and around 20% of survivors’ abusers had threatened to kill the survivor or themselves. Survivors’ levels of risk were further exacerbated by the abusers’ unemployment and problem drinking/drug use, issues for 26% and

44% of the survivors' abusers, respectively. The frequency of survivors reporting direct physical danger (for example, strangulation, homicidal threats, stalking, and harassment) decreased between intake and follow-up for each risk factor except the fear and belief that the abuser is capable of killing them, which stayed the same. Finally, while the abusers' drinking/drug use had decreased, unemployment for the abusers (also a risk factor) had slightly increased (see Table 7 below).

**Table 7. Survivors' Danger Assessment (Campbell, 1986; [www.dangerassessment.org](http://www.dangerassessment.org)) at Intake and at Follow-Up**

	Intake/ (N = 183)	Follow-Up (N = 150)*
1. Is the survivor's current or former partner/abuser a problem drinker, alcoholic and/or drug user?	44%	28%
2. Is he/she violently and constantly jealous of survivor?	31%	19%
3. Has the survivor's current or former partner/abuser threatened or tried to commit suicide?	22%	6%
4. Does the survivor believe her current or former partner/abuser is capable of killing her?	26%	26%
5. Does he/she ever try to choke or strangle survivor?	26%	4%
6. Does he/she threaten to kill survivor?	21%	5%
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 comment below.)	16%	2%
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?	30%	13%
9. Has the physical violence toward the survivor increased in severity or frequency?	13%	5%
10. Is the survivor's current or former partner/abuser unemployed?	26%	27%
11. Does he/she threaten to harm survivor's children?	11%	3%
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, others)?	13%	1%
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, others)?	6%	1%

\* Note: The sample size at follow-up for the danger assessment is smaller than for other data. Asking survivors a series of questions when following up was not always possible or was not done due to the advocate's belief that it would be intrusive, especially when the client is no longer actively receiving services. 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 2 agency in the spring and fall of 2012. The evaluator facilitated group or individual conversations with staff and survivors who were available. Across the nine agencies, 35 advocates and executive directors participated in the staff focus groups. Approximately 100 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 quarterly Agency Narratives is included below, as relevant.

### DVHF Is About Rooting Survivors and Agencies in the Community

As it did for Cohort 1, the DVHF program has enabled Cohort 2 agencies and survivors to further connect with their communities (current communities or new communities for survivors who are moving). The strong connection to the community has led to more stability and protection for survivors, while raising awareness about domestic violence and further strengthening the communities. According to the advocates, stabilizing survivors fosters healthier communities.

*“When you help one survivor become independent and safe, it impacts their families and communities.”—Advocate*

In small rural and Native communities, where residents know each other's families, the community has given some survivors solace from grief and isolation.

*“A lot of survivors want to stay on the reservation—they have a sense of community and familiarity, they want a sense of connection.”—Advocate*

Most Native survivors have wanted to stay on the reservation, even when it has not been the safest or most convenient situation. Some survivors spoke of remaining fearful that their abuser knows and has easy access to where they live. However, their connection to the community is strong enough that they do not want to move their children.

Unfortunately, because of lack of housing in rural and Native communities, survivors have not always been able to stay in their communities. In fact, one survivor commuted for hours every day so her children could continue going to school on the reservation, where she had also been able to maintain her job.

Her situation suggests that safety might look different in a small community and that effective Native advocacy is not just survivor-centered, but also family- and community-centered.

*“When problems started, I was forced out of my house and found housing off the reservation. I kept my girls in school on the rez, which is a 20-mile difference, and I continued to work at the tribe. I recently moved back and my girls are so happy. It took two years for us to get back here. We used to start the day at 5 a.m., and the commute was really hard for the girls. It was difficult. Now we’re in the community, everybody knows everybody—it’s so nice and safe, and I just love it.”—Survivor*

*“Survivors do not want to move away, but there is limited housing on the reservation.”—Advocate*

For survivors with abusers who are in positions of authority (for example, law enforcement or family doctor), being in a community where everyone knows each other has meant fleeing not only the abuser, but their community as well, even if it means losing housing opportunities.

*“I am living off the reservation and I feel a lot safer that way. I do not think I will be coming back in even though I am on the housing list here on the reservation.”—Survivor*

### **Community Partnerships and Engagement**

According to agency staff, the DVHF program has given them credibility within their communities, in part due to being funded by the Bill & Melinda Gates Foundation and also because their advocates have more time for community education and involvement. These agencies have used that credibility to further educate and raise awareness in their communities and to connect survivors to needed resources (for example, private landlords). In turn, the DVHF program has increased community response to domestic violence.

Positive relationships with landlords have both enabled advocates to negotiate on survivors’ behalf (for example, for landlords to uphold rental agreements with survivors) and educated landlords enough about domestic violence that several have made adjustments for survivors’ safety without adding financial burdens.

*“Landlords have stopped charging to change the locks.”  
—Advocate*

In small communities, the connection with and support from law enforcement can be conducive to client and advocate safety. The police have driven by survivors’ homes to ensure safety, have let advocates know when there is a domestic violence arrest and/or release, and have provided advocates with a daily roster of individuals in jail for a violent offense (including domestic violence). On reservations, law enforcement has made policy changes as a result of DVHF program advocacy.

*“Law enforcement is starting to initiate action toward exclusion from the reservation based on DV, which is huge progress. The whole community is beginning to respond to DV.”—Advocate*

Agencies have formed or maintained other partnerships, including with housing programs (including tribal housing authority), auto repair/service shops, treatment centers, legal services, utilities/energy assistance, furniture stores, household appliance stores, community resources, food banks, clinics, tribal domestic violence programs, realtors, phone companies, clothing banks and stores for adults and children, baby gear shops, churches, other legal and support services within agencies, locksmiths, fabric stores, gas stations, emergency shelters (including for men), culturally specific/tribal resources (including for the LGBTQ community), daycares, work/community jobs programs, hotels, grocery stores, health and human services, sexual assault services, youth services, shelters, K–12 schools, colleges, and thrift shops. Some of these partnerships already existed prior to the DVHF program, and others were influenced or strengthened by the program. Agencies have also developed strong partnerships with other DVHF cohort agencies, particularly those in their geographic region.

### **Unrealistic Community Expectations and Confidentiality Challenges**

Agencies have also encountered challenges from the community, particularly in small communities and Native communities. During focus groups in all communities, staff talked about high expectations from the community following DVHF funding, particularly in rural, culturally specific, and Native communities. As residents heard about the program, agencies received countless calls for housing due to a perception of “big funding” from the Gates Foundation for anyone needing a home. In the early months of implementation, advocates spent quite a bit of time responding to requests while simultaneously educating the community about housing needs specific to domestic violence survivors and their children. In addition to taking extra time, turning away a family friend or fellow community member put advocates in small communities and tribal communities in a difficult position.

Another challenge in small and culturally specific communities has been limited anonymity not only for clients, but for staff as well.

*“Advocates are often blamed by perpetrators and families for exclusions, warrants, etc. This is the downside to community members knowing about the program.”—Advocate*

*“Everyone knows everyone here so coffee shops are not an option [for mobile advocacy].”—DVHF staff*

In some cases, advocates in tribal agencies have had to switch staff when a survivor has expressed discomfort with being served by an advocate she/he knows personally.

## With DVHF, Individualized Service Is a First Resort and Financial Support a Last Resort

Starting after the DVHF program had been implemented for a couple of years allowed Cohort 2 agencies to draw on lessons learned by Cohort 1. From the beginning, Cohort 2 agencies have chosen to first exhaust other funding resources while providing survivors with tailored advocacy, and then use DVHF funds as a last resort to fill in the gaps. This strategy has given advocates more time to network and truly advocate for clients—including meeting them where they are.

*“We always exhaust other resources before DVHF.”—Advocate*

Some survivors have experienced this approach as a delay in necessary services.

*“Offer Housing First money before sending us on wild goose chases to obtain funds elsewhere first.”—Survivor*

In small and culturally specific communities impacted by economic and environmental barriers, creativity and innovation are not optional; yet, the DVHF program has given these communities resources to implement ideas more quickly while being even more creative than they previously allowed themselves to be.

*“With limited low-income housing opportunities, we have to be creative.”—DVHF staff*

*“We’ve been able to stretch our imagination; it’s given us the ability to dream.”—DVHF staff*

When working with survivors, advocates have defined safety not just as physical safety from violence, but also safety from substance abuse, dangerous communities/neighborhoods, and mental illness. Advocates have seen safety as a cornerstone of finding the right home, not just any housing. For survivors with odd working hours in urban areas (for example, nurses or home aides), having a home near their jobs or bus stops has enhanced their safety when returning home during odd hours of the night.

## DVHF Helps Survivors with Chemical Dependency and Mental Health Issues

Survivors indicated that having a permanent home has also meant healing from trauma and recovery from chemical dependency. Finding housing away from the abuser has meant that they are no longer triggered by living in a space that reminds them of violent abuse, and they are not tempted to drink or use drugs as they now have control of their home, including who visits and what they can and cannot do in their home.

*“I have peace of mind. My body doesn’t have the response of worrying about what’s going to happen next. I don’t always have to be on edge.”—Survivor*

*“It was a trigger to walk in there, reminders of the person who had done damage to me, had caused me so much stress, broken doors, broken windows.”—Survivor*

When asked what advice they would give other survivors in similar situations, survivors talked about hope, which their DVHF advocate had contributed to.

*“Do not give up. You gotta be strong, especially when you have kids. Eventually, you’ll be where you want to be. There are people out there who can help you, and you can trust. It takes a while for some people to come around.”—Survivor*

Survivors in recovery were very proud to talk about the boundaries they have established with family members and friends regarding no alcohol or drugs in their home.

Finding treatment services for chemically dependent survivors has been a challenge for some advocates.

*“It’s difficult to find treatment for tribal members who can’t get inpatient coverage. We can find outpatient treatment because of their healthcare insurance coverage, but that’s not enough for them and they need inpatient. It’s a barrier that keeps them from moving forward, and it’s frustrating.”—DVHF staff*

## **DVHF’s Flexibility Fosters Survivors’ Sense of Dignity**

With regular funding restrictions lifted, the DVHF program has allowed advocates to serve survivors and their children as they have always wanted. Advocates’ ability to say “yes” rather than “no” has improved staff morale and client satisfaction. During several moments of the focus groups, advocates became emotional as they described what the program has meant to survivors and their children.

*“This project is the most emotional project because we are able to do something small to help someone in great ways.”—Advocate*

Survivors spoke of the emotional support as integral to their recovery.

*“I have had depression and see a psychologist, but [the advocate] is even better. She’s like my psychologist/friend. I feel very relaxed with [my advocate].”—Survivor*

Survivors also highlighted advocates’ non-judgmental approach.



*“They are impartial, non-judgmental, and in a small community it is a big thing not to be judged.”—Survivor*

At agency after agency, we heard countless stories about advocates personalizing services to the survivors and providing mobile advocacy. Examples included driving for a day and a half to get a survivor to a safer community and joining a survivor in a lake when she was having an important moment with her

son. For survivors who have been isolated by their abusers for years, this can be the first time they experience a relationship with trust and genuine care.

*“[The advocates] came over with the truck; they came when he wasn’t at the house and just started loading things.”—Survivor*

As one advocate explained, many clients would end up homeless if not for the services and advocacy provided by the agency.

*“Because we are working within such a small community, a lot of the time if we don’t do something to help survivors, they will end up homeless and without any other resources. So when we need to go above and beyond for a client, we try to do that.”—DVHF staff*

Advocates have also paid attention to the “little things,” which has further enhanced survivors’ well-being and safety.

*“[The advocates] got me a king-size bed cuz I’m tall . . . They even help with rides to get my laundry done [client has agoraphobia]. My mail comes to [the agency], and they drop it at my house.”  
—Male survivor*

### **Boundaries and Accountability**

While advocates have gone above and beyond structured services to serve their clients, they have done so with boundaries. Establishing boundaries with survivors has meant thoughtfully supporting survivors’ ability to take care of themselves and their own lives.

*“It is a relationship, but with boundaries. People will fall, but we are there to build them back up.”—Advocate*

Advocates have looked to clients to make progress on their own goals. For instance, they have had clients contribute toward their own bills, at even a minimal amount, to foster ownership and dignity.

*“We try to have the client pay the non-refundable deposit and portion of the rent so that they have ownership of the place”  
—Advocate*

At times, advocates have found it challenging when survivors have not followed through in areas that would have a direct impact on their housing. Some

advocates talked about the struggle to support survivors who were losing housing because of ongoing addiction, including after being offered treatment at no cost and when faced with potential loss of their children.

Being supported in their empowerment and personal choices has helped some survivors establish boundaries with others, including their abusers.

*“I learned to respect and set boundaries. I feel free, not scared. Before, I thought he would kill me.”—Survivor*

*“When my ex shows up and is offensive, I ask him to leave. I feel empowered.”—Survivor*

### **Mobile Advocacy**

Fostering dignity has led advocates to provide mobile advocacy, which has been integral to reaching many survivors. Survivors often enjoy hosting advocates in their homes, and visiting clients in their homes has allowed some agencies to provide culturally specific care.

*“Clients are usually excited for us to see their house, so we go.”  
—Advocate*

*“Just being there and talking to them [is important], providing culturally specific care like smudging or recipes, and just having someone available that they can call at any time. They are rebuilding their lives, not just [finding] housing.”—Advocate*

On the other hand, some agencies have limited home visits. One program said that some community members were angry at their advocates, viewing them as “man haters,” and would follow them during home visits. The agency subsequently began limiting home visits and having the sheriff nearby to ensure safety for all. For those in immigrant communities, home visits have led survivors to spend ample time cleaning their homes and cooking for the staff—a cultural tradition that survivors take pride in regardless of time and cost. Advocates have therefore given clients opportunities to also visit them at their agency, which survivors enjoy because the space is purposely set up to feel like home.

For remote rural communities, mobile advocacy has been challenging due to the large geographical service area and long commutes.

### **Client Engagement**

Survivors reported that client engagement, which was an integral part of most Cohort 2 programs, was healing for them, especially when they were in a state of crisis at program entry.

*“The fact that someone hasn’t given up on me makes me work so much harder.”—Survivor*

*“[The advocate] has helped me so much. We’ve gone online to search for housing, she’s made referrals. I’m gonna cry. She’s helped me mentally too. I can talk to her.”—Survivor*

Survivors were overwhelmed by looking for their own housing while also balancing other demands, so they reported that staff involvement in their housing searches and moving processes was particularly important and empowering. Survivors also enjoyed staying connected and in regular contact with the advocates.

*“They are ALWAYS there, no matter what.”—Survivor*

Survivors appreciated it when advocates offered help, as several of them reported that they found it hard to ask for any more help than what was given. In fact, several survivors lost or almost lost their homes because of this difficulty. Many survivors emphasized that, after receiving initial services, they would ask for help only as a last resort.

*“Before, I thought that I wasn’t one of those people and that I shouldn’t ask for help.”—Survivor*

*“I was the type of person who would never ask for help.”—Survivor*

Other survivors who felt stable and not in need of tangible services still wanted connection with the agency, advocates, and even other survivors. During an individual interview, a survivor in an urban agency suggested a holiday potluck where survivors, staff, and family members could share a meal together. Clients who have not received as much contact as they had hoped expressed feeling that their services stopped once housing was obtained.

*“So far, [the advocates] just helped us get in the door [get housing]. They did help us out with food once, but mostly it was just the damage deposit. I felt like I rushed myself into getting a place and we aren’t in contact with advocates for assistance. I do need help with rent and feel like I’m struggling every month.”—Survivor*

## **DVHF Enables Survivors to Define Their Own Goals**

Stable housing has allowed survivors to meet other needs and make steps toward their own goals. Many of the survivors’ goals were related to school and living wage jobs. Several survivors were already proving resourceful in terms of searching for jobs, school scholarships, and financial aid. Others were working hard to keep their careers. They took pride in breaking the cycle of violence and dependence and wanted to provide for their families. The DVHF program has afforded them the opportunity to do so.

*“I have become a woman who can provide for her family without needing somebody. What I have learned from the program is that I can change the cycle. My mother was murdered by her boyfriend. You can’t just leave. I was struggling. Without this program I wouldn’t even have my kids. I had a job [that paid] \$10 [an hour]. You can’t keep your kids at that rate.”—Survivor*

The most common goals voiced by survivors included going back to school, getting or keeping their job, meeting their children’s basic needs, fostering their and their children’s emotional well-being, providing children with a home they’re happy to go to, and working on recovery from chemical dependency.

*“Because of the support I’ve been getting through this program, I’ve been able to focus more on what I need to do to take care of myself and my kids: school, mental health appointments, doctor’s appointments, and staying away from relapse.”—Survivor*

Survivors were also working toward small goals or accomplishments that meant a lot—for example, buying a mattress.

*“I thought I was going to sleep on the floor, but I was able to buy myself a bed. Just little things that made the kids more comfortable there—it all adds up to making it easier for them to adjust.”—Survivor*

When programs invest in survivors, survivors invest in themselves. Survivor-centered advocacy has meant respecting and supporting clients’ steps toward their goals, even when the stakes are high. For example, one survivor enrolled in school, which meant commuting for hours each direction while juggling full-time work and raising small children, with no reliable car or daycare and a pending court case.

Clients stable in their housing were ready to give back to the agency or help other survivors.

*“I can’t believe how helpful [the program has] been. I wish I could do something to help them, like volunteer or something.”—Survivor*

*“It’d be nice if they could ask if we want to volunteer back. I think it’s a really good program and I’m thankful for it.”—Survivor*

Yet a few survivors were still living in deep fear of their abusers. Advocates were working to find these survivors more secure and confidential housing; however, subsidized housing in remote rural communities is scarce, a situation that is even worse for those without legal immigration status.

*“There is no justice because I am illegal.”—Survivor*

## DVHF Enhances Culturally Relevant Services

The flexibility that the DVHF program provides to agencies has allowed culturally specific programs to further specialize their services and mainstream agencies to collaborate more intensely with culturally specific agencies, as there are no restrictions by the funder regarding the types of services that can be provided.

*“You always feel comfortable with your own people. They understand you.”—Survivor*

*“I can talk to my advocates without having to explain where I’m coming from and go into detail. They get it, and it makes you able to open up about a traumatic situation.”—Survivor*

Agencies in Native communities have referred clients to sweat lodges and/or spiritual healers, helping survivors heal from recent abuse and from the historical trauma that often makes it harder to heal from domestic violence.

*“It’s very important they understand my tribal community, in terms of spirituality. My housing advocate really tried to learn the culture; she went out of her way.”—Survivor*

Survivors emphasized that being from a culturally diverse community does not automatically make an advocate culturally sensitive. They stressed that respect and a desire to help are the most important qualities in an advocate.

*“It is not necessarily about being from the same culture, but the person who has a desire to help . . . and ability to speak your language [if you don’t speak English].”—Survivor*

## DVHF Is Inclusive of Male Survivors

Flexibility has enabled agencies to serve male survivors, who are often not admitted into community living domestic violence shelters. Offering services to men has allowed them to heal.

*“It’s been hard to be a victim of domestic violence as a man and asking for help financially, because of all of the judgments and stereotypes that men don’t go through domestic violence, that you’re supposed to be tough and admitting you were abused makes you weak. That has been hard.”—Survivor*

One of the tribal agencies is setting up men’s groups for male survivors.

*“There’s excitement about men’s groups. There are male clients, and it would help build trust in the community.”—DVHF staff*

## DVHF Supports Parenting and Children’s Well-Being

One of the strongest themes to emerge from the survivor interviews is the direct impact that the DVHF program has had on the safety and happiness of survivors’ children, which for the survivors was the most important outcome. In fact, for

some survivors, having permanent housing has meant being able to keep their children.

*“There is a direct nexus to having access and custody of children and permanent housing.”—Advocate*

*“When you help moms, you are helping their children and you are changing society for the better.”—Survivor*

*“I’m not thinking where I’m going next. My mind is rested. I can focus on my children—taking care of them, taking care of myself.”—Survivor*

*“The biggest gift I could give my children is to be safe.”—Survivor*

Historically, communal living shelters have had restrictions on male children’s ages. While this is no longer permitted, the experiences that survivors have had still exist. DVHF funding has allowed survivors with teenage boys to be housed as a family and ensure their safety and well-being.

*“When I was in shelter, my son was not allowed to be there because he is 14 years old. He went to stay with my sister, and got into some trouble and started using drugs.”—Survivor*

## Sustaining DVHF Prevents Homelessness, Saves Lives, and Gives Hope

Several of the Cohort 2 agencies have been thinking about sustainability from the very start of their funding, in part due to lessons shared by Cohort 1 agencies. The first step toward sustainability is figuring out how best to serve survivors within the time frame of the current funding. Several agencies that initially served all eligible survivors have slowed down or temporarily stopped enrollment in order to best serve those already placed in housing in order to better help them retain their homes.

Staff also described the DVHF program as cost-effective, which they are hoping will lead to more grants from other funders (using evaluation data).

*“From an administrative perspective, this is not a lot of money or time, so the data is helping us apply for more funding.”  
—DVHF staff*

Sustaining the DVHF program will allow agencies to prevent ongoing homelessness among survivors and their children.

*“I have peace of mind, knowing we have a home to come to, instead of ending up on the street. Now we have permanent housing. [The advocates] give me hope to have a new start from nothing. I came here from scratch. They helped me better myself, my children’s safety. We are safe here.”—Survivor*

Sustaining the flexibility of DVHF funding is particularly crucial for undocumented immigrant survivors, as revised immigration policies continue to negatively impact their access to resources and health care.

*“I can’t go to the doctor because of the consultation fees. Before, illegal people can get some basic help, but that doesn’t happen anymore. I have cancer, rocks in kidney. My kids see me vomiting and they worry. I’m in so much debt with the hospital.”—Survivor*

When asked for suggestions to improve the program, survivors most commonly suggested the continuation of the program, not just for themselves but for countless other survivors and children. Tellingly, when asked where they would be if it wasn’t for the DVHF program, the five most common responses were (1) back with the abuser, (2) relapse (to alcohol and drug addiction), (3) loss of children, (4) homeless, or (5) dead.

Advocates concurred that the alternatives for their clients included homelessness or worse.

*“This funding has just made working with survivors so smooth in getting them stable. It has really saved a lot of survivors from being homeless or in really dangerous situations.”—Advocate*

While some Cohort 2 agencies already have plans for future sustainability and a vision for continuing with the program beyond the three years of funding, others are fearful of not having the capacity to help survivors in similar situations when DVHF funding ends.

*“How are we going to go back to doing business as usual in two years? It’s going to be a huge transition, and really abrupt. We just won’t have the money or the type of money to help survivors to be self-sufficient.”—DVHF staff*

One agency in an urban area is including in their strategic plan a new set of units for affordable housing. They are also planning to have service-enriched housing, with various resources for clients within their apartment buildings. This particular agency was going through a merger that has given them an opportunity to evaluate their agency as a whole and reassess their priorities and focus areas.

# Survivor Feedback

## *Self-Administered Survivor Feedback Survey*



Seventy-seven survivors completed the self-administered Survivor Feedback Survey during evaluation visits, and some mailed in surveys after the visits (surveys are anonymous and do not ask any identifying information). Of those who completed surveys, 84% were very satisfied with the DVHF services they had received, 13% were satisfied, and 3% were neutral. The majority (87%) of survivors were very satisfied with their agency’s cultural sensitivity, 9% were satisfied, 3% were neutral, and 1% were not satisfied. When asked how important culturally sensitive services are to them, 68% of the survivors reported them as extremely important, 21% said they were important, 9% were neutral, and 1% reported that culturally sensitive services were not important to them.

Most survivors (96%) strongly agreed that the advocate treated them with respect, and 90% strongly agreed that they trusted their advocate (see Table 8 below). The majority (83%) strongly agreed that the advocate helped to restore their sense of dignity, and 80% strongly agreed that DVHF services increased their and their children’s safety. When asked, 94% of the survivors felt that their and their children’s quality of life had improved due to the DVHF services.

**Table 8. Survivors’ Feedback: Safety and Relationship with DVHF Advocate**

(N = 77)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The DVHF advocate has treated me with respect.	96%	3%	0%	0%	1%
I trust my DVHF advocate.	90%	8%	0%	1%	1%
The DVHF advocate has helped to restore my sense of dignity.	83%	16%	0%	0%	1%
The services increased my and my children’s safety.	80%	16%	0%	3%	1%

The Survivor Feedback Survey included three open-ended questions: (1) to further expand on the impact of DVHF services on their and their children’s quality of life, (2) to suggest improvements to the program, and (3) to add any other comments. 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 (including a home in a drug-free neighborhood). Several of them identified that the program has enabled them to become independent and confident and has provided opportunities for growth for them and for their children. Survivors talked about improvements in their self-worth, self-esteem, and sense of dignity. Many gave examples of feeling and being free.

### **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. In

fact, they spent more time on the survey and during face-to-face conversations expressing their thanks to advocates for all that they are doing and to the Gates Foundation for making it possible. Several have already referred friends in similar situations. Those who gave specific suggestions offered the following ideas:

- publicizing the DVHF program to other agencies and to the public
- providing more financial support
- clarifying guidelines and housing options and other available resources
- updating agency brochures to reflect current services and resources
- creating directive goal plans at the beginning of service provision
- helping with job searches
- connecting survivors to driving school
- offering more resources for children such as tickets to the zoo or aquarium
- providing assistance maintaining their homes
- helping with relocation
- providing legal custody help
- offering classes (parenting, ESL)
- support groups for survivors and children
- training landlords
- providing clothes for new jobs
- having more front desk staff coverage
- addressing survivors' immediate needs, and
- providing a more holistic approach.

## Concluding Remarks

Cohort 2 agencies joined Cohort 1 to further pilot permanent housing for survivors, this time with culturally specific populations with multiple barriers. Despite the significant hurdles facing survivors and their children, the DVHF model is proving to be doable and effective. In fact, survivors living in rural communities with more challenges (such as lack of housing and depressed economies) were more likely to receive services for basic discrete needs that were met quickly (“light touch”) than were those in urban areas, perhaps because rural agencies provide a myriad of services out of necessity and/or because advocates have more time for a smaller caseload. A future report will further analyze this distinction, following discussion with cohort agencies.

As with Cohort 1, Cohort 2 agencies found that permanent housing for domestic violence survivors is not only possible, it begins a new chapter for survivors and their children. Giving agencies flexibility to serve survivors where they are (literally and figuratively) changes lives, agency cultures, and communities as a whole. Domestic violence survivors crave stability and independence and take pride in providing for themselves and their children when given a chance. Survivors’ most common goals were going back to school or attaining training, legalizing their immigration status, taking care of their health/mental health, and ensuring their children’s safety and adjustment. By helping survivors obtain or retain permanent housing through the DVHF model, advocates and agencies have helped survivors reach their goals.

# Appendix

Online Quarterly Check-In: Agency Narrative

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

Staff Focus Group Questions

Survivor Individual Interview Questions

Survivor Feedback Survey

WASHINGTON STATE COALITION

**WSCADV**

AGAINST DOMESTIC VIOLENCE

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# Cohort 2 Agency Narrative April 2013

## Introduction

Happy Spring, and welcome to the second Domestic Violence Housing First (DVHF) quarterly check-in of 2013!

Please provide information about the last 3 months of the program (January 1st, 2013 - March 31st, 2013). In your responses, please include any changes from the beginning of the program (e.g. if you're implementing the program differently now based on what you've learned, or trying a new way of supporting the survivors, etc.).

If you have any questions contact Lyu at 206-543-7511/lyungai@uw.edu or Kendra at 206-389-2515 ext 214/kendra@wscadv.org

# Cohort 2 Agency Narrative April 2013

## Agency information

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

- Crisis Support Network
- Forks Abuse Program
- Healthy Families of Clallam County
- Interim-CDA/IDHA
- Kalispel Tribe of Indians
- Lummi Victims of Crime
- New Hope DV/SA Services, Adams County
- New Hope DV/SA Services, Grant County
- Salvation Army Domestic Violence Program
- Spokane Tribe Family Violence
- YWCA-Bremerton

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

**Name:**

**Email Address:**

**Phone Number:**

### How is Domestic Violence Housing First for survivors unique?

**\*3. In the past three months, what are some ways that you have provided services that are unique from the way survivors of domestic violence access services within the general homeless population? In other words, how is this project unique for domestic violence survivors? Please give specific examples and if possible, a quote from a survivor.**

**4. Do you have any other comments?**



**Survivor-driven mobile advocacy**

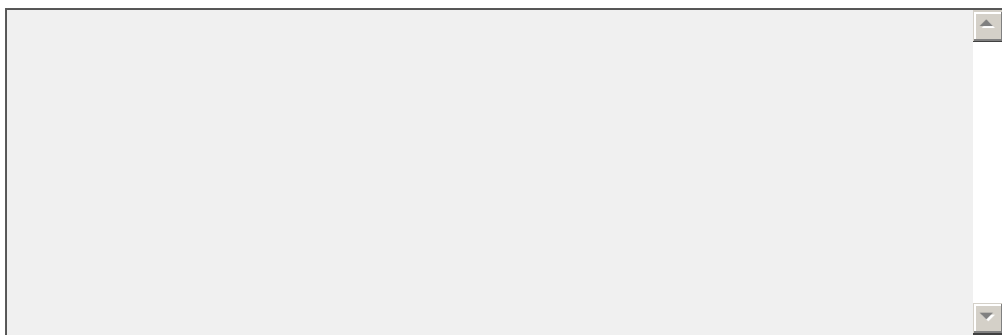
**\*5. What are some examples of how you are providing survivor-driven mobile advocacy, a strongly encouraged model within the DVHF Program? Please provide specific examples of how you are meeting survivors at locations of their choosing (including their home).**

Finding Housing

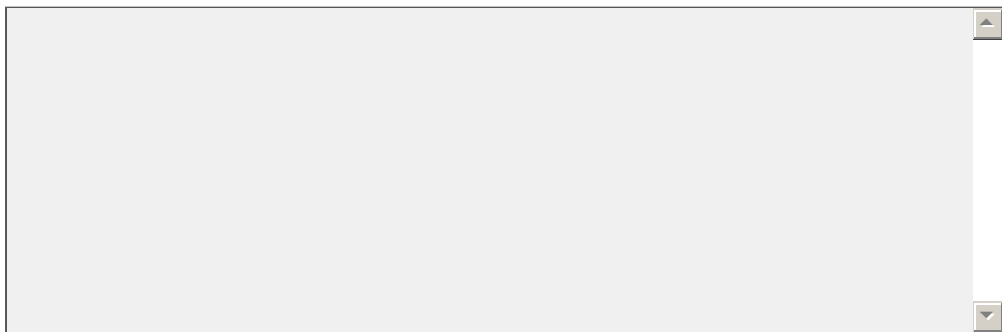
**Successes and Challenges:**

**Finding Housing**

**\*6. Please describe AT LEAST one success you experienced during the last three months when finding housing with/for program participants.**

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**\*7. Please describe AT LEAST one challenge you experienced during the last 3 months when finding housing with/for program participants.**

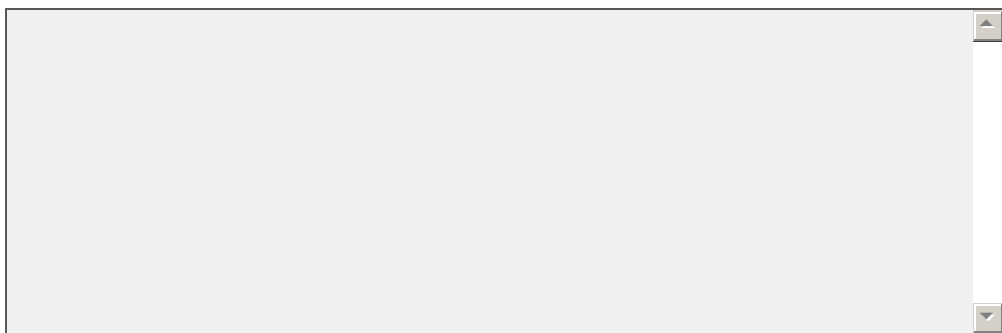
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Retaining Housing

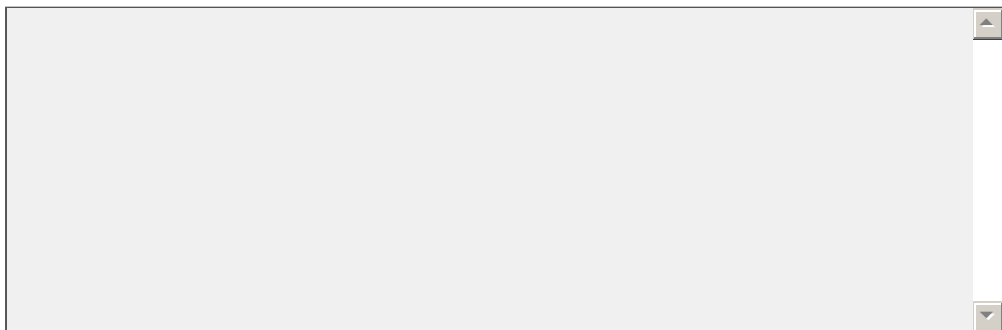
**Successes and Challenges:**

**Retaining Housing**

**\*8. Please describe AT LEAST one success you experienced during the last 3 months when working with program participants to retain housing.**

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**\*9. Please describe AT LEAST one challenge you experienced during the last 3 months when working with program participants to retain housing.**

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Working with Public Housing Agencies

**Successes and Challenges:**

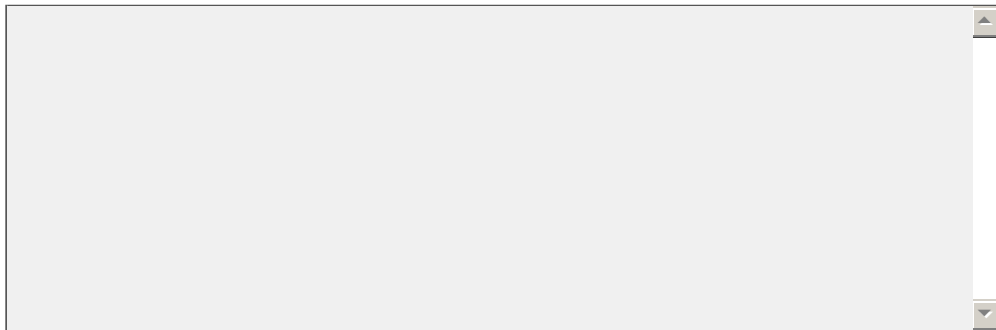
**Public Housing**

Note: For this project, public housing refers to government funded housing, such as HUD

- \* **10. Please describe AT LEAST one success you experienced during the last 3 months when working with public housing agencies.**

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- \* **11. Please describe AT LEAST one challenge you experienced during the last 3 months when working with public housing agencies.**

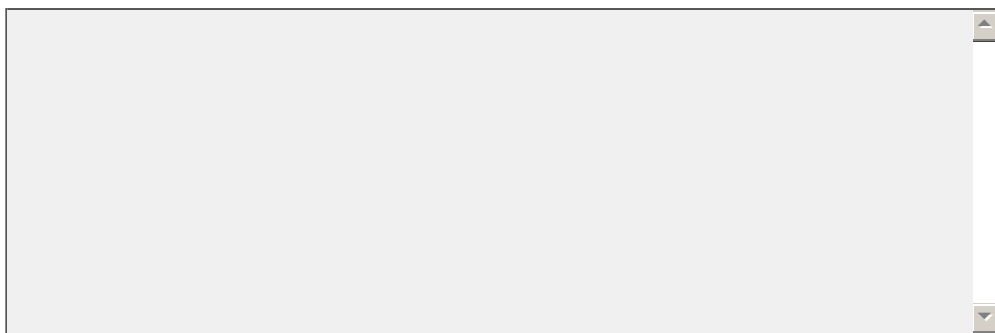
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Working with Private Landlords

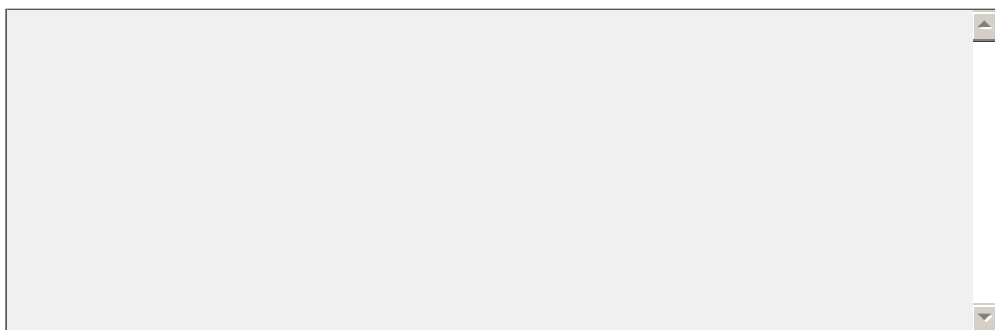
**Successes and Challenges:**

**Private Landlords**

\* 12. Please describe **AT LEAST one success** you experienced during the last 3 months *when working with private landlords or housing groups.*

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\* 13. Please describe **AT LEAST one challenge** you experienced during the last 3 months *when working with private landlords or housing groups.*

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## Wraparound Services

### Wraparound Services

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

**14. Please help us track the partnerships you are building with agencies in your community. Please also document collaborations within your agency (if applicable), as well as other DVHF cohort agencies. This is general information that is not tied to any particular participant. It's especially important for us to know about partnerships with housing/homeless providers.**

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)

**15. Do you have any other comments?**

## Keeping Track: Program Participants

### Keeping Track: Participants

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

**\* 16. For the entire project period, please list the number of people who:**

**Were considered for DVHF services (potential clients)** *Sept/Oct 2011-March 31st 2013*

**Entered the program** *Sept/Oct 2011-March 31st 2013*

**\* 17. For the previous quarter, please list the number of people who:**

**Were considered for DVHF services (potential clients)** *between Jan 1, 2013 and March 31, 2013:*

**Entered the program** *between Jan 1, 2013 and March 31, 2013:*

**18. 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

**\* 19. 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?**

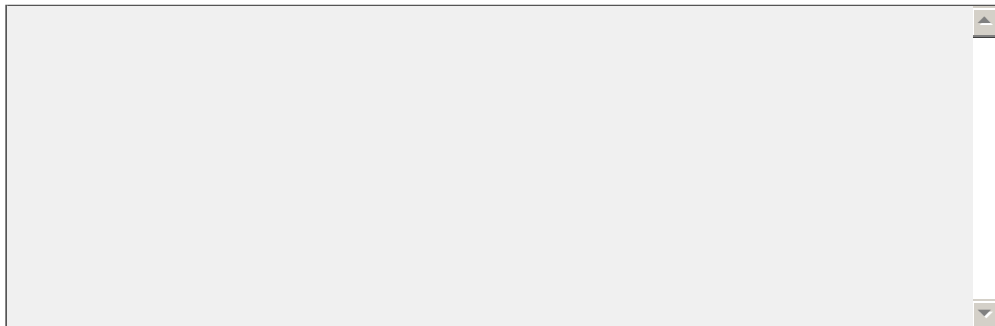
## Cohort 2 Agency Narrative April 2013

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

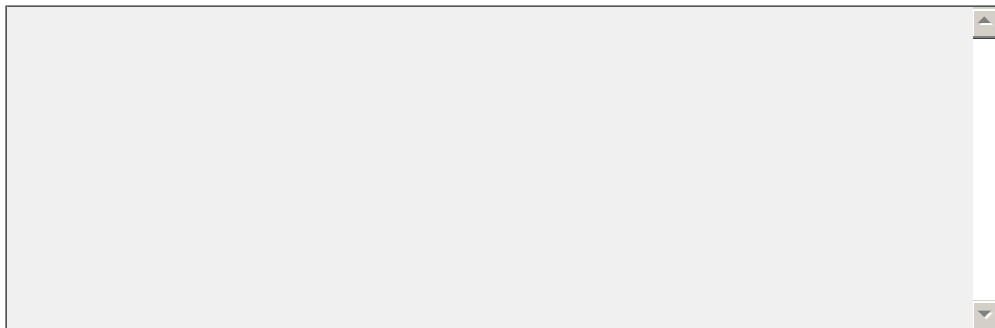


## Impact on Organization Culture and Operations

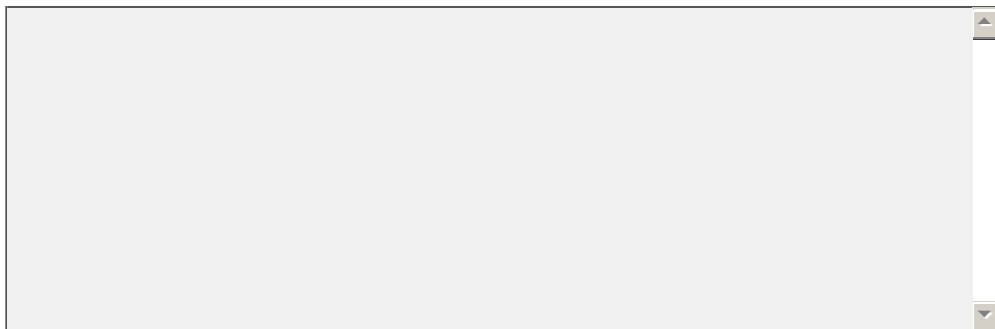
**\* 21. What adjustments have you made to your organization, staffing, or service provision to ensure the services you provide are culturally relevant?**

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**\* 22. Please describe AT LEAST one positive impact of Domestic Violence Housing First services on your organization's staffing and/or culture.**

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**\* 23. Please describe AT LEAST one challenge or negative impact of Domestic Violence Housing First services on your organization's staffing and/or culture.**

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### Community Education and Messaging

**\* 24. Please describe the ways in which 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).**

**\* 25. The Individual Client Intake and Agency Narrative data will be used to produce a Quarterly Newsletter. The Quarterly Newsletter highlights key learnings of the Domestic Violence Housing First. Please let us know how we can improve the newsletter, either by providing suggestions on issues that are being raised in your communities, and/or how you are using the Newsletter. We want this to be a tool for you to educate your community about DVHF services.**

## Cohort 2 Agency Narrative April 2013

### Thank You

Thanks for completing the 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 and follow-up information for clients. Please contact Lyu, Kendra or Alison if you have any questions or comments. Thanks again! Alison, Kendra and Lyu

# Cohort 2 Client Intake and Follow-Up April 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 shorter survey. If you are unclear about a question, please call or e-mail Lyu at (206) 543-7511/lyungai@uw.edu or Kendra at (206) 389-2515, ext 214 / kendra@wscadv.org. Thank you for your time!

# Cohort 2 Client Intake and Follow-Up April 2013

## Agency information

**\*1. Which of the following agencies is the client/survivor receiving DVHF services from?  
(Note to New Hope: Adams and Grant Counties are listed separately)**

- Crisis Support Network
- Forks Abuse Program
- Healthy Families of Clallam County
- Interim-CDA/IDHA
- Kalispel Tribe of Indians
- Lummi Victims of Crime
- New Hope DV/SA Services, Adams County
- New Hope DV/SA Services, Grant County
- Salvation Army Domestic Violence Program
- Spokane Tribe Family Violence
- 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 2 Client Intake and Follow-Up April 2013

## Client's program entry

### \*4. Date of client's program entry

MM    DD    YYYY

1

/  /

## Cohort 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 2013

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

- Yes
- No
- Not reported
- Unknown

## Cohort 2 Client Intake and Follow-Up April 2013

### 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 - number disconnected, moved out of area (pls specify in other)
- left messages for client on voicemail or with family member, client didn't respond (pls specify in other)

Other, specify, or provide more info if relevant

### \*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 - number disconnected, moved out of area (pls specify in other)
- left messages for client on voicemail or with family member, client didn't respond (pls specify in other)

Other, specify, or provide more information if relevant

## Cohort 2 Client Intake and Follow-Up April 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

Specify "Other" or provide more information if relevant

## Cohort 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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)



## Cohort 2 Client Intake and Follow-Up April 2013

### Other household members

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

- Yes
- No
- Unknown

# Cohort 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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.**

**(At intake or if client is NOT yet in housing, type-in "Not applicable" in other below)**

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

Other (please specify)

## Cohort 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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

## Cohort 2 Client Intake and Follow-Up April 2013

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

- Yes
- No



# Cohort 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 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 2 Client Intake and Follow-Up April 2013

## Short Version of Danger Assessment

**\*44. 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).**

	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"/>
Is he/she violently and constantly jealous of survivor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the survivor believe her current or former partner/abuser is capable of killing her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Cohort 2 Client Intake and Follow-Up April 2013

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")

## Cohort 2 Client Intake and Follow-Up April 2013

### Other comments

**45. Do you have any other comments?**

# Cohort 2 Client Intake and Follow-Up April 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!



**DVHF Evaluation Visits  
Fall 2012 - Cohort 2**

**Focus Group Questions for Staff**

**Pre-Focus Group Check-In:**

- Checking-in on any changes at the agency level and/or related to the DVHF (new staff, etc.)
- Reminder re: Oct Check-In; entering information for all clients, not just new and active ones
- November Cohort meetings: confirm final two dates – Nov 7<sup>th</sup> and 8<sup>th</sup>
- Other updates or follow-up from Linda and/or Ankita

**Background of Focus Group Questions:**

- *Have staff keep in mind that this is the second evaluation visit this year, approximately six months since the last one and one year since they began the DVHF program*
- *Therefore with the questions below, to think about changes over the past year, any lessons learned, etc. (Lyu will probe for this information as well)*
- *Intro to questions (especially if there are new staff): purpose of the visit is to learn from staff and survivors directly while visiting them at their agency and community; not wanting them to feel pressure to “plan ahead,” so questions not sent in advance; separating staff from survivors’ interviews for privacy of both groups and for survivors to answer from their perspective, and not look to the advocates, etc. There are no right or wrong answers, etc.*

**Focus Group Questions:**

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

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- (If not already addressed) Any structural, administrative, and or staffing changes at your agency that have a direct impact on DVHF?

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- Considering DVHF’s flexibility, have there been changes to how you administer this program, and/or allocate your funding to survivors and their needs? (Probes: What are the main things that led to those changes? What are some of the innovative/successful ways in which you have been able to use these program funds?)

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- How well do you think this program’s flexibility (in terms of funding, services, and/or mobile advocacy) has been able to serve or better address survivors and their children’s:

**<<for all of the below, probe for specific examples>>**

- Needs and expectations (including culturally-specific/tribal needs)? \_\_\_\_\_  
\_\_\_\_\_
- Safety? \_\_\_\_\_  
\_\_\_\_\_
- Obtaining or maintaining housing (if not already covered by above)? \_\_\_\_\_  
\_\_\_\_\_

**<<Probe for any changes to mobile advocacy, if not addressed by the above>>**

- What are some specific impacts that DVHF has had at your agency and/or community since we were last here (How have you been impacted by this program/ What has DVHF meant to you?)  
\_\_\_\_\_
- What are some ways that this program has been challenging? (e.g. administratively/ implementation, services, relationships outside the agency, client expectations, etc.)  
\_\_\_\_\_
- What are some ways that this program has surprised you since April, or just looking back a year?  
\_\_\_\_\_
- What has been your biggest lesson learned over the past year?  
\_\_\_\_\_
- What are one or two things you would change to improve the program (operationally? In terms of its evaluation?)  
\_\_\_\_\_
- Is there anything that we haven't asked today or in the quarterly check-in that you would just love to share?  
\_\_\_\_\_

**Thank you!**

DVHF Evaluation Visits  
Fall 2012 – Cohort 2

**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]

[If eating together before focus group: brief introductions - 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 if relevant].

- 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?)

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- 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)

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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)

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- 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?)

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- 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 started working with [advocate name]? How so?)

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- 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]?

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- What are some things that have surprised you while working with housing advocate, in terms of this program and support 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?)

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- 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)?

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

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- Anything else at all?

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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)?

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*--Please turn page--*

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

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- Not sure. Any comments about that?

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

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

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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