

**Domestic Violence Housing First
Demonstration Evaluation Project: Findings after Six and
Twelve Months**

Executive Summary

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Domestic Violence Housing First Demonstration Evaluation Executive Summary

KEY FINDINGS: Unstably housed domestic violence survivors who received the Domestic Violence Housing First (DVHF) model – including mobile, housing-related advocacy and/or flexible financial assistance – reported a number of small, positive changes at both 6 and 12 months after seeking services. The evaluation study shows that the DVHF demonstration has met its primary goal of increasing housing stability, both 6 and 12 months after unstably housed domestic violence survivors sought services. Both 6 and 12 months after seeking services, survivors who received DVHF also reported improvements in PTSD and safety-related empowerment. Survivors who received DVHF reported improvements in financial strain, ability to make ends meet, depression, anxiety, alcohol misuse, and quality of life 6 months after seeking services but these findings were not sustained at 12 months. Twelve months after seeking services, survivors who received DVHF reported reductions in physical abuse, emotional abuse, economic abuse, and use of the children as an abuse tactic; these findings were not present 6 months after seeking services. Parents who received DVHF reported an increase in their children’s pro-social behaviors both 6 months and 12 months after seeking services, and improved school performance 6 months after seeking services.

The objective of the Domestic Violence Housing First Demonstration Evaluation is to add to the knowledge base about housing and advocacy interventions for survivors of domestic violence and their children. Domestic violence (DV) is a leading cause of homelessness.¹ Unfortunately, little evidence exists about effective strategies to assist survivors as they work to avoid homelessness while freeing themselves and their children from the abuse of partners and ex-partners. This demonstration evaluation will significantly add to our knowledge base by examining the impact of mobile housing-related advocacy and flexible funding on the lives of DV survivors and their children over time.

The demonstration evaluation has been designed to rigorously examine the Domestic Violence Housing First model, which provides mobile housing-related advocacy and flexible funding to help survivors achieve safe and stable housing. Over 400 homeless and unstably housed DV survivors participated in a quasi-experimental, longitudinal evaluation study that followed them over two years after they sought services from one of five participating DV agencies. Careful attention was paid during recruitment efforts to ensure that all eligible agency clients were invited to participate in the study. Those who agreed to participate were interviewed every six months over two years. In addition to conducting

¹ Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32, 143–146.

in-depth interviews with survivors, this multi-method, multi-source design involved collecting data from their service provider advocates and agency records.

The Domestic Violence Housing First Model

The three pillars of the Domestic Violence Housing First model that are designed to promote safety and housing stability are:

1. mobile housing-related advocacy
2. flexible financial assistance
3. community engagement

1. Mobile housing-related advocacy: A critical component of the model is that advocates focus on addressing needs identified by survivors rather than on pre-determined needs promoted by agencies. Advocates are also geographically mobile, meeting survivors where it is safe and convenient for them, and advocacy continues for as long as survivors need support.

2. Flexible financial assistance: Many survivors need not only proactive advocacy to obtain safe and stable housing, but also temporary financial assistance to support themselves and their families. Funds are therefore targeted to support survivors so they can rebuild their lives, including covering childcare costs, transportation, school supplies, uniforms and permits required for employment, as well as time-limited and flexible rental assistance.

3. Community engagement: Advocates also proactively engage those people in the community who can help support the safety, stability, and well-being of survivors. This includes engaging with health care professionals, law enforcement and the legal systems, educators and school administrators, religious and spiritual leaders, and others.

The evaluation design allows us to examine the first two pillars of the model: mobile housing-related advocacy and flexible funding. Examining the role of community engagement is beyond the scope of this evaluation as it is community context-specific and fluid, and all participating agencies report engaging with their communities as a regular part of their work.

While all of the participating agencies reported using the DVHF model, they acknowledged that due to limited resources (e.g., staff turnover, limited funds) it was often the case that survivors received “what was available at the time.” Similar to programs around the country, they may or may not be able to meet all of survivors’ needs. Systematically inviting all eligible survivors into the study across a period of time enabled us to capture this natural variability in service delivery, enhancing the generalizability and ecological validity of the findings.

Hypotheses and Exploratory Questions

The following hypotheses guide this research:

- 1) Survivors receiving mobile housing-related advocacy and flexible financial assistance will show greater improvement in the following areas compared to survivors receiving “standard services” that either do not include mobile housing-related advocacy or flexible funding, or include minimal levels:
 - a) Increased housing stability
 - b) Increased financial stability
 - c) Increased safety
 - d) Higher mental health, quality of life
 - e) Decreased substance misuse

- 2) As parents’ housing stability and well-being increase, so too will children’s educational, social, and behavioral outcomes. Specifically, children will demonstrate the following changes over time:
 - a) Increased school attendance and performance
 - b) Increased pro-social behaviors
 - c) Decreased behavior problems

Exploratory research questions include: (1) Can advocates accurately predict which survivors will be stably and safely housed over time? (2) Does this type of intervention work better for some survivors than for others? (3) Are there particular agency characteristics that are associated with better outcomes (e.g., procedures for determining services, number of advocates available, extent to which services are trauma informed and culturally relevant)?

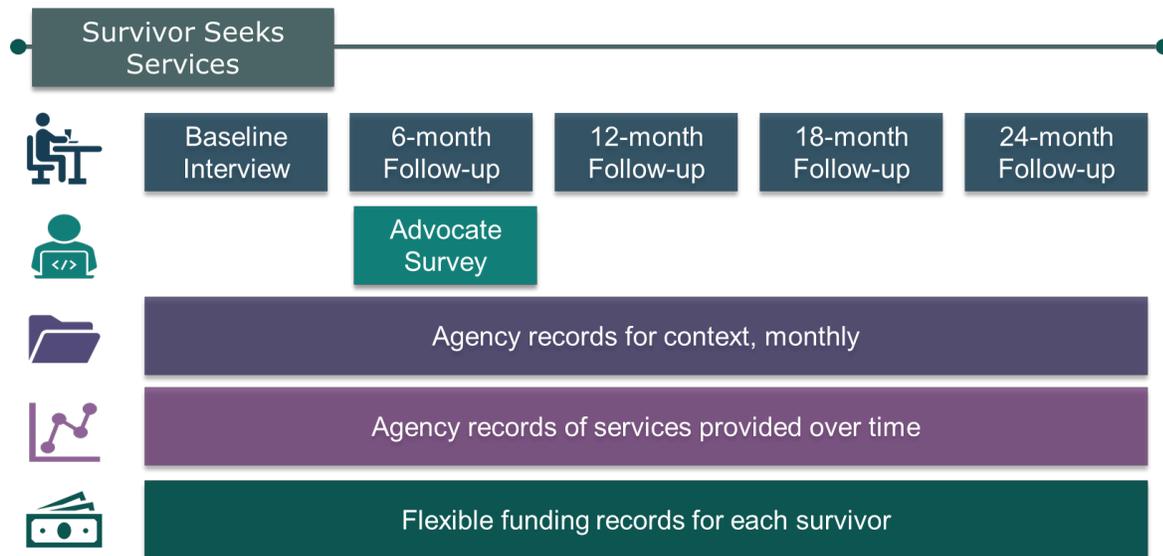
This report includes tests of the first two sets of hypotheses using data collected across three time points: shortly after participants sought services, and then six and twelve months later. The exploratory questions will be answered in the final report for this study, which is 24 months after participants sought services.

Procedures

Five domestic violence agencies in the state of Washington participated in this longitudinal program evaluation – two urban and three in rural areas. Each agency received a one-time award from the Bill & Melinda Gates Foundation (through the Washington State Coalition Against Domestic Violence) to offset agency expenses incurred for the project. In addition, each agency received funding to provide survivors with flexible financial assistance. Over the four years, the rural programs each received a total of \$112,500 for flexible funding and the urban programs each received a total of \$105,000 for flexible funding.

To address the study hypotheses and exploratory questions, the evaluation involved collecting data from: (1) DV survivors, (2) their advocates, and (3) agency records (see Figure 1).

Figure 1. Data sources for evaluation study



Survivor Interviews

Agency staff invited eligible clients to hear more about participating in this study. Eligibility criteria included: (1) being a recent survivor of DV, (2) being homeless or at risk of becoming homeless, (3) having entered services within the prior three weeks, and (4) speaking English or Spanish, or agreeing to participate with the assistance of an interpreter. Staff made every effort to assure that the client was approached about the study within 10 days of receiving services – a time frame chosen to ensure that clients were not approached about the research study when they were in immediate crisis.

Survivors were interviewed five times over 24 months, with interviews spaced six months apart (baseline when survivors first sought services, 6 months, 12 months, 18 months, and 24 months after first seeking services). Interviews included questions about abuse, financial stability, housing stability, social support, mental health, substance abuse, well-being, service needs, and services received. Baseline interviews also captured basic demographic information as well as historical data regarding abuse and homelessness. Parents were asked questions about the behavioral problems and socio-emotional skills of one of their children, who was chosen at random.

Initial interviews were conducted in person by a member of the evaluation team, in a private and safe location. The subsequent interviews were conducted either in person or by telephone, based on participant preference. Participants were paid \$50 for each interview. The study was approved by Michigan State University’s Institutional Review Board (IRB).

Advocate Surveys

During the 6-month interview, study participants were asked to provide the name of the primary advocate they worked with, if applicable, and that advocate was invited to complete a brief online survey about their work on behalf of that particular client. In addition to providing basic demographic and work background about themselves, advocates reported on the various housing barriers that their client had faced, and what services they provided to stabilize the client's housing status, safety, and well-being.

Agency Records

Agencies provided service start and end dates for clients participating in the study, and documented which services were provided to them over time. They also systematically tracked their use of flexible funding. Agencies documented critical contextual information about their agency resources each month, such as the average caseload of DVHF advocates and the availability of funds to provide flexible funding.

Description of the Sample

Demographics. The final sample consists of 406 participants. Study participants are predominantly female (97 percent) and heterosexual (86 percent). Ages ranged from 19 to 62 years old, with an average of 34.5 years old.

Thirty-five percent are non-Hispanic White, and 65 percent reported a minority racial/ethnic identity. Of the minority survivors, 15 percent selected more than one race/ethnicity category, indicating multiracial or multi-ethnoracial identities. Racial/ethnic background (which total over 100 percent due to multiracial and multi-ethnic identities) included: Hispanic/Latinx (35 percent), Black (19 percent), US Indigenous (12 percent), Asian (4 percent), and/or Middle Eastern (1 percent).

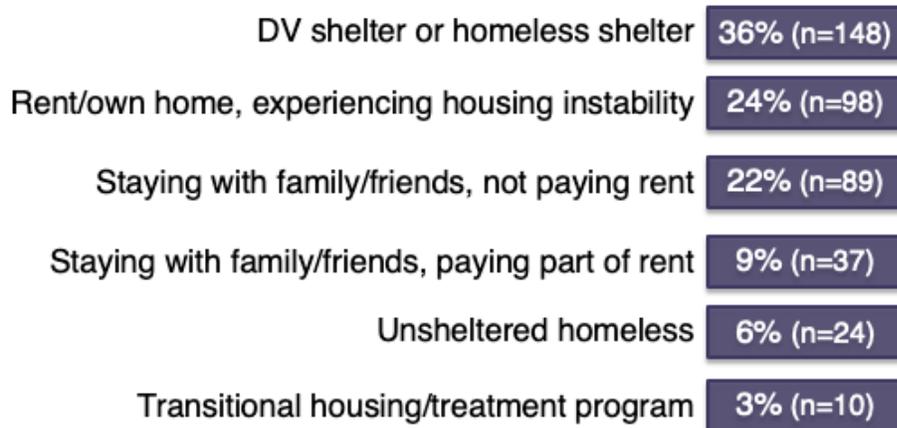
At baseline, 74 percent had children they were currently responsible for. The primary language for most survivors was English (80 percent). Immigrant survivors represented 18 percent of participants. Approximately one in six (17 percent) participants had been in foster care at one point in their lives.

Education. The highest educational level attained by participants varied considerably: 29 percent had not completed high school, 22 percent had a high school diploma/GED, 36 percent had some vocational training or had attended college classes, and 13 percent had college degrees (either Associate's, Bachelor's or advanced degrees).

Housing Status at Baseline. At study entry, 42 percent of the participants were homeless (36 percent living in a shelter, and 6 percent unsheltered homeless). The others were unstably housed: 24 percent were in homes they owned or were renting, 22 percent were staying with family and friends without paying rent, 9 percent were living with family and

friends and paying part of the rent, and 3 percent were in transitional housing or a drug treatment program. See Figure 2.

Figure 2. Housing status at study entry



History of Homelessness. Most study participants (73 percent) had a prior history of homelessness. Of those who had been homeless, the average cumulative amount of time spent homeless was just over two years. Thirty-three percent of those with a history of homelessness had been homeless at least once before age 18. Most of the sample (87 percent) had stayed with family or friends at least once in order to avoid homelessness.

DV Victimization. Survivors had experienced a range of domestic violence in the prior six months, including emotional abuse (96 percent), physical abuse (93 percent), stalking (90 percent), economic abuse (89 percent), and sexual abuse (53 percent). A majority of parents (89 percent) reported perpetrators using their child(ren) against them in the last six months.

Employment. Over half of the participants had been employed (58 percent) at some point in the six months prior to participating in the study, but only 35 percent were employed at study entry. Of those who had lost their jobs in the prior six months, 70 percent reported it was due to the abuse they had experienced.

Services Needed. At baseline, most participants were looking for long-term help from the agency: 77 percent wanted the agencies to help them find a new, safe home, and 18 percent wanted to stay in or return to their current home (5 percent were unsure). Survivors noted many issues they hoped the agency could help with, and the most prevalent issues reported were housing (96 percent); financial help (92 percent); counseling (85 percent); social support (85 percent); and legal assistance (72 percent).

Help Received Across the First Six Months After Seeking Services

Findings at six months are based on the 375 participants who completed both baseline and 6-month interviews (92 percent retention rate). As indicated in Table 1, there were 30 participants (8 percent) who reported receiving no services in the prior six months, and 124 participants (33 percent) who received services as usual (SAU). These services included referrals, support groups, counseling or non-housing-related advocacy. The remaining 221 participants (59 percent) received one or both of the two pillars of the DVHF model we are focusing on in this study: mobile housing-related advocacy and/or flexible funding.

Table 1. Services Received in the First Six Months (N=375)

	Number	Percent
No Services	30	8%
Services as Usual	124	33%
<i>No advocacy</i>	50	13.3%
<i>Advocacy, but not housing-related</i>	74	19.7%
DVHF	221	59%
<i>Flexible funding, no housing-related advocacy</i>	39	10.4%
<i>Housing-related advocacy only</i>	64	17.1%
<i>Housing-related advocacy and flexible funding</i>	118	31.5%
Total	375	100%

Flexible Funding Received. A total of 811 disbursements were made to 169 of the study participants (42 percent) between intake into the agency and the 6-month time point. There were sometimes multiple “disbursements” made at one time. For example, a survivor might have received \$500 on one date to cover transportation, utility bills, and moving costs. These were counted as three disbursements. The total amount of funding received by each participant was as low as \$11 and as high as \$9,552, averaging \$1,949.

Many disbursements went specifically for housing-related costs such as rental assistance (24 percent), move-in costs (7 percent), moving expenses (4 percent) and housing preparation (6 percent), such as application fees. The next two highest categories of funding after rental assistance were transportation costs (17 percent) and basic needs (17 percent), such as household furnishings, groceries and personal care items.

Services Received Between Six and Twelve Months After Seeking Services

Fewer than half (39 percent) of the study participants received services from the recruiting agency between the 6-month and 12-month follow-up time frame. Whether services were received during this time frame differed based on what participants had received during the first six months of the study (see Table 2).

Of those who had received SAU during the first six months after seeking services, 29 percent received services between 6-month and 12-month follow-up. Only six people (5 percent) who had received SAU during the first six months received DVHF services, meaning advocacy and/or funding between the 6-month and 12-month follow-up.

Half of the those who had received DVFH during the first six months of this study continued to receive services between the 6-month and 12-month follow-up. Over one-quarter (26 percent) received advocacy services but no funding, and 15 percent received both advocacy and funding. A small number received services but no advocacy or funding (5 percent), or funds but no advocacy (3 percent).

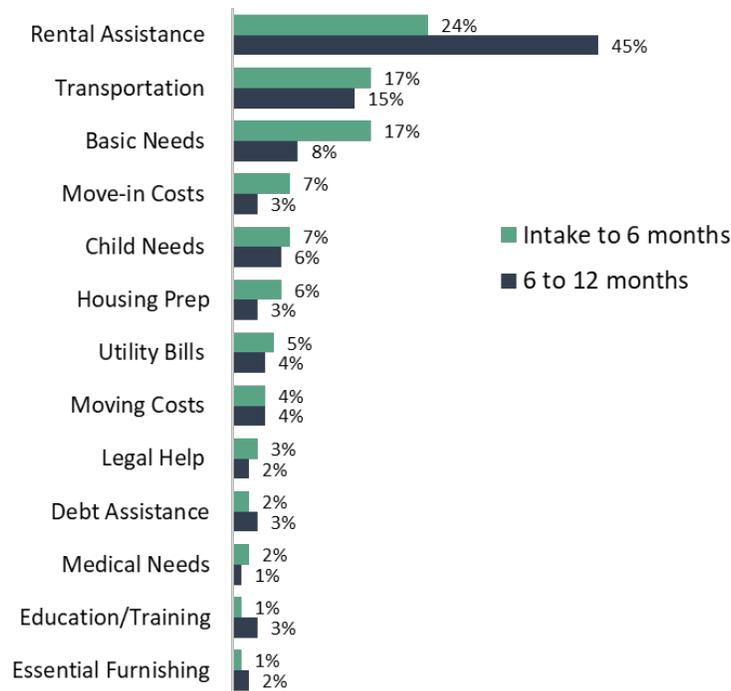
Table 2. Services Received from Six to Twelve Months; N=369

Initial Grouping	No Services	Services, No Advocacy or Funds	Advocacy, No Funds	Funds, No Advocacy	Advocacy and Funds
No Services (8%; n=30)	90% n=27	10% n=3	0	0	0
SAU (33%; n=121)	71% n=86	24% n=29	2% n=2	2% n=3	1% n=1
DVHF (59%; n=218)	50% n=110	5% n=11	26% n=57	3% n=7	15% n=33

Funding Received. Fewer participants received funding between six and twelve months after first seeking services, with service providers making a total of 267 disbursements in flexible financial assistance to 53 survivors (13 percent). Total funding received by participants during this time period ranged from \$5 to over \$15,000, and averaged \$3,169. Again, many disbursements went to housing-related costs, including rental assistance (45 percent), move-in costs (3 percent), moving expenses (4 percent) and housing preparation (3 percent). The next two highest categories of funding after rental assistance were transportation costs (15 percent) and basic needs (8 percent).

Fewer participants received funding between six and twelve months after first seeking services. Funds given out during this later time period were more likely to be used for rental assistance than in the first six months of the study (45 percent vs 24 percent). The higher amounts given out during this latter time period also reflect that more funds were used to pay rent. To illustrate the different uses of funding across the two time periods, Figure 3 shows the distribution of funding.

Figure 3. How flexible funding was distributed between intake and six months and between six and twelve months of the study.



Longitudinal Analyses

Hypotheses were tested comparing those who received the DVHF model in the first six months of the study with those who received SAU in the first six months. Prior to hypothesis testing, logistic regressions examined baseline differences between survivors in the DVHF group and the SAU group that may have impacted who received DVHF versus SAU.² Statistically significant differences were found at baseline for 15 of the 72 variables examined suggesting that, generally, survivors in DVHF had fewer barriers and greater assets at baseline compared to those who received SAU. Linear regressions also identified covariates that were associated with study outcomes, and these were included in the models. Structural equation modeling was then used to test hypotheses across baseline, six months, and twelve months³.

² Inverse-probability-weighted (IPW) estimators based on these differences were then included in the structural equation models as sampling weights to account for selection bias present in non-randomized intervention comparisons.

³ Analyses accounted for the fact that survivors received services from different advocates who worked within different agencies (e.g., survivors were nested within advocate who were nested within agency). Models also controlled for the levels of each outcome at baseline.

Findings Across First Twelve Months

Retention of participants twelve months after baseline was 91 percent ($n = 369/406$). Of the 37 participants who did not complete interviews at the 12-month follow-up, 26 were unable to be reached, six declined to continue in the study, two declined to be interviewed at this time point, two were incarcerated and unable to be interviewed, and one was murdered. Eight participants who were not interviewed at the 6-month follow-up were regained into the study at the 12-month follow-up and included in the analyses.

A number of significant but small group differences were found, all favoring those who had received DVHF. The group differences are described next and summarized in Figure 4.

Three significant group differences emerged at 6-months and persisted at 12-months:

- housing stability
- PTSD
- safety-related empowerment

Six group differences were found at 6-months that were not sustained at 12-months:

- financial strain
- ability to make ends meet
- depression
- anxiety
- alcohol misuse
- quality of life

Four group differences emerged at 12-months that were not present at 6-months:

- physical abuse
- emotional abuse
- economic abuse
- use of the children as an abuse tactic

No group differences were found for financial difficulties, drug misuse, sexual abuse, or stalking at either time point. However, all of the participants, meaning those who received SAU or DVHF demonstrated improvements in financial difficulties and stalking over time.

Parents who received DVHF reported a significant increase in their children's pro-social behaviors at both 6-months and 12-months, with small effect sizes. An intervention effect on children's school performance was found at 6-months, but this did not persist at 12-months. There were no significant decreases at either time point on children's behavioral problems, nor was there a significant improvement in school attendance.

Table 3. Summary of outcomes over time

Survivors Receiving DVHF had Better Outcomes than Survivors Receiving SAU on:		
Domain	6 Months	12 Months
Housing	<ul style="list-style-type: none"> Housing Stability 	<ul style="list-style-type: none"> Housing Stability
Finances	<ul style="list-style-type: none"> Financial Strain Ability to Make Ends Meet 	
Safety	<ul style="list-style-type: none"> Safety-Related Empowerment 	<ul style="list-style-type: none"> Safety-Related Empowerment Economic, Physical, and Psychological Abuse Abuser Using Children to Control Survivor
Mental Health	<ul style="list-style-type: none"> Anxiety Depression PTSD 	<ul style="list-style-type: none"> PTSD
Quality of Life	<ul style="list-style-type: none"> Quality of Life 	
Substance Misuse	<ul style="list-style-type: none"> Alcohol Misuse 	
Children	<ul style="list-style-type: none"> Prosocial Behavior School Performance 	<ul style="list-style-type: none"> Prosocial Behavior

Note: All differences were significant at $p < .05$

Summary and Next Steps

This report presents the impacts of the DVHF model on survivors and their children over twelve months. Across the first six months after homeless or unstably housed survivors sought services from one of the five DV programs involved in this study, 59 percent received some level of the DVHF model. Approximately one-third of the survivors (33 percent) received SAU, and eight percent received no services at all.

A number of small but positive changes emerged as a result of having received DVHF services. Three significant group differences emerged at 6-months and persisted at 12-months: housing stability, PTSD, and safety-related empowerment. Six group differences were found at 6-months that were not sustained at 12-months: financial strain, ability to make ends meet, depression, anxiety, alcohol misuse, and quality of life. Four group differences emerged at 12-months that were not present at the 6-month time point: physical abuse, emotional abuse, economic abuse, and use of the children as an abuse tactic. Parents who received DVHF reported a significant increase in their children’s pro-social

behaviors at both 6-months and 12-months, as well as improved school performance at 6-months only.

Analyses for the first twelve months after participants entered the study supported the hypothesis that DVHF improves housing stability more than does SAU. Given that a primary goal of DVHF is to assist survivors in stabilizing their housing situations, this is a potentially promising finding. While the “services as usual” that DV agencies provide may positively impact survivors’ safety and well-being, providing mobile housing-related advocacy and flexible funding appears to be especially salient in achieving stable housing.

Receiving the DVHF model also positively impacted survivors’ mental health. Those receiving DVHF reported significantly lower depression, anxiety, and PTSD at 6-months compared to those receiving SAU. PTSD continued to be significantly lower at 12-months for those who had received DVHF. A caveat, however, is that the effect sizes of these group differences were small. It will be important to examine the magnitude of group differences over time to better understand whether such variances are meaningful and whether they relate to other positive life changes.

Finally, parents who received the DVHF model reported increased pro-social behaviors in their children compared to parents receiving SAU. This may be due to children’s behaviors improving as their parents became more stable or may be due to change in the parents’ perceptions of their children as their lives became more stable. Given these data came from parents rather than the children, it is important to interpret this finding with caution.

While these findings are promising, it will be important to examine whether impacts persist over time, and whether the DVHF model works better for some survivors than for others. Additional group differences may emerge at different time points. Including 18-months and 24-months in analyses will allow us to examine different change trajectories and determine temporal causality.