

**Domestic Violence Housing First
Demonstration Evaluation Project: Interim Findings after 6 and
12 Months**

Technical Report

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1. INTRODUCTION

The Domestic Violence Housing First (DVHF) Demonstration Evaluation is being conducted through a contract with the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), in partnership with the Department of Justice Office for Victims of Crimes, and the Washington State Coalition Against Domestic Violence and its subcontractor Michigan State University. The objective of the DVHF Demonstration Evaluation is to add to the knowledge base about housing and advocacy interventions for survivors of domestic violence, and their children.

This report presents the impacts of the DVHF model on domestic violence survivors and their children across one year, and includes data from the baseline, 6-month, and 12-month time points.

2. BACKGROUND: PRIOR RESEARCH

Domestic violence is a leading cause of homelessness (Pavao et al., 2007). 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 (Baker et al., 2003; Bassuk et al., 2006). This demonstration evaluation will significantly add to our knowledge base by rigorously examining the impact of mobile advocacy and flexible funding on the lives of domestic violence survivors and their children over time. The research builds on prior empirical and practice evidence suggesting that mobile advocacy has multiple and positive impacts on survivors and their children. Principal investigator Sullivan's prior experimental research (funded by National Institute of Mental Health 1989-1997) involved experimentally and longitudinally testing the effectiveness of the Community Advocacy Project (CAP), which involved providing survivors with four to six hours of mobile advocacy over a period of ten week after they had exited shelter. Survivors who received the mobile advocacy intervention had higher quality of life, higher social support, and greater ability to access community resources compared to survivors in the control group (Sullivan & Bybee, 1999). They were also more than twice as likely to remain free of further physical abuse during the two-year post-intervention follow-up (Bybee & Sullivan, 2002; Sullivan & Bybee, 1999). Positive effects have been found for the children as well, with their self-competence increasing and their internalizing problems decreasing (Sullivan, Allen, & Bybee, 2002).

Building on Sullivan and colleagues' earlier work, the SHARE study (funded by Centers for Disease Control & Prevention 2005-2010) was designed to longitudinally examine the role of mobile advocacy and financial assistance on survivors' housing stability. That study also examined whether such an intervention prevents revictimization and reduces negative outcomes for domestic violence survivors and their children (Niolon et al., 2009). This study found positive changes in women's and children's lives over 18 months. Women who were homeless or at high risk for homelessness when entering the study reported greater

housing stability, higher quality of life, fewer absences from work, greater job stability, higher income, fewer problems with alcohol/drugs, less depression, and less PTSD over time. Their children missed fewer days of school, had better academic performance, and fewer behavioral problems over time. Unfortunately, the study design did not examine which intervention factors (e.g., housing assistance, advocacy, safety strategies) impacted these positive changes; nor did it include adequate comparison conditions.

Further evidence supporting the importance of mobile advocacy and housing supports for domestic violence survivors can be found in the *Domestic Violence Housing First (DVHF)* pilot project (Mbilinyi, 2015). This pilot was the result of an investment by the Bill & Melinda Gates Foundation which funded mobile advocacy and flexible financial assistance for the participating agencies. Building on the CAP and SHARE studies as well as their vast expertise, the Washington State Coalition Against Domestic Violence (WSCADV) oversaw this 5-year project through which advocates provided flexible, survivor-driven advocacy supports to domestic violence survivors from nine diverse programs across the state of Washington. The majority of families in both rural and urban communities reported being effective at accessing and retaining housing at six, twelve and eighteen months after program entry. Unfortunately, this project did not have permission to interview families over time, resulting in a low retention rate. The pilot project also did not systematically examine the types of services received by survivors or compare survivors who did and did not receive DVHF assistance.

While each of the projects noted above had its limitations, taken together, they present a compelling argument that housing-intensive mobile advocacy and financial support may increase housing stability, decrease victimization, and increase quality of life for both domestic violence survivors and their children. The current demonstration evaluation was designed to rigorously examine the mechanisms through which mobile advocacy and flexible funding lead to housing stability, safety, and well-being for DV survivors and their children over time. Specifically, we collected detailed information from study participants and service provider advocates about the quantity and quality of services received, as well as the match between services and clients' needs. We are also examining the extent to which services were trauma-informed and culturally relevant. Further, we are measuring contextual factors related to housing stability, such as English proficiency, having been in foster care as a child, and level of social support. Finally, we are measuring length and intensity of services provided to survivors over time.

3. STUDY DESIGN

The demonstration evaluation was designed to rigorously examine the Domestic Violence Housing First model, which provides mobile 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 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 in-depth interviews with survivors, this multi-method, multi-source design involved collecting data from their service provider advocates and agency records. Special attention has focused on capturing contextual information that can impact program success such as English proficiency, having been in foster care as a child, and level of social support.

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 advocacy
2. flexible financial assistance
3. community engagement

1. Mobile advocacy: A critical component of the model is that advocates focus on addressing the 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 as long as survivors need support. Advocates are aware of the myriad ways that abusers sabotage survivors' economic and housing stability -- even after the relationship has ended -- and they mobilize multiple resources and community supports to prevent or counter these abusive activities. In addition to advocating for survivors in other aspects of their lives (e.g., employment, immigration, health, children's needs) and engaging in ongoing safety planning, advocates work proactively and creatively with survivors to obtain housing stability. This may involve helping a survivor safely retain their current housing or helping find new affordable housing. Advocates are proactive and creative, accompanying survivors to housing appointments, acting as liaisons with landlords, and negotiating leases.

Further, given the traumatic nature of domestic violence, as well as the likelihood that DV survivors have also experienced other lifetime traumas such as child abuse and sexual abuse (Campbell et al., 2008), a tenet of Domestic Violence Housing First is to engage in trauma-informed practice. These practices include: 1) establishing emotional safety; 2) restoring choice and control; 3) facilitating survivors' connections to community supports; 4) supporting coping; 5) responding to identity and context; and 6) building strengths (Anderson, 2009; Goodman et al., 2016; Harris & Falot, 2001). Understanding and appropriately responding to trauma reactions is especially important when helping survivors obtain and sustain housing, as sometimes these responses manifest after initial stability is attained (Ferencik & Ramirez-Hammond, 2013; Horesh et al., 2011). Sometimes, trauma reactions such as depression, immobility, or post-traumatic stress disorder (PTSD) are suppressed while a survivor is intently focused on the task of securing housing for themselves and their children. Once that housing is obtained, however, and an initial calm is established, the survivor is "safe" to experience the overwhelming feelings related to

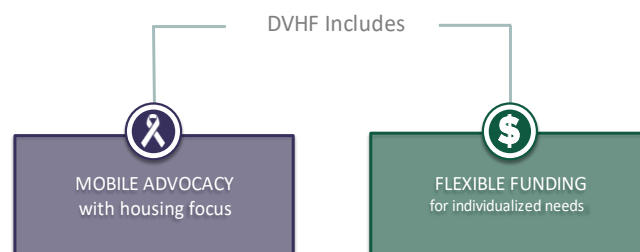
their trauma. Without a knowledgeable and supportive advocate available to them to help them through this crisis, the housing that the survivor has worked so hard to secure can be jeopardized.

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. They may need assistance with issues viewed as directly related to housing: a security deposit and temporary rental assistance, help clearing up rent arrears (often intentionally incurred by the abuser), or help with utility bills, for example. Often, though, survivors need funds that may not be viewed by others as impacting housing but that advocates recognize are critical to housing stability: for example, help repairing their cars so they do not lose their jobs, help expunging a prior conviction that is preventing them from obtaining government-funded housing, or help repairing bad credit (often destroyed by the abuser). Funds are targeted to support survivors so they can rebuild their lives, including covering childcare costs, transportation, school supplies, uniforms and permits required for employment, as well as time-limited and flexible rental assistance (Mbilinyi, 2015; Sullivan et al., 2019).

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. With specific regard to obtaining housing, advocates forge mutually beneficial relationships with landlords, city officials, and housing councils to obtain vouchers or rental agreements on behalf of domestic violence survivors. Through these relationships, advocates not only obtain housing for individual survivors, but they change and improve the way communities respond to domestic violence overall.

As shown in Figure 1, the current design allows us to examine the first two pillars of the model: mobile advocacy and flexible funding. Examining the role of community engagement is beyond the scope of this evaluation as it is context-specific and fluid, but all participating agencies report engaging with their communities as a regular part of their work.

Figure 1. Two pillars examined in current evaluation



Justification for the Study Design

In considering how best to test the impact of the Domestic Violence Housing First approach, several study designs were considered. In the 15 months prior to the start of the study, research team members visited the participating programs multiple times, examined records of service delivery, and talked with program directors as well as direct service staff to fully understand how services are offered within each agency and what study design would be the most rigorous and feasible. We started with examining whether a randomized control trial would be feasible, given that it was clear that not all survivors eligible for DVHF were actually receiving it at any of the participating agencies (due to resource fluctuation). Unfortunately, on further examination it was clear that resource availability was quite unpredictable -- agencies do not tend to know when a shelter bed will open up, when a permanent voucher will become available, when affordable housing has an opening, etc. There is also ongoing staff turnover, which impacts the amount of advocacy time that can be provided to survivors. Further, none of the agencies were willing to randomize the DVHF-specific services to survivors rather than services as usual for ethical reasons.

Randomized control trial designs can work well if the investigators have control over both the intervention being delivered and the randomization process (as was true with Sullivan and Bybee's study of CAP). Expecting community members to randomize clients into conditions, however, is fraught with problems (Gondolf, 2010). An early example of randomization failure was found with Sherman & Berk's early NIJ-funded RCT study of police officer response to domestic violence (Berk et al., 1988). Therefore, even if the other factors precluding the success of using an RCT approach were not evident in this instance, the likelihood of random assignment failing (thus jeopardizing the entire study) was high. We then carefully examined whether we might compare agencies with each other. This design was rejected because all of the agencies offer similar services, and as noted above, their ability to provide DVHF services fluctuates similarly for the reasons noted above.

Our research team then carefully examined whether survivors were receiving services based on their actual situations or personal attributes or whether services were provided based on agency capacity. Had agencies routinely targeted different services to different situations, this would have represented a serious validity threat to following all survivors for a specific period who receive agency services. After examining records and talking specifically with direct service staff about a number of recent unstably housed or homeless clients (to ascertain what the client wanted from the agency and what they were offered), it became clear that none of the agencies were intentionally matching these survivors to specific services. They would like to reach this point, but the reality is that often few options are available when survivors reach out to agencies, given limited resources available to the agencies.

After carefully assessing the study options available, we decided to employ a rigorous quasi-experimental evaluation design that capitalizes on the reality that no domestic violence victim service program can adequately meet the needs of all survivors who seek

assistance from them. As detailed above, there are many times that shelters are full, advocates are overcommitted or unavailable, and/or flexible funding is limited or unavailable. These fluctuations are not predictable and do not lend themselves to randomization. Sometimes survivors are able to receive all of the services they need, but other times they either receive too little or they receive assistance that does not match their need. Based on extensive conversations with program staff prior to launching the study, we anticipated that at least 50 percent of survivors in the study would receive the DVHF intervention (now that data collection is complete, the actual figure is 59 percent). Systematically inviting all eligible survivors into the study across a period of time has therefore ensured our ability to examine variability in service delivery.

In any study design there is a tradeoff between internal and external validity. While RCTs have high internal validity, they can have limited external validity. The longitudinal RCT examining the Community Advocacy Project (CAP; Bybee & Sullivan, 2002; Sullivan & Bybee, 1999) is an excellent example of this. To create a tightly controlled intervention, that study set a specific time frame for service delivery (10 weeks), pre-determined dosage (6-8 hours per week), and assigned only one client to each advocate. While the longitudinal evaluation of this intervention was extremely positive, the CAP approach has not been widely scaled up because it does not fit the realities facing community-based domestic violence agencies who lack the resources and organizational capacity to provide such a specific intervention.

Internal validity refers to how rigorously a study is conducted and how much confidence you have to attribute the findings to the intervention and not to other alternative explanations. External validity indicates how generalizable the findings are to other contexts, such as new settings and people.

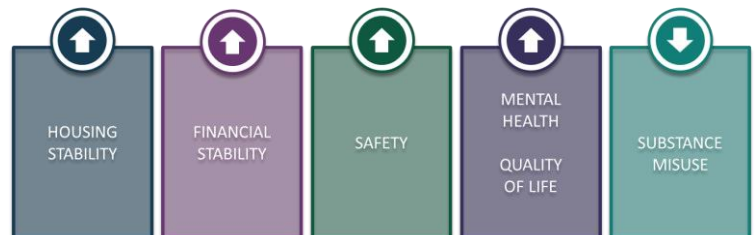
The design we chose for the current study maintains adequate internal validity while maximizing external validity, and attempts to do what many studies in the past have failed to do: carefully document the details about what services survivors receive over time, not just from the agency they were recruited from, but from other community sources as well. We document the exact amount of money (if any) they receive through flexible funds, we document the amount of time they spend with their advocate(s), and we examine when such activities happen and how they impact survivors' safety, housing stability and well-being over time. Special attention is focused on capturing contextual information that can impact program success, such as English proficiency, having been in foster care as a child, and level of social support. Finally, we are augmenting internal validity by controlling for any pre-existing differences between participants who receive the DVHF model and those who receive services as usual (SAU). For additional details about the study design, see Sullivan et al., 2021.

Hypotheses and Exploratory Questions

The following hypotheses guide this research (illustrated in Figures 2 and 3):

- 1) Survivors receiving mobile 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 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

Figure 2. Hypotheses: Survivor outcomes



- 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

Figure 3. Hypotheses: Child outcomes



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 at baseline as well as six and twelve months later. The exploratory questions will be answered in the final report for this study.

4. THE PARTICIPATING PROGRAMS

The five agencies participating in this longitudinal evaluation agreed, through signed Memoranda of Understandings (MOUs), to integrate into their agency structures the three pillars of the Domestic Violence Housing First model. Two of the agencies are in the Greater Seattle area of King County (urban area), two are located in rural South-Central Washington (rural), and one was added in January 2019 and is located in Central Washington (rural). The agencies were chosen because they work with a large enough number of clients annually to provide the desired sample size, they are similar in structure to each other and to many programs across the country, and they have the infrastructure capacity to participate in a rigorous evaluation study.

In order to assist the agencies in incorporating Domestic Violence Housing First practices into their work, 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.

The rural programs each received a total of \$112,500 for flexible funding across the four years, as follows:

- \$22,500 in February 2016
- \$30,000 in February 2017
- \$30,000 in February 2018
- \$30,000 in February 2019

The urban programs each received a total of \$105,000 for flexible funding across the four years as follows:

- \$30,000 in September 2016
- \$30,000 in September 2017
- \$30,000 in September 2018
- \$15,000 in September 2019

The small difference in total amounts between the urban and rural programs was in recognition of the fewer financial resources available to agencies in rural areas. Each agency also received training and technical assistance from WSCADV through 2019.

5. PROCEDURES

This demonstration evaluation involved collecting data from: (1) domestic violence survivors; (2) their service provider advocates; and (3) agency records to address the study hypotheses and exploratory questions. The procedures for collecting data from each source are presented next and Figure 4 illustrates all data sources.

Survivor Interviews

Under the guidance of the study's two Project Coordinators (one covering King County and the other covering South Central Washington), staff from each of the five participating domestic violence agencies invited eligible clients to hear more about participating in this research study. Eligibility criteria include: (1) being a recent survivor of domestic violence; (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. Careful procedures were followed, under the guidance of the Project Coordinators, to assure that all eligible participants were offered the opportunity to participate in the study. For example, the Project Coordinator contacted each of their agencies at least every other day and asked their Points of Contact (POC) about new clients of the agency who met eligibility requirements for the study. The Project Coordinators ascertained with the POC if the client had been asked to participate in the study and made every effort to assure that the client was approached about the study within 10 days of receiving services. The time frame of 10 days was chosen to ensure that clients were not approached about the research study when they were in immediate crisis. Clients were eligible for study participation up to 21 days into their receipt of services from the agency.

Once a client agreed to hear more about the study, the Project Coordinator or another member of the research team contacted them, ensured that they were eligible for participation, and provided detailed information about the study and their rights as a research participant. The first interview was then scheduled, at a location that was private and convenient for the survivor. Survivors were interviewed five times over 24 months, with interviews spaced six months apart (baseline, 6-month, 12-month, 18-month, 24-month).

Initial interviews were conducted in person by a trained 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. However, due to COVID-19, all interviews conducted after mid-March 2020 were completed by phone or video conference. All of the baseline and 6-month interviews, as well as 80 percent of the 12-month interviews, occurred prior to March, 2020. Participants were paid \$50 for each interview. The study was approved by Michigan State University's Institutional Review Board (IRB).

All interview data were electronically captured directly onto laptop computers, using Qualtrics software. Electronic data capture has been found to be superior to paper surveys, as there are fewer errors in data entry and the process is faster and less expensive (Lane et al., 2006). Data were encrypted and downloaded directly onto a secure, password protected server at Michigan State University, allowing for data management and analysis to occur expediently and safely.

Measures – Survivor Interviews

Survivors were interviewed five times over 24 months, with interviews spaced six months apart (baseline, 6-month, 12-month, 18-month, 24-month). 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. The baseline interview can be found in Appendix A. Additional questions asked only in follow up interviews (e.g., services received) can be found in Appendix B.

Domestic Violence

Physical abuse, emotional abuse, sexual abuse, and stalking. Physical abuse, emotional abuse, sexual abuse, and stalking/harassment were assessed using a modification of the 28-item Composite Abuse Scale (CAS) (Hegarty et al., 1999; Loxton et al., 2013). Validation studies have found the CAS to have high internal consistency. Two items in the CAS (“hang around outside your house” and “harass you at work”) were replaced with a new item (“repeatedly follow you, phone you, and/or show up at your house/work/other place”) to capture multiple indicators of stalking behaviors and that were relevant even if the participant was living with the abuser. Four new items were added to the CAS to address abusive behaviors not adequately measured in the original scale: 1) stalk you, 2) strangle you, 3) demand sex, whether you wanted to, or not, and 4) force sexual activity.

Questions were asked within the format: “How often, if at all, did [abuser’s name]: ...” The original response options for the CAS were “daily,” “once per week,” “once per month,” “several times,” “only once,” and “never.” The response options were modified for this study to match interviews occurring every six months. The response options for the current study ranged from 0 to 5: 0 = “never,” 1 = “once,” 2 = “several times or between 2-3x in the last 6-months,” 3 = “once a month,” 4 = “once a week,” and 5 = “daily.” Cronbach’s alpha for the full measure was .94 ($M = 1.69$; $SD = 1.13$). The additional response option “not in the last 6-months, but it has happened in the past” was included only at baseline and was not included in the scale score.

Cronbach’s alpha refers to how well items in a scale relate to each other; higher alphas suggest greater consistency and generate more confidence that the scale is measuring what it intends to measure

The final measure included 31 items across four subscales: Physical abuse, sexual abuse, stalking/harassment, and emotional abuse. Eleven items measured physical abuse; Cronbach’s alpha for the subscale was .90 ($M = 1.29$; $SD = 1.09$). Thirteen items measured emotional abuse; Cronbach’s alpha = .91 ($M = 2.07$; $SD = 1.31$). Three items measured sexual abuse; Cronbach’s alpha for the subscale was .92 ($M = 1.16$; $SD = 1.51$). Four items measured stalking/harassment; Cronbach’s alpha for the subscale was .84 ($M = 2.25$; $SD = 1.60$).

Economic abuse. The 14-item Revised Scale of Economic Abuse (SEA2; Adams et al., 2019) measured abusive tactics specifically targeted toward jeopardizing intimate partners' financial stability. Sample items included asking how often in the prior six months the abuser "kept financial information from you," and "kept you from having a job or going to work." Response options ranged from 0 to 4 and included 0 = "never," 1 = "hardly ever/rarely," 2 = "sometimes," 3 = "often," and 4 = "quite often." Cronbach's alpha for the measure was .91 and mean score at baseline was 1.46 ($SD = 1.05$). The additional response option "not in the last 6-months, but it has happened in the past" was included only at baseline and was not calculated in the scale scores.

Abuser's use of children. The frequency with which participants' abuser had used the participants' children against them as a form of manipulation or control was assessed using the 7-item Use of Children to Control scale (Beeble et al., 2007). Only parents of minor children were asked these questions ($n=297$). The scale consisted of items measuring how often in the previous six months the abuser had used the children to stay in their lives, harass, intimidate, track, or frighten them, as well as tried to turn the kids against them or convince them to take the abuser back. Participants reported frequency on a 5-point Likert scale from 0 (never) to 4 (quite often). Cronbach's alpha for the scale was .87. Mean score at baseline was 1.73 ($SD = 1.12$). The additional response option "not in the last 6-months, but it has happened in the past" was included only at baseline and was not calculated in the scale scores.

Housing Stability

Survivors were asked several questions about the number of times they had moved or were homeless in the prior 6-months and their current housing status at all interview time points. Additionally, questions about their lifetime history of homelessness, and frequency and type (with parents/guardians versus on their own) of homelessness prior to the age of 18 were asked during the baseline interview. All items used were from the Family Options study (Gubits et al., 2015) as well as prior work conducted by the study team (Sullivan & Bybee, 1999; Sullivan, Bybee, & Allen, 2002).

Housing instability. A 7-item Housing Instability Scale (HIS) was created for this study by modifying the 10-item Housing Instability Index (Rollins et al., 2012). Four of the 10 Housing Instability Index items were removed as they related to issues with landlords, and many of the current study's participants do not have landlords. The Housing Instability Index also has no measure of homelessness, so we included the item: "Have you been homeless or had to live with family or friends to avoid being homeless?" Of the seven final scale items, five included dichotomous yes/no responses while two items were recoded to be dichotomous. Specifically, the question, "In the past 6-months, how many times have you moved?" was dichotomized and counted as a risk factor if participants reported moving more than twice in the past 6-months. "How likely is it that you will be able to pay for your housing this month?" was recoded so that 0 represented a response of "very likely"

or “somewhat likely” and 1 represented a response of “unlikely” or “very unlikely.” “Do you expect that you will be able to stay in your current housing for the next 6-months?” was reverse-coded so that a response of “no” was counted as a risk factor. For each item, then, 0=not a risk factor and 1=a risk factor. Scores can range from 0 to 7, with higher scores indicating higher instability. To assess the psychometric properties of the HIS in both English and Spanish, we examined measurement invariance, concurrent validity, and predictive validity. The scale demonstrates strong concurrent and predictive validity, and shows evidence of scalar equivalence over time and across both the English and Spanish versions (see deleted to ensure blind review). Coefficient alphas for the HIS were examined at each wave of data collection and the overall alpha was .79 ($M = 3.00$, $SD = 2.24$).

Barriers to obtaining housing. Common barriers that survivors face in obtaining housing were measured at baseline and 24-months by a modified version of the 19-item index included in the Family Options Study (Gubits et al., 2015). Items include barriers related to: lack of income, poor credit history, transportation issues, history of eviction, owing back rent on previous residence or unpaid utility debt, lack of employment, past lease violations, felony convictions, criminal history, issues with the police, immigration status, having three or more children living in the household, having teenagers in the household, having pets that some properties may not accept, someone in the household having a disability, and experiencing discrimination. Two items from the original scale were slightly modified: “poor credit history” was modified to “poor or no credit history,” and “racial discrimination” was modified to “discrimination.” Four items were added to the index after consultation with field experts. Those items were (1) owing back rent on a previous residence, (2) having unpaid utility debt, (3) immigration status, and (4) having pets that some properties may not accept. Participants responded using a 3-point scale: 1 = “not a problem at all,” 2 = “small problem,” and 3 = “big problem.” A new response option: “don’t know” was also included. For scale construction, “don’t know” was recoded as “not a problem at all.” Cronbach’s alpha for the measure was .78 ($M = 1.98$, $SD = 1.48$).

Contextual factors related to housing stability. Participants were asked about a variety of factors that are known to relate to housing stability but that are not direct barriers to obtaining housing. These contextual factors include English proficiency, having been in foster care or homeless as a child, being a veteran or spouse of a veteran, and having a history of housing stability. Historical questions were asked only at the baseline interview, while factors that can change were asked across the 24 months.

Financial Stability

Financial strain was measured by the 2-item Financial Strain subscale from Barrera et al.’s (2001) Scale of Economic Hardship. The 2-item Financial Strain subscale measures expected future financial strain over the next 6-months (3 months in the original scale). The two questions were “How often do you think that you and your family will experience bad times such as poor housing or not having enough food?” and “How often do you expect that you will have to do without the basic things your family needs?” The original

responses ranged from 1 to 5: 1 = “almost never” to 5 = “almost always.” The response options were slightly modified for the current study: 0 = “never,” 1 = “hardly ever,” 2 = “sometimes,” 3 = “often,” and 4 = “quite often.”

Inability to make ends meet was measured by the 2-item Inability to Make Ends Meet subscale from Barrera et al.’s (2001) Scale of Economic Hardship, and refers to financial difficulty experienced over the prior 6-months (3 months in the original scale). We slightly modified the wording of the response options for difficulty paying bills (worded “how difficult has it been to pay your bills in full?”). The original options were ‘no difficulty at all,’ ‘a little difficulty,’ ‘some difficulty,’ ‘quite a bit of difficulty,’ and ‘a great deal of difficulty.’ These options were replaced with a 4-point scale: 0 = “not at all difficult,” 1 = “a little difficult,” 2 = “somewhat difficult,” and 3 = “very difficult.” Having money left over at the end of the month was rated on the original 5-point scale: 5 = “more than enough money left,” 4 = “some money left,” 3 = just enough money left,” 2 = “somewhat short of money,” and 1 = “very short of money.”

A measure of ***financial difficulties*** was created specifically for this study. Survivors responded to 10 items asking if they had had enough money in the prior 6 months for: food, rent/mortgage, utilities, medical expenses, transportation, social activities, and to pay debts and childcare. Responses were reported using a 4-point scale of difficulty: 0 = “not difficult at all,” 1 = “a little difficult,” 2 = “somewhat difficult,” and 3 = “very difficult.” “I do not have these bills” was also included as a response option. For scale construction, these were recoded to 0 = “not difficult at all.” Cronbach’s alpha for the 10-item measure was .87 ($M = 2.28$; $SD = .68$). To further contextualize responses, participants were asked to indicate if they received help to pay any of the bills for: food, rent/mortgage, utilities, medical expenses, transportation, social activities, and to pay debts and childcare, from a person or an organization. Response options were “no, I pay this myself,” “someone or some organization paid part of this for me,” “someone or some organization paid all of this for me,” and “I did not have these bills.”

Financial stability was also measured by asking about employment status; whether employed full-time, part-time, or sporadically; whether the employment included benefits; whether the participant had missed days of work (and whether this was related to abuse), and current income.

Health and Well-being

General health. Baseline health self-assessment of survivors was measured by a single item health status question from the SF-8 with well-established reliability and validity (Ware et al., 2001). The question was worded “In general, how would you rate your overall physical health?” and responses were recorded on a 5-point Likert scale: 1 = “poor,” 2 = “fair,” 3 = “good,” 4 = “very good,” and 5 = “excellent.”

Quality of life. Quality of life of survivors was measured by a 9-item scale used in the Sullivan and Bybee (1999) study. The scale was adapted from the Andrews and Withey (1976) study. Survivors were asked how satisfied they felt about various parts of their lives over the prior 6-months. Sample items included “How do you feel about the amount of fun and enjoyment you have?” and “How do you feel about your independence or freedom - that is, how free do you feel to live the kind of life you want?” Responses were recorded on a 7-point scale and included: 1 = “terrible,” 2 = “unhappy,” 3 = “mostly dissatisfied,” 4 = “mixed - equally satisfied and dissatisfied,” 5 = “mostly satisfied,” 6 = “happy,” and 7 = “extremely happy”. A total score is computed by taking the mean of the items. Cronbach’s alpha for the 9-item measure was .88. The mean score at baseline was 4.03 ($SD = 1.16$).

Hope. The 12-item Herth Hope Index (Herth, 1992) was used to measure how survivors felt they were currently doing. Each item was associated with either positive or negative outlooks on the survivor’s current situation (i.e., “I have a positive outlook toward life” or “I feel all alone”). Responses were recorded on a 4-point scale and response options ranged from 1 = “strongly disagree”; 4 = “strongly agree”. Cronbach’s alpha for the 12-item measure was .71 ($M = 3.09$, $SD = .51$).

Mental Health Symptomatology and Substance Abuse

Depression. Depression was assessed by the 9-item Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, & Williams, 2001). Responses were recorded using a 4-point scale ranging from 0 = “not at all” to 3 = “nearly every day,” and referred to feelings over the prior two weeks. Scores ranged between 0 and 27 and cut off scores were used to indicate the presence and degree of depression in the participants. A score of 0 indicates no symptoms; 1 to 4 indicates minimal depression; 5 to 9 indicates mild depression, 10 to 14 indicates moderate depression, while 15 to 27 indicates severe depression. Cronbach’s alpha for the 9-item measure was .88 ($M = 12.99$, $SD = 6.73$). If participants endorsed any of the items, they were then asked to respond to the final item which assessed how difficult these problems had made it to work, take care of things at home, or get along with other people on a scale ranging from 0 = “not difficult at all” to 3 = “very difficult.”

Anxiety. The 7-item Generalized Anxiety Disorder measure (GAD-7) was used to assess anxiety (Spitzer et al., 2006). Responses were recorded in reference to the individuals’ feelings over the prior two weeks using a scale ranging from 0 = “not at all” to 3 = “nearly every day.” Scores ranged between 0 and 21 and cut off scores were used to indicate the presence and degree of anxiety in the participants. A score of 0 indicates no symptoms; 1 to 4 indicates minimal anxiety; 5 to 9 indicates mild anxiety, 10 to 14 indicates moderate anxiety, while 15 to 21 indicates severe anxiety. Cronbach’s alpha for the 7-item measure was .91 ($M = 12.16$, $SD = 6.28$). If participants endorsed any of the items, they were then asked how difficult these problems had made it to work, take care of things at home, or get along with other people using a scale ranging from 0 = “not difficult at all” to 3 = “very difficult.”

Post-traumatic stress disorder (PTSD) symptomatology. The 10-item Trauma Screening Questionnaire (TSQ) assessed for PTSD (Brewin et al., 2002). This brief measure has been found to be an excellent predictor of the development of PTSD across different victims of various traumatic events, including crimes. Participants responded to questions regarding physical and emotional responses to trauma that may indicate PTSD development (e.g., upsetting thoughts or memories about the event that have come into your mind against your will). They were asked to think about their reactions to the abuse they had experienced, and to indicate yes/no (coded as 0 = “no” and 1 = “yes”) if they had experienced any of the symptoms at least twice in the prior week. Scores could range from 0 to 10; a score of 6 or higher indicates the presence of post-traumatic stress disorder in the participants. Cronbach’s alpha for the 10-item measure was .75 ($M = 6.88$, $SD = 2.48$).

Substance misuse. The widely used CAGE –AID tool was used to assess substance misuse (Ewing, 1984). Response options are yes/no (coded as 0 = no and 1 = yes). The original tool includes four questions necessary to ascertain alcohol and illicit drugs use such as “Have you ever felt you ought to cut down on your drinking or drug use?” The items were modified for the current study to include 8 items – four questions assessing drug use (e.g., “Have you ever felt you ought to cut down on your drug use”) and four questions assessing alcohol use (e.g., “Have you ever felt you ought to cut down on your drinking”). Cronbach’s alpha for the full measure was .75.

To measure alcohol misuse participants were first asked if they drank any alcohol in the prior six months. If they did not, they received a score of 0. If they did drink any alcohol they were asked the four CAGE questions. The same process applied for measuring drug misuse. For each of the subscales (4 items measuring alcohol use and 4 items measuring drug use) 2 or more positive answers are considered an indication of misuse. Cronbach’s alpha for the items measuring alcohol misuse was 0.74 ($M = 0.38$; $SD = 0.91$). Cronbach’s alpha for the items assessing drug misuse was .67 ($M = 0.58$; $SD = 1.18$).

Social Support

Social support was measured using the 6-item Medical Outcomes Study Social Support Survey (MOS-SSS-6) developed by Holden et al., (2014). The scale has been found in numerous prior studies, including one validating the scale in Spanish, to be highly reliable (Gomez-Campelo et al., 2014; Sherbourne & Stewart, 1991). The items consisted of questions regarding how confident the survivors feel about others in their lives that could support them in times of need (e.g., How much of the time would you say you currently have someone in your life who could take you to the doctor?) The 5-point Likert scale ranged from: 1 = “none of the time” 2 = “a little of the time,” 3 = “some of the time,” 4 = “most of the time,” and 5 = “all of the time.” Cronbach’s alpha was .90 ($M = 3.28$, $SD = 1.15$).

Emotions and Mood

The 20-item Modified Differential Emotions Scale (mDES) (Fredrickson et al., 2003) was used to measure survivors' various emotions and moods over the prior 24 hours. The scale contains 20 questions across two subscales (10 based on positive emotions and 10 based on negative emotions). Items included "What is the most amused, fun-loving, or silly you felt?" and "What is the most hate, distrust, or suspicion you felt?" Participants were asked to indicate the 'greatest amount' they had experienced of various feelings using a 5-point scale (0= "not at all," 1 = "a little bit," 2 = "moderately," 3 = "quite a bit," and 4= "extremely"). Cronbach's alpha for the 10 items measuring positive emotions was 0.91. Mean score at baseline for these items was 2.14 ($SD = .97$) such that higher scores indicate more positive emotions. Cronbach's alpha for items measuring negative emotions was .90. Mean score at baseline for these items was 1.80 ($SD = .99$) such that higher scores indicate more negative emotions. A total scale score is not computed for the mDES.

Safety-Related Empowerment

The 13-item Measure of Victim Empowerment Related to Safety (MOVERS) scale (Goodman et al., 2015) was used to examine the actions survivors may take in order to stay safe from domestic violence and how those relate to survivors' own feelings of empowerment. The scale consists of three subscales: internal tools (e.g., "I know what my next steps are on the path to keeping safe"), trade-offs (e.g., "I have to give up too much to feel safe"), and expectations of support (e.g., "I feel comfortable asking for help to keep safe"). Participants responded using a 4-point Likert scale (0 = "not true at all," 1 = "a little true," 2 = "somewhat true," and 3 = "very true"). The three "trade-off" items were reverse coded so that higher scores indicate greater empowerment. Cronbach's alpha for the full measure was .72 ($M = 2.06$; $SD = .59$). Cronbach's alpha for the 6-item internal tools subscale = .81, Cronbach's alpha for the 3-item trade-offs subscale was = .69, and Cronbach's alpha for the 4-item expectations of support subscale was = .81.

Children's Well-being

Survivors were asked a number of questions about their children overall. They were asked if any of their children had to change schools because of the parent having to move in the prior six months, whether child welfare services had opened a case against the parent in the prior six months, whether any children had been removed from the home by child welfare, and whether any children had been returned to the home by child welfare. Additional questions were asked about one randomly chosen child in the family. If a participant had one child between 5 and 15, questions pertained to that child. If a participant had more than one child between the age of 5 and 15, the interviewer randomly chose a child from the family, using a pre-populated form that randomized children by birth order in the family. This ensured that the sample was not overly populated by oldest children or youngest children in the family. Once a child was randomly chosen, they were the only child asked about across all subsequent interviews.

Demographics of randomly chosen child. Once a child was chosen for additional questions, interviewers asked for the child's race/ethnicity, gender identification, whether the child had ever been in foster care (and for how long), and their grade in school. Children's relationship to the abusive partner/ex-partner was also obtained.

Academic attendance and achievement. At each interview time point, participants were asked if the randomly chosen child's academic performance had declined, stayed the same, or improved over the prior 6-months. They were asked how many days the child had missed from school over the prior 6-months, and were then asked to specify how many of those days were due to the survivor's experience with IPV.

Behavioral problems and socio-emotional skills. The 25-item Child Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), which is a brief behavioral screening instrument, was used to assess the positive and negative attributes of the randomly chosen children in the study. Participants responded using a 3-point Likert scale (0 = "not true," 1 = "somewhat true," and 2 = "certainly true"). The Pro-social Behaviors subscale measures positive behaviors, and Cronbach's alpha was .73 ($M = 8.31$; $SD = 1.90$). The total score on this subscale can range from 0-10, with higher scores indicating higher pro-social behaviors. Scores from 0-5 are considered very low, a score of 6-7 is considered low, and scores 8-10 are "close to average" or "normal."

The other items measure problem behaviors. Total scale scores can range from 0-40, with higher scores indicating higher negative behaviors. Scores under 14 are considered "normal," or "close to average." Scores 14-16 are considered slightly raised, and scores 17-19 are considered high. Scores 20-40 are considered very high, or "abnormal." Cronbach's alpha for the Problematic Behaviors scale was .85.

Service Needs at Baseline

In the baseline interviews, participants responded to 14 questions about the kinds of services they were looking to get from the agency in a yes/no format. These services included: 1) Housing, 2) Employment, 3) Education, 4) Financial Help, 5) Legal Assistance, 6) Childcare, 7) Counseling, 8) Transportation, 9) Healthcare, 10) Issues for children (besides childcare), 11) Food, 12) Clothing, 13) Increasing social support, and 14) Other material goods/services.

Services Received

At the 6-month follow-up period, along with the other follow-up time periods (12-month, 18-month, and 24-month), participants were asked if they received any services from the recruitment agency in the prior six months. If they said no, they were asked whether this was their choice or the agency's, and how they felt about not working with the agency. If the participant answered that they received services, they were then asked what services they received (e.g., counseling, support groups, shelter, transitional housing, advocacy,

referrals). They were also asked if a staff member helped them “work on housing and getting other things” they needed from the community. An affirmative answer to this question led to numerous follow-up questions regarding how often they had been in touch with this advocate, what they did together, how well they worked together, how much time they spent together, and satisfaction with the effort expended by the advocate. Participants’ responses to these questions were used, in conjunction with agency records about services and flexible funding provided, to determine who received the DVHF model and who received services as usual.

The extent to which services were trauma-informed and culturally relevant was measured by the 33-item **Trauma-Informed Practice Scale** (TIPS; Goodman et al., 2016), which includes the following subscales: Environment of Agency and Mutual Respect (9 items), Access to Information on Trauma (5 items), Opportunities for Connections (3 items), Emphasis on Strengths (3 items), Cultural Responsiveness and Inclusivity (8 items), and Support for Parenting (5 items). The TIPS is considered to have strong validity ($r = .35-.70$) and reliability across languages (English, $r = .86-.98$, Spanish, $r = .70-.96$).

Fidelity to the DVHF Model

The extent to which advocates personified the DVHF model (strengths-based, survivor-driven, knowledgeable about and able to connect to community resources, flexible) was measured by items created for the study. Participants were asked how satisfied they were with the amount of time the advocate had put in on their behalf (“not enough time” = 0, satisfied = 1, “too much time” = 3), as well as the amount of effort they had put in on their behalf (“very dissatisfied” = 0, “somewhat dissatisfied” = 1, “somewhat satisfied” = 2, “very satisfied” = 3).

The Index of Services Needed and Received (Sullivan et al., 2008) was used to examine the extent to which participants received help from their advocate with various issues they may have needed. They were first asked if they needed help in each of 16 areas (e.g., housing, transportation). If the person said yes, they were then asked if they received the help or not (dichotomous).

An 18-item fidelity measure asked about the participants’ perception of their advocates’ knowledge, expertise and behaviors. Items included asking about the extent to which the advocate “was knowledgeable about community resources,” “provided me with regular support,” and “helped me define and meet the goals I thought were important.” Responses options were 0= “not at all”, 1= “a little”, 2= “somewhat”, 3= “very much or a lot.”

Finally, participants were asked 12 items measuring the extent to which they felt they had achieved positive outcomes as a result of working with the advocate. Using the same response options (0= “not at all”, 1= “a little”, 2= “somewhat”, 3= “very much or a lot”), participants were asked, for example, if they were better able to get what they needed, if

they knew more about the community resources they might need, and if they felt better able to cope with the impact of domestic violence.

Advocate Surveys

During the 6-month interview, study participants were asked to provide the name of the primary advocate they worked with. The identified advocate was invited to complete a brief online survey about their work on behalf of that particular client. Advocates were not told what their clients reported during any interview.

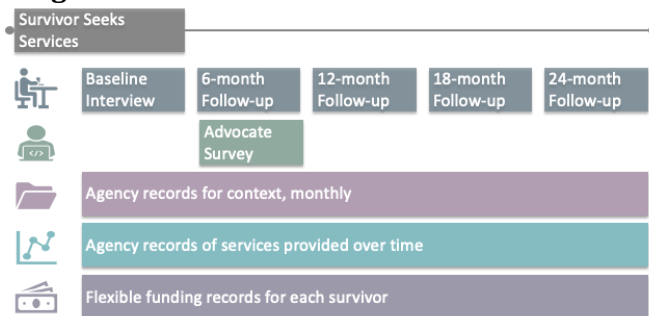
In addition to providing basic demographic and work background about themselves, advocates reported on the various housing barriers that their client has faced, and what services they provided to stabilize the client’s housing status, safety, and well-being. They were also asked to predict the likelihood of the survivors’ housing stability in the next six months as well as specific services and activities the survivor may require in the near future to secure and sustain safe and affordable housing. Information from advocates was collected using a web-based computer assisted self-interview (CASI) platform. This method was chosen so that advocates could complete the brief surveys at a time convenient to them, in a manner that was private and confidential.

Agency Records

Throughout the course of the study, all participating agencies provided service start and end dates for clients participating in the study, and documented which services were provided to them over time. All the participating agencies also systematically tracked their use of flexible funding, including when a survivor received funds, how much they received, and what specifically the funds were spent on.

Agencies also documented contextual information about their available resources. They reported, monthly, how many advocates they had available to provide DVHF, the average caseload of DVHF advocates, number of days they had shelter beds or transitional housing space available, how much money the agency had to provide flexible funding, and the number of permanent housing vouchers they had available in the prior month.

Figure 4. Evaluation data sources



COVID-19's Impact on the Study

The COVID-19 pandemic made data collection more challenging and may impact study findings. The outbreak in Washington State was first reported in late January 2020 (in King County), and the first death attributed to the virus was February 29 in King County. The first school closing occurred March 2, 2020, and on March 11 the World Health Organization declared COVID-19 to be a pandemic. Widespread school closings occurred March 16, which put a financial burden on families who were receiving free breakfasts and/or lunches. All baseline and 6-month interviews were completed by February 9, 2020. During the second week of March, we made the decision to stop any activities that involved face-to-face interactions, and only conducted interviews by phone after March 12, 2020. All of the baseline and 6-month interviews, as well as 80 percent of the 12-month interviews, occurred prior to March, 2020.

On October 8, 2020, the Seattle Times reported on Seattle's 15th domestic violence homicide, noting the spike in DV homicides – more than double the seven DV homicides from all of 2019. On November 16, 2020, Washington State's governor mandated a second full state shutdown due to a spike in cases. On June 30, 2021, Washington State reopened all operations with no restrictions, with the exception of indoor arenas holding over 10,000 people. All interviews with survivors were completed by August of 2021.

The myriad negative impacts of the pandemic on people's physical health, mental health, and financial stability may become evident in study findings. A positive impact on housing stability, however, may be attributed at least in part to the Federal Eviction Moratorium began on September 4, 2020, and extended through the end of data collection in August of 2021. The impact of COVID-19 on study findings will be analyzed and discussed in our final report.

6. DESCRIPTION OF THE SAMPLE

During the time of study recruitment, staff informed the research team about 597 clients who were likely eligible and who were interested in hearing more about the study. The researchers were able to reach 514 of these clients and tell them more about the study (86 percent). Recruiters determined that 76 of the 514 (15 percent) were ineligible for the study because they either had not experienced recent DV or were not either homeless or unstably housed. Thirty-two survivors (7 percent) declined to participate after hearing more (eight survivors specifically noted safety concerns). The final sample consisted of 406 participants (93 percent of the 438 eligible clients).

Participant Characteristics

Study participants were predominantly female (97 percent) and heterosexual (86 percent). Ages ranged from 19 to 62 years old, with an average of 34.5 years old. Within the sample,

35 percent were 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). Most participants (74 percent) had children they are currently responsible for.

The primary language for most survivors was English (80 percent). Immigrant survivors represented 18 percent of participants. Seventeen percent of all participants had been in foster care, a much higher percentage than the national average of 2.6 percent (Nugent et al., 2020). 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). Table 1 provides more detailed socio-demographics of the sample.

Table 1. Socio-Demographics of Sample at Baseline; N=406

	NUMBER	PERCENT
Age (Mean 34.5; SD = 9.02)		
Under 21	10	3
21 - 25	56	14
26 - 30	97	24
31 - 40	141	35
41 - 50	100	20
51 +	2	6
Gender		
Female	393	97
Male	9	2
Gender-queer / non-conforming	4	1
Sexual Orientation (n=405)		
Heterosexual	350	86
LQBQA	55	14
Race/Ethnicity (choose all that apply; n=405)		
Non-Hispanic White only	144	35
Hispanic/Latinx	142	35
Black/African	76	19
US Indigenous	48	12
Asian/Asian American	16	4
Middle Eastern	5	1
Multiracial/multiethnic	62	15
Citizenship		

	NUMBER	PERCENT
U.S. Citizen	331	82
Primary Language		
English	324	80
Foster Care		
In Foster Care as a Child	70	17
Parenting		
Parenting Minor Children	299	74
Employment		
Employed in the last 6 months	235	58
Household Gross Income Prior Year (n = 396)		
\$0	25	6
Under \$10,000	127	32
\$10,000 to \$14,999	49	12
\$15,000 to \$24,999	66	17
\$25,000 to \$34,999	47	12
\$35,000 to \$49,999	28	7
\$50,000 to 74,999	25	6
\$75,000 or more	29	7
Education		
Less than high school	117	29
High school graduate / GED	89	22
Vocational /training certificate	33	8
Some college	86	21
Associate degree	28	7
Bachelor's degree	35	9
Advanced degree	18	4
Housing History		
Stayed with family or friends in the past to avoid being homeless	353	87
Prior history of homelessness	298	73
Homeless as a child/adolescent	97	24

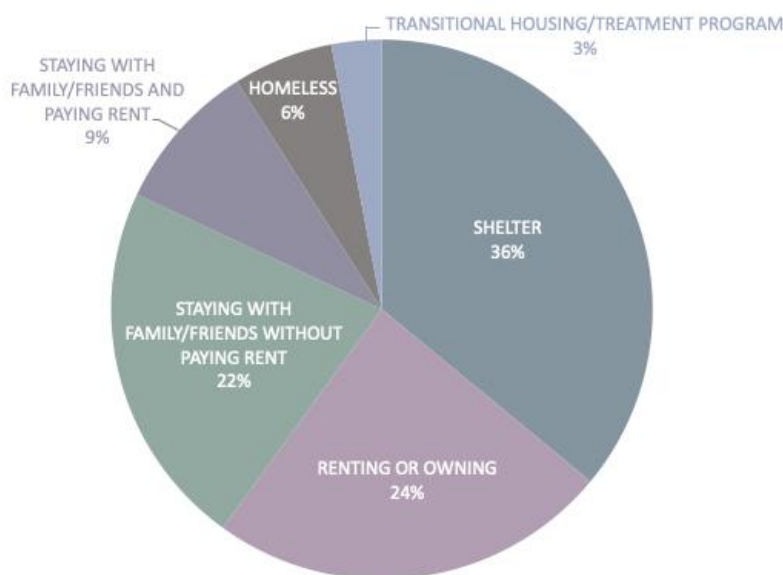
Experience of Abuse before Seeking Services

Survivors had experienced a range of domestic violence in the prior six months. Forms of abuse included emotional (96 percent), physical (93 percent), stalking (90 percent), economic (89 percent), and sexual (53 percent). Of the participants with children, a majority (89 percent) reported perpetrators using their child(ren) against them in the last six months.

Housing Status and History of Homelessness

As shown in Figure 5, at study entry, 42 percent of the participants were homeless (36 percent living in a shelter, and 6 percent unsheltered homeless). The other 58 percent of participants were unstably housed: Twenty two 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. Twenty four percent were in homes they either owned or were renting but reported being unstably housed (either due to safety issues and/or financial problems).

Figure 5. Housing status at baseline



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. Almost a third of those with a history of homelessness (33 percent), or 24 percent of the entire sample, had been homeless at least once before age 18. Most of the sample (87 percent) had stayed with family or friends at least once to avoid homelessness.

Experiences with Financial Instability before Arrival at Agency

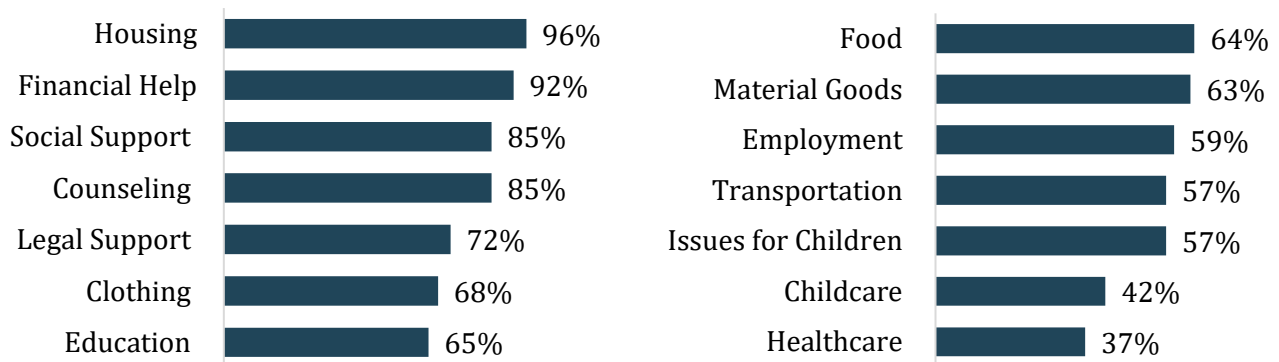
Over half of the participants had been employed (58 percent) at some point in the six months prior to participating in the study, but only 35 percent were employed at study entry. Of those who had lost their jobs in the prior six months, 70 percent reported it was due to the abuse they had experienced.

About two-thirds (66 percent) of the sample had household incomes below \$25,000 in the year before entering the study, and 90 percent reported having difficulty paying their bills in the prior six months. Nearly one-third (31 percent) of participants anticipated ‘often’ or ‘very often’ having to go without basic things to meet their family’s needs in the upcoming six months.

Participant Needs and Priorities at Entry into Agency

Toward the end of the baseline interview participants were asked if they were looking for brief or longer-term help from the agency they had reached out to. Specifically, they were asked: “Do you think that the kind of help you’re looking for from [agency name] is probably brief or short-term, you just need some fairly brief or immediate help, or longer-term help, more than brief help?” As illustrated by Figure 6, 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. The most prevalent were housing (96 percent); financial help (92 percent); counseling (85 percent); social support (85 percent); and legal assistance (72 percent).

Figure 6. Services needed from agency



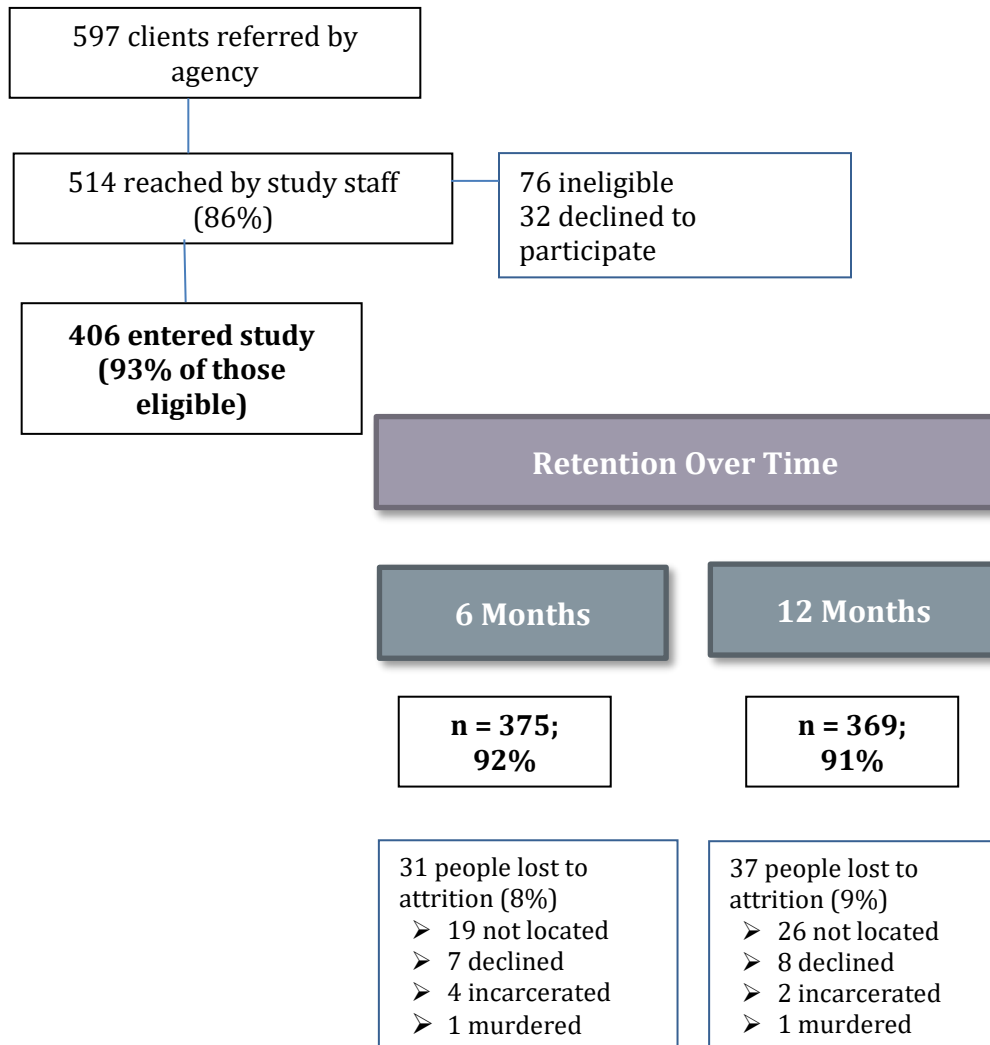
7. HELP RECEIVED OVER FIRST SIX MONTHS AFTER SEEKING SERVICES

Retention

Sample retention six months after baseline was 92 percent. Of the 31 participants who were not interviewed at the 6-month follow-up, we were unable to locate 19. An additional seven participants declined to be interviewed, and four were incarcerated and unable to be interviewed. One participant had been murdered by her ex-partner. These participants were comparable to those who were retained with regard to age, race, ethnicity, housing status at baseline, history of homelessness, abuse severity and number of children (see Appendix C for these analyses). The only difference between the groups was that those

retained in the study at six months were more likely to have received services (90 percent) compared to those not retained (61 percent), based on examining agency records. Findings are based on the 375 participants who completed both baseline and 6-month interviews.

Figure 7. Flow chart of study participants from recruitment through retention



Determining Who Received the DVHF Model

We followed several sequential steps to determine who received the DVHF model in the first six months after survivors reached out for help. First, we removed those who had received no services from the agency at all. Anyone who reported in their 6-month interview that they had received no services from the agency, and for whom there was no agency service data nor record of their having received flexible funding, were counted as “Received No Services.” There were 30 participants in this category (8 percent of the sample). We examined whether there were any baseline differences between those who received services and who did not receive services by race minority, age, number of children, housing status at baseline, history of homelessness, and abuse severity. The only significant differences between the groups related to housing status at baseline: those who had received services were more likely to be homeless, living in a shelter, or renting/owning their home compared to those who did not receive services (see Appendix D).

The 50 participants who reported that they had not worked with an advocate, but who received other services and for whom there was no record of their having received flexible funding, were counted as SAU. The SAU group can also include advocacy that is not housing-focused, so if someone said they worked with an advocate, but wanted and did not receive help with housing, they were also categorized as having received SAU. There were 74 people in this category. The SAU category included a total of 124 participants (33 percent of the sample).

The two pillars of the DVHF model we are focusing on in this study are flexible funding and mobile advocacy. Survivors could receive one or both to be considered as having received at least some form of DVHF. Between study entry and the 6-month interview, 39 people (10 percent) received flexible funding, but no housing-focused advocacy, and 64 (17 percent) received housing-focused advocacy but no flexible funding. The remaining participants in the DVHF group received both flexible funding and housing-focused advocacy (n=118; 31 percent).

In summary, then, 59 percent of participants received some level of DVHF, while 33 percent received services as usual and 8 percent received no services at all. Table 2 presents the breakdown of these categories.

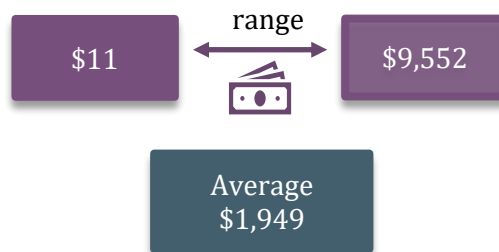
Table 2. Services Received in the First Six Months; N=375

	NUMBER	PERCENT OF TOTAL
No Services	30	8%
Services as Usual	124	33%
<i>No advocacy</i>	50	13.3%
<i>Advocacy but no housing help</i>	74	19.7%
DVHF	221	59%
<i>Flexible funding, no housing advocacy</i>	39	10.4%
<i>Advocacy only</i>	64	17.1%
<i>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 point¹. 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 (see Figure 8). Funds were used in a variety of ways to cover a myriad of expenses. As illustrated by Figure 9, 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). These expenses covered things such as security deposits (e.g., move-in costs), moving furniture from a storage unit to a new apartment (e.g., moving expenses), and application fees (e.g., housing prep).

Figure 8. Flexible Funding received between intake and 6-months

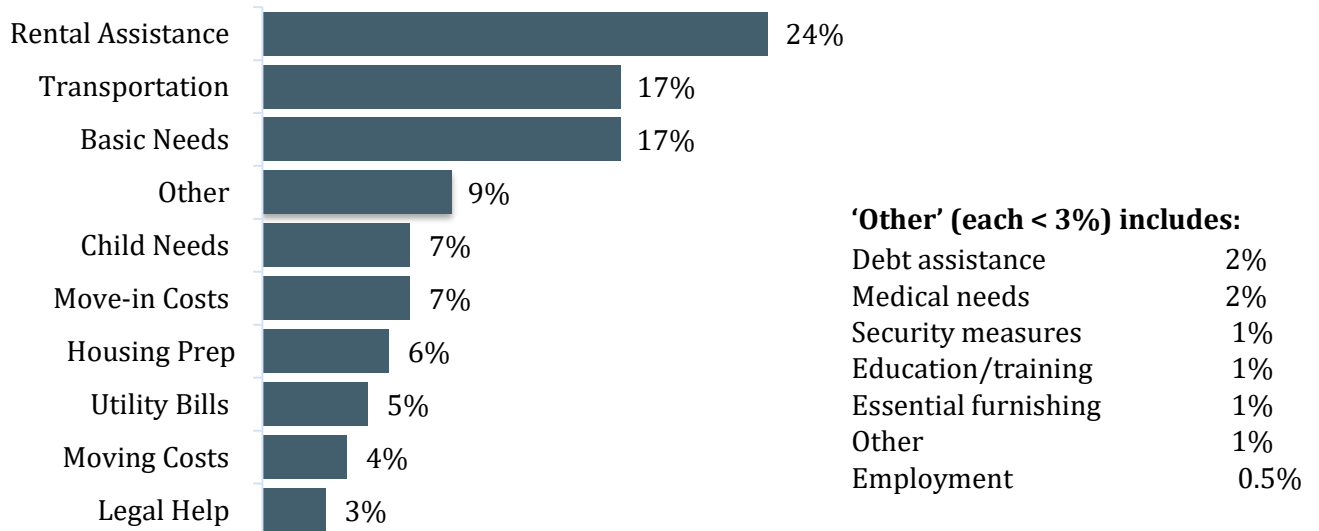


The next two highest categories of funding, after rental assistance, were transportation costs (17 percent) and basic needs (17 percent). Basic needs included such things as beds,

¹ Agency records are based on the full sample of 406 participants and not just the 375 who were interviewed at 6-months. There were 12 study participants who did not complete a 6-month interview, but who received flexible funding between intake and the 6-month time point.

household furnishings, groceries and personal care items. The accompanying figure presents a detailed breakdown of how agencies used their flexible funding.

Figure 9. How flexible funding was distributed in the first six months of the study



8. FINDINGS ACROSS TWELVE MONTHS

Retention

Sample retention twelve months after baseline was 91 percent (n = 369/406). Of the 37 participants who were not interviewed at the 12-month follow-up, we were unable to reach 26. An additional six declined to continue participating in the study, two declined to be interviewed at this time point, two were incarcerated and unable to be interviewed, and one had been murdered between baseline and 6-month follow-up. Eight participants who were not interviewed at the 6-month follow-up were regained into the study at the 12-month follow-up. Based on their agency records we determined that, between baseline and the 6-month interview, two had received no services, three had received services as usual, and three had received the DVHF model.

Those not retained in the study were comparable to those who were retained with regard to age, race, ethnicity, housing status at baseline, history of homelessness, abuse severity and number of children. The only difference between the groups was that those retained in the study at 12-months were more likely to have received services (92 percent) compared to those not retained (68 percent), based on examining agency records (see Appendix E).

Examining Continued Use of Services Twelve Months After Seeking Services

Fewer than half of the study participants (39 percent) 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 3).

Table 3. 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

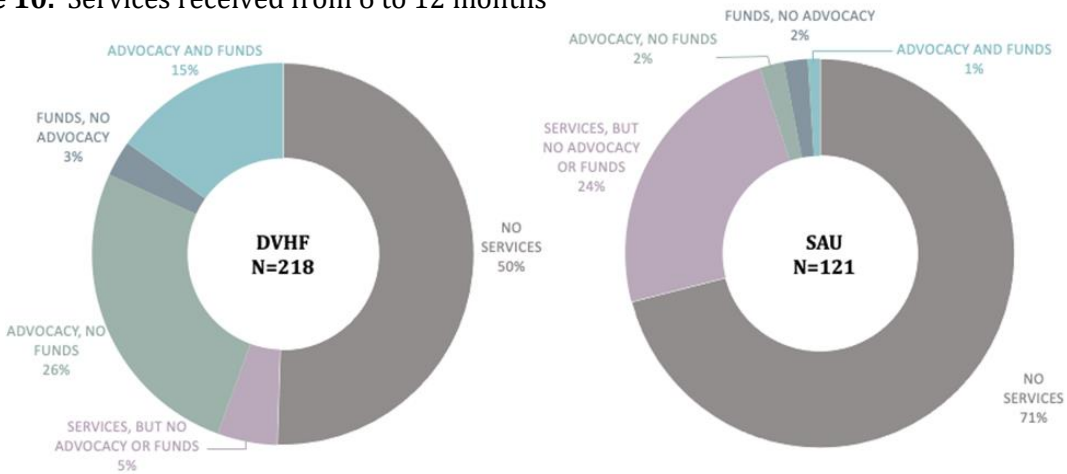
As shown, almost all of those who had received no services between baseline and 6-months (90 percent; 27 out of 30 people) continued to receive no services between 6-month and 12-month follow-up. The remaining three people received services from the agency but no advocacy nor funding.

Of the 121 participants who had received SAU during the first six months after seeking services, 35 (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 advocacy and/or funding between the 6-month and 12-month follow-up.

Half of the 218 participants who had received the DVHF intervention 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 within the 6-month to 12-month follow-up time frame. A small number of people received services but no advocacy or funding (5 percent), or funds but no advocacy (3 percent).

As shown in Figure 10, over half the sample were no longer receiving services between the 6-month and 12-month follow-up, given the short-term nature of DV agency services in general (Sullivan & Virden, 2017). A tenet of the DVHF model, however, is to offer services for as long as they are needed. While this is not always possible, given agency resource constraints, the data indicate that participants who had received DVHF between baseline and 6-month follow-up were more likely to have continued receiving services from the agency compared to those who had received SAU ($X^2(1, N = 339) = 18.52, p < .001$).

Figure 10. Services received from 6 to 12 months



Funding Received. A total of 267 disbursements were made to 53 of the study participants (13 percent) between the 6-month and 12-month time points. Total funding received by participants ranged from \$5 to over \$15,000 and averaged \$3,169 (Figure 11).

Fewer participants received funding between six and twelve months after first seeking services. As illustrated in Figure 12, 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.

Figure 11. Funding received between 6- and 12-months

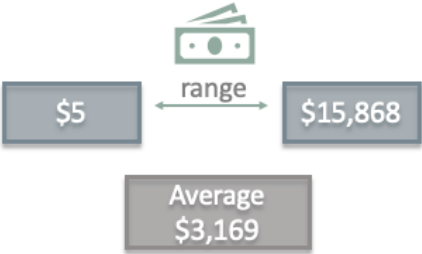
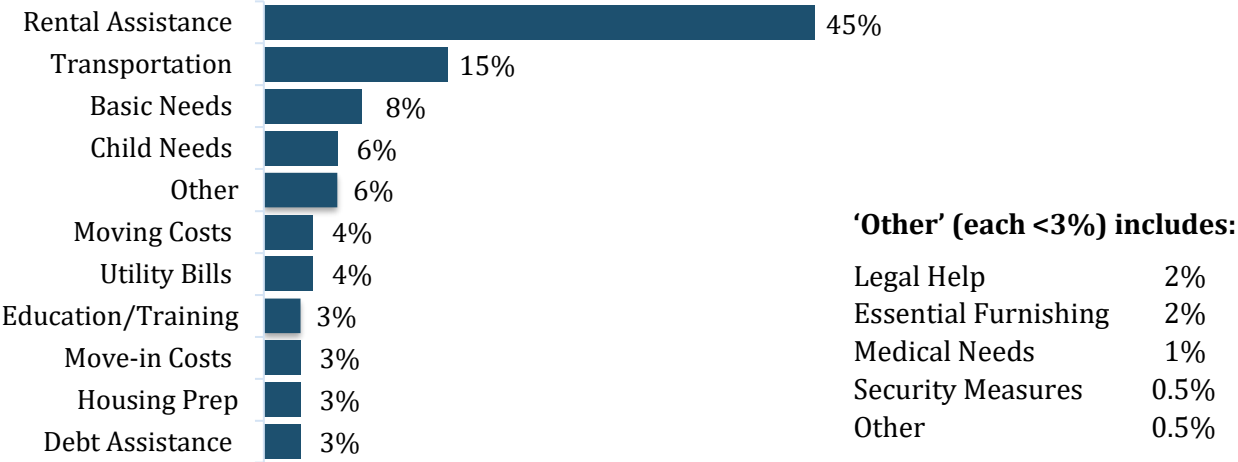


Figure 12. How flexible funding was distributed between 6 and 12 months



Longitudinal Analyses

Hypotheses were tested using structural equation modeling, comparing those who received the DVHF model with those receiving SAU.² Prior to testing hypotheses, several procedures were implemented to account for potential bias in the sample that could potentially impact findings. Because differences between the two groups at baseline could affect outcome trajectories if not controlled for, inverse-probability-weighted (IPW) estimators (Hernan & Robins, 2020) were included in the structural equation models as sampling weights. IPW estimators enabled us to account for selection bias by simultaneously estimating two models: a ‘treatment’ model that includes factors that increase the probability of receiving the intervention, and an ‘outcome’ model that includes factors associated with the outcomes (e.g., the intervention and other relevant covariates).³

To compute the IPW estimators, we first examined whether there were any meaningful baseline differences between those who received DVHF versus those receiving SAU. To accomplish this, logistic regressions examined 72 variables and scales (demographics as well as outcome variables and potential mediator or moderator variables). Participants who were not interviewed at 6-months but who were regained at the 12-month follow-up assessments were included when computing the IPW estimators and in the structural equation models. Fifteen potential predictors were found to be significantly different (all with small differences; see Appendix G). Thirteen of these predictors were included in the treatment model portion of the IPW estimator:

1. parenting children
2. living with the abuser
3. racial/ethnic minority
4. having been in foster care as a child
5. housing barriers
6. housing instability
7. staying with friends to avoid homelessness
8. inability to make ends meet
9. overall abuse
10. alcohol misuse
11. drug misuse
12. quality of life
13. the agency being in a rural area

² When only data from baseline and 6-months were available to the study team, we examined immediate outcomes using inverse-probability-weighted (IPW) estimators. Findings from these analyses can be found in Appendix F.

³ IPW first uses a logistic regression model to estimate a propensity score ($p(x)=P(T=1|X=x)$), or the probability of being in the intervention group based on relevant measured baseline covariates, for each individual. IPW then uses the inverse of the propensity score ($w(x)=1/p(x)$ for treated individuals and $w(x)=1/(1-p(x))$ for untreated individuals) as a weight when computing the predicted average of the outcome for each treatment group. Contrasting the averages for each treatment group provides the estimated treatment effect on the outcome.

The significant differences found at baseline suggest that, generally, those in DVHF had fewer barriers and greater assets at baseline compared to those who received SAU. Survivors who received DVHF were less likely to have lived with their abuser at baseline, were less likely to have been in foster care, less likely to report barriers to housing, less likely to stay with friends and family to avoid homelessness, were better able to make ends meet, experienced less abuse, were less likely to misuse drugs and alcohol, had higher quality of life, and had greater housing stability when compared to those who received services as usual. Those in the DVHF group were also more likely to identify as a racial minority, to be parenting children, and to have sought help from one of the urban agencies.

Two factors identified in the logistic regressions were omitted from IPW estimation: Seeking help with housing perfectly predicted cases, which would have resulted in their exclusion from the model; Stalking is a subscale of the Overall Abuse measure and the two baseline scores were highly correlated ($r = .811$). For models with child-related outcomes, the variable indicating whether the participant was a parent was omitted because only those who answered yes responded to child-related questions.

Linear regressions were then used to determine which of the 72 original covariates were associated with study outcomes. Twelve baseline covariates were found to be significantly predictive of outcomes and were included in the outcome portion of the IPW estimation:

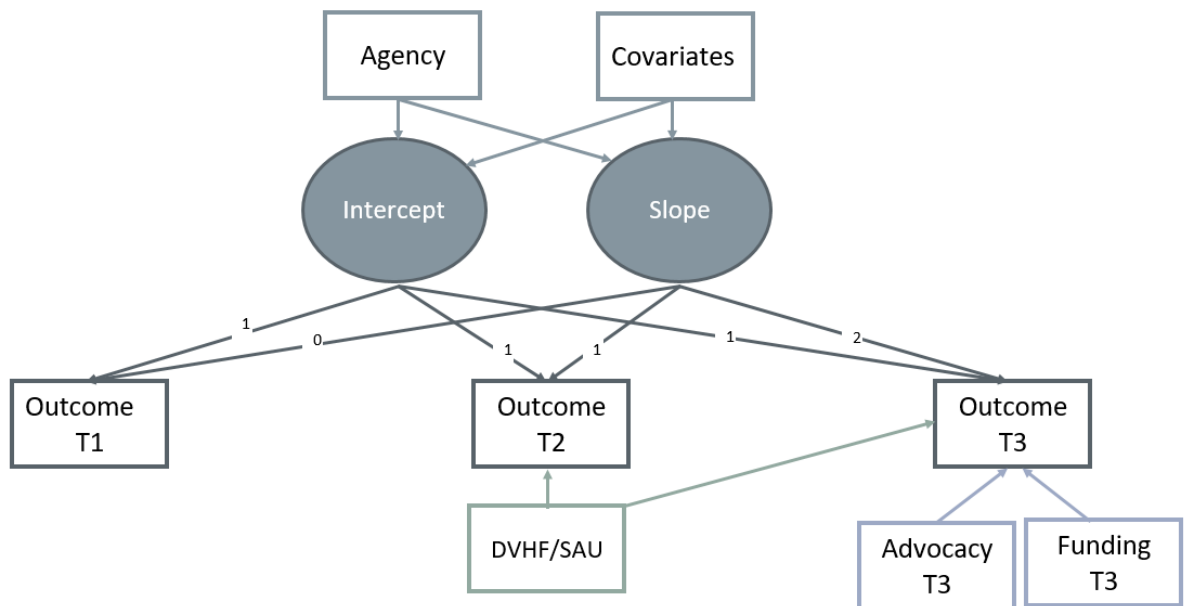
1. whether employed in last six months
2. education level
3. racial/ethnic minority
4. physical disability
5. whether a US citizen
6. number of days homeless across lifetime
7. having been in foster care
8. ability to read English
9. parenting children
10. financial difficulties
11. whether in a relationship with abuser
12. age

The twelve outcome-relevant covariates found in the linear regression analyses were submitted to a stepwise selection procedure (Gareth, Daniela, Trevor, & Robert, 2013) to narrow down the number of covariates included in the longitudinal analyses. The stepwise procedure is a data-based selection approach for identifying covariates that results in better performing models. The procedure consists of iteratively adding and removing covariates from a predictive model using a combination of a forward and backward selection approach. Specifically, the most contributive covariates are added sequentially to the model (i.e., forward selection). After each new variable is added to the model, the covariates that no longer contribute to the model fit are removed (i.e., backward selection). This process was conducted for each outcome at 12-months. The covariate selection process allowed for parsimonious outcome models to be tested across three time points. A

list of baseline covariates included in each outcome model can be found in Appendix H. When comparing outcome models with and without covariates, no changes in the relationships between study variables were found. We report the results of models with covariates (Tables 4-6), but Appendices I through K provide the models without covariates.

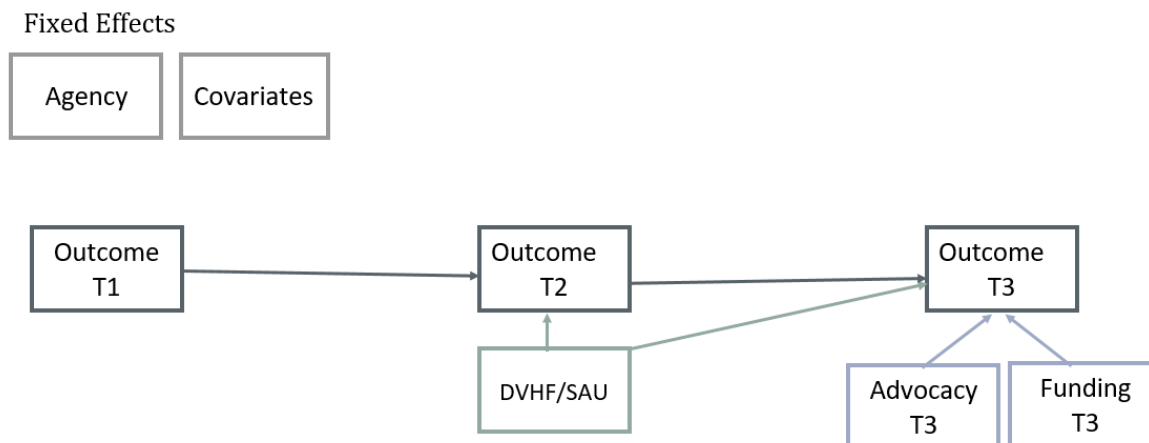
Two types of structural equation modeling were used to test hypotheses at 12-months: latent growth curve analyses and path modeling analyses. Latent growth curve analyses (see Figure 13) were used to compare changes between those who had received DVHF versus SAU across six months and twelve months on all outcomes except those measuring abuse. As shown in Figure 13, the latent slope of the growth curve model represents the trajectory for each participant on a respective outcome and the latent intercept represents the variability in each participant’s initial levels on the outcome.

Figure 13. Latent Growth Curve Model



Path model analyses (Figure 14) were conducted for all abuse outcomes (physical, sexual, emotional, and economic abuse; stalking; and use of children as a form of abuse) to account for the steep decline in abuse that occurred across the sample as a whole between baseline and six months.

Figure 14. Path Model



To account for the fact that survivors received services from different advocates, who worked within different agencies (i.e., survivors were nested within advocate who were nested within agency) cluster-robust standard errors (CR-SEs) were used. Specifically, agency was treated as a fixed effect across all models (as agency does not change), and the clustering by advocate was accounted for by obtaining standard errors that reflect the nature of these clusters (McNeish et al., 2017; McNeish & Kelley, 2019). IPWs were included as sampling weights to compare those who had received DVHF versus SAU between baseline and six months. Additionally, two variables capturing whether participants received funding and/or advocacy between six and twelve months were entered into the models as time-varying covariates to account for their potential influence on outcomes. Models also controlled for the levels of each outcome at baseline. All longitudinal analyses were conducted in R 4.1. (R Core Team, 2021) using the lavaan package (Rosseel, 2012). Missing data were handled through full informational maximum-likelihood estimation. Complete results can be seen in Tables 4 through 6.

Change Across Twelve Months

A number of significant group differences were found, all favoring those who had received DVHF. All effect sizes were small. Figure 15 below presents a summary of the group differences. 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.

Figure 15. Outcome group differences at 6- and 12- months

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

No group differences were found for financial difficulties⁴, drug misuse, sexual abuse, or stalking at either 6-months or 12-months. However, the combined sample of participants demonstrated improvements in financial difficulties and stalking over time.

The secondary hypothesis at twelve months was that children whose parents received the DVHF model would experience positive outcomes as well. 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 immediate 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 significant improvement in school attendance.

⁴ As described in the Measures section, financial stability was measured with three different scales: financial strain, inability to make ends meet, and financial difficulties.

Table 4. Growth Curve Results Comparing DVHF and SAU at Twelve-Months (N=345)

Outcome	b	β	SE	p-value	95% CI		Model Fit Indices			
					Lower bound	Upper bound	χ^2	p	CFI	RMSEA
Housing stability*										
6 months	-0.818	-0.205	0.168	<0.001	-1.147	-0.489	34.235	0.008	0.996	0.066
12 months	-1.026	-0.248	0.194	<0.001	-1.407	-0.645				
Financial stability										
<i>--Inability to make ends meet</i>										
6 months	-0.274	-0.073	0.123	0.025	-0.515	-0.034	39.434	<0.001	0.996	0.068
12 months	-0.107	-0.027	0.218	0.624	-0.535	-0.321				
<i>--Financial strain</i>										
6 months	-0.228	-0.108	0.078	0.003	-0.381	-0.076	20.103	0.168	0.960	0.035
12 months	0.047	0.023	0.078	0.543	-0.105	0.200				
<i>--Financial difficulties</i>										
6 months	0.015	0.010	0.060	0.800	-0.103	0.134	23.531	0.052	0.955	0.045
12 months	0.045	0.028	0.075	0.545	-0.101	0.192				
Quality of Life										
6 months	0.267	0.105	0.087	0.002	0.096	0.438	19.151	0.118	0.985	0.038
12 months	-0.001	-0.000	0.108	0.993	-0.212	0.210				
Mental health										
<i>--Depression</i>										
6 months	-1.942	-0.147	0.580	0.001	-3.079	-0.805	17.854	0.465	1.000	0.000
12 months	-1.030	-0.079	0.558	0.065	-2.124	0.064				
<i>--Anxiety</i>										
6 months	-1.612	-0.130	0.526	0.002	-2.642	-0.581	18.423	0.300	0.990	0.024
12 months	-1.250	-0.100	0.712	0.079	-2.647	0.146				
<i>--PTSD*</i>										
6 months	-0.654	-0.110	0.279	0.019	-1.201	-0.106	31.655	0.011	0.949	0.052
12 months	-0.826	-0.134	0.398	0.038	-1.606	-0.047				
Substance misuse										
<i>--Drug misuse</i>										
6 months	-0.112	-0.065	0.067	0.093	-0.243	0.019	28.172	0.043	0.946	0.045
12 months	-0.092	-0.052	0.104	0.377	-0.296	0.112				
<i>--Alcohol misuse</i>										
6 months	-0.228	-0.152	0.080	0.004	-0.385	-0.071	17.178	0.308	0.999	0.024
12 months	-0.155	-0.089	0.100	0.121	-0.352	0.041				
Safety-related empowerment										
6 months	0.133	0.114	0.049	0.006	0.037	0.228	34.864	0.004	0.948	0.067
12 months	0.183	0.165	0.043	0.000	0.099	0.267				

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported.

* $p < 0.05$; ** $p < 0.005$; *** $p < 0.001$.

Table 5. Child Outcomes Growth Curve Results Comparing DVHF and SAU at Six and Twelve-Months (N=145)

Outcome	b	β	SE	p-value	95% CI		Model Fit Indices			
					Lower bound	Upper bound	X^2	p	CFI	RMSEA
Behavior problems										
6 months	-1.470	-0.090	0.953	0.123	-3.337	0.397	16.266	0.435	0.999	0.011
12 months	-0.310	-0.018	1.069	0.772	-2.405	1.786				
Pro-social behavior*										
6 months	0.704	0.164	0.219	0.001	0.276	1.133	11.695	0.631	1.000	0.000
12 months	0.727	0.177	0.320	0.023	0.101	1.354				
School performance										
6 months	0.180	0.113	0.079	0.023	0.025	0.336	21.271	0.214	0.904	0.041
12 months	0.047	0.032	0.140	0.738	-0.228	0.322				
School attendance										
6 months	1.413	0.081	1.173	0.228	-0.885	3.712	55.577	<0.001	0.969	0.1.69
12 months	2.654	0.112	1.724	0.124	-0.724	6.032				

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported.

* $p < 0.05$; ** $p < 0.005$; *** $p < 0.001$.

Table 6. Path Model Results Comparing DVHF and SAU at Twelve-Months (N=345)

Safety Outcomes	b	β	SE	p-value	95% CI		Model Fit Indices			
					Lower bound	Upper bound	X^2	p	CFI	RMSEA
Abuse Total Score										
6 months	-0.039	-0.026	0.078	0.621	-0.192	0.115	1.297	0.972	1.000	0.000
12 months	-0.160	-0.127	0.070	0.022	-0.297	-0.023				
--Physical abuse										
6 months	0.047	0.039	0.064	0.457	-0.077	0.172	7.455	0.281	0.988	0.026
12 months	-0.141	-0.144	0.060	0.019	-0.259	-0.023				
--Emotional abuse										
6 months	-0.015	-0.008	0.095	0.872	-0.201	0.171	1.367	0.968	1.000	0.000
12 months	-0.214	-0.132	0.095	0.025	-0.400	-0.027				
--Sexual abuse										
6 months	-0.003	-0.002	0.073	0.967	-0.147	0.141	7.417	0.284	1.000	0.026
12 months	-0.061	-0.058	0.047	0.192	-0.153	0.031				
--Stalking										
6 months	-0.160	-0.056	0.196	0.415	-0.544	0.224	2.703	0.845	1.000	0.000
12 months	-0.206	-0.085	0.105	0.051	-0.412	0.001				
Economic Abuse										
6 months	-0.077	-0.044	0.135	0.567	-0.324	0.187	7.679	0.263	1.000	0.030
12 months	-0.129	-0.088	0.063	0.040	-0.252	-0.006				
Use of children										
6 months	-0.077	-0.031	0.132	0.562	-0.335	0.182	10.864	0.093	0.982	0.064
12 months	-0.186	-0.076	0.093	0.045	-0.368	-0.004				

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported.

9. 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.

Positive changes emerged as a result of having received DVHF 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.

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 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, this is a very promising finding. While the "services as usual" that DV agencies provide may positively impact survivors' safety and well-being (Sullivan, 2018), providing mobile advocacy and flexible funding appears to be especially salient in achieving stable housing. This finding supports an earlier study that noted improvements in housing stability among IPV survivors who received financial assistance (Sullivan, Bomsta, et al., 2019).

Survivors across both groups noted a steep and significant decline in violence between baseline and six months. This may reflect positively on DV services as a whole, although we cannot definitively conclude this in the absence of participants who did not seek help. There is, however, evidence that DV agency staff make a difference in the lives of survivors by engaging with them in safety planning and working on their behalf for both personal and systems change (Bennett et al., 2004; Davies & Lyon, 2013; Goodman & Epstein, 2008; Sabri et al., 2021; Sullivan & Virden, 2017). Over and above the potentially positive impact of services as usual, however, DVHF may lead to greater safety over time. While the longitudinal analyses did not reveal any group differences on abuse at 6-months (with both groups showing a steep decline), a significant difference at 12-months emerged favoring those in the DVHF group on physical abuse, emotional abuse, economic abuse, and use of the children as an abuse tactic. This "delayed" outcome is intriguing and needs additional exploration. It could be that certain changes occurring in the first six months after approaching services (e.g., in housing stability and/or mental health) then led to less abuse

in the next six-month time frame. In upcoming longitudinal analyses incorporating 18-months and 24-months we will examine different moderation and mediation models to unpack this change further.

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. This is a potentially important finding, given the robust evidence linking domestic violence with mental health symptomatology (Beydoun et al., 2012; Reese et al., 2011). Interventions that can increase housing stability and safety, while decreasing mental health problems, will be of special interest to community-based programs. 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 across time compared to parents receiving services as usual. 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 themselves, it is important to interpret this finding with caution.

While these findings are promising, it will be important to examine whether the DVHF model works better for some survivors than for others, and whether impacts persist over time. Further, 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.

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11. APPENDICES

Appendix A: Baseline Interview

1. Participant ID#: _____

2. Name of organization that recruited this participant:

LifeWire	1
Lower Valley Crisis and Support Services	2
New Beginnings	3
YWCA of Yakima	4

3. Please indicate what month was six months ago.

H1. INTERVIEWER: INDICATE HERE WHETHER PARTICIPANT IS STAYING IN THE AGENCY'S RESIDENTIAL SHELTER OR TRANSITIONAL HOUSING:

Yes, staying at agency's residential shelter	1
Yes, staying in transitional housing	2
Yes, staying in another agency's residential shelter	3
No	0

Thank you very much for taking part in this study. Now that we have gone over the consent form, I want to let you know about some of the questions we'll be asking. We want to get to know a little bit more about you and your experiences relating to housing as well as the abuse you may have experienced. Before we get into the interview, I have a few general questions to get an idea of who is taking part in this study.

D1. How old are you? Years: ____

D2. What is your race or ethnic background? [INTERVIEWER: PLEASE MAKE SURE TO CHECK ALL THAT APPLY.]

African American/Black	1
African	2
Asian/Asian American	3
Cambodian	4
Chinese	5
Japanese	6
Korean	7
Filipin@	8
Indian/South Asian	9
Vietnamese	10
Hispanic/Latin@	11
Native American/American Indian	12

Native Alaskan	13
Native Hawaiian/Pacific Islander	14
Middle Eastern	15
White/Anglo-American	16
Other: _____	17

D3. What is your primary language?

English	1
Spanish	2
Chinese	3
Urdu	4
Vietnamese	5
Arabic	6
French	7
Tagalog	8
Russian	9
Alaskan Native (Please specify: _____)	10
Other (Please specify: _____)	11

D3a. How well do you read English? Would you say...

Not at all	0
Not well	1
Okay	2
Very well	3

D3b. How well do you write English? Would you say...

Not at all	0
Not well	1
Okay	2
Very well	3

D4. What sex were you assigned at birth? [Interviewer instructions: do not read these options]

Female	1
Male	2
Other:	3

D4a. How do you describe your gender identity?

Female/woman	1
Male/man	2
Male-to-female Transgender (MTF)	3
Female-to-male Transgender (FTM)	4
Genderqueer/Gender non-conforming	5

Prefer to self-describe as:	6
-----------------------------	---

D5. How would you describe your sexual orientation? [Interviewer instructions: do not read these options]

Heterosexual	1
Lesbian/Gay	2
Bisexual/pansexual/queer	3
Asexual	4
Questioning/unsure	5
None of these describe me accurately - I identify as:	6

I will be asking some questions later in the interview about the person who abused you. We know that sometimes people have experienced abuse from more than one person, but for this interview we want to focus on the person whose abuse most recently caused you to seek help at [ORG NAME]. Let's start with a few basic questions about that person.

AD1. Can I please get their first name, or nickname, so I can refer to them by that?

AD2. What sex was [ABUSER NAME] assigned at birth? [Interviewer instructions: do not read these options]

Female	1
Male	2
Other:	3

D2a. How does [ABUSER NAME] describe their gender identity?

Female/woman	1
Male/man	2
Male-to-female Transgender (MTF)	3
Female-to-male Transgender (FTM)	4
Genderqueer/Gender non-conforming	5
Prefer to self-describe as:	6

AD3. What is [ABUSER'S NAME] race or ethnic background? [INTERVIEWER: PLEASE MAKE SURE TO CHECK ALL THAT APPLY]

African American/Black	1
African	2
Asian/Asian American	3
Cambodian	4
Chinese	5
Japanese	6
Korean	7
Filipin@	8
Indian/South Asian	9
Vietnamese	10

Hispanic/Latin@	11
Native American/American Indian	12
Native Alaskan	13
Native Hawaiian/Pacific Islander	14
Middle Eastern	15
White/Anglo-American	16
Other: _____	17

AD4. Has [ABUSER'S NAME] ever been or is (A) currently in the military, including National Guard?

They are currently in the military/National Guard.	1	← GO TO AD4a.
They were formerly in the military/National Guard.	2	← GO TO AD4a.
They have never been in the military/National Guard.	0	← SKIP TO AD5

AD4a. Is [ABUSER'S NAME] receiving any housing benefits available to people who have been in the military?

No	0
Yes	1
Don't know	77

AD5. Does [ABUSER'S NAME] currently live with you?

No	0
Yes	1

AD6. Are you currently in a romantic or intimate relationship with [ABUSER'S NAME]?

Not in a relationship	0
In a relationship	1

AD6a. What is your current relationship with [ABUSER'S NAME] now?

Married.....	1
Married, separated.....	2
Divorced.....	3
Girl/boyfriend.....	4
Ex-girlfriend/ex-boyfriend.....	5
Dating, but not girl/boyfriend.....	6
Friends.....	7
Other _____	8

AD7. How long have you been in or were you in a relationship with [ABUSER'S NAME]?

Number of years: _____
 Number of months: _____
 Number of days: _____

AD7a. [ONLY ASKED IF NO LONGER IN A RELATIONSHIP] How long ago did the relationship with [ABUSER'S NAME] end?

Number of years: _____
 Number of months: _____
 Number of days: _____

AD8. [ONLY ASKED IF NOT IN A CURRENT ROMANTIC RELATIONSHIP WITH ABUSER.] Are you currently in a romantic or intimate relationship with someone else?

GO TO AD5c. →	No	0
SKIP TO AD6. →	Yes	1
	Don't know	77

AD8a. What is their name? I'm only going to use it to ask a couple of questions later on in this interview.

GENERAL HEALTH [Ware, Kosinski, Dewey, & Gandek, 2001]

HE1. Okay, now I have a few questions about your health and how you're doing. In general, how would you rate your overall physical health? [INTERVIEWERS, READ THE RESPONSE OPTIONS ALOUD.] Would you say:

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	5

DEPRESSION -- PHQ-9 [Kroenke, Spitzer, & Williams, 2001]

HE2. For these next questions, we would like to know how you have been feeling over **the past two weeks**. Using this card (#1), please tell me the number that best describes how often you have been bothered by any of the following problems. [INTERVIEWER: RECORD A SCORE FOR EACH ITEM.]

0	Not at all
1	Several days
2	More than half the days
3	Nearly every day

So how often have you felt...

a.	Little interest or pleasure in doing things.....	
b.	Feeling down, depressed, or hopeless.....	
c.	Trouble falling asleep, staying asleep, or sleeping too much.....	
d.	Feeling tired or having little energy.....	
e.	Poor appetite or overeating.....	
f.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down.....	
g.	Trouble concentrating on things such as reading the newspaper or watching television.....	
h.	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.....	
i.	Thoughts that you would be better off dead, or of hurting yourself.....	

[INTERVIEWER: IF PARTICIPANT ANSWERED 1 OR HIGHER TO ANY QUESTION ABOVE; COMPLETE QUESTION HE2a. IF PARTICIPANT DID NOT ANSWER 1 OR HIGHER TO ANY QUESTION ABOVE; SKIP QUESTION HE2a. AND MOVE ON TO HE3.]

HE2a. And using this card (#2), how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	0
A little difficult	1
Somewhat difficult	2
Very difficult	3

ANXIETY -- GAD-7 (Spitzer, Kroenke, Williams, & Lowe, 2006)]

HE3. And again, thinking about how you have been feeling over **the past two weeks**, using this card (#1) please tell me how often you have been bothered by any of the following problems?

[INTERVIEWER: RECORD A SCORE FOR EACH ITEM A THROUGH G.]

0	Not at all
1	Several days
2	More than half the days
3	Nearly every day

a.	Feeling nervous, anxious, or on edge...	
b.	Not being able to stop or control worrying.....	
c.	Worrying too much about different things.....	
d.	Trouble relaxing.....	
e.	Being so restless that it is hard to sit still.	
f.	Becoming easily annoyed or irritable....	
g.	Feeling afraid as if something awful might happen.....	

HE3a. And using this card (#2), how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	0
A little difficult	1
Somewhat difficult	2
Very difficult	3

PTSD -- TRAUMA SCREENING QUESTIONNAIRE (*Brewin et al., 2002*)]

HE4. Now I'm going to mention a few reactions that sometimes happen after a traumatic event and which might or might not be some of your personal reactions to the **abuse you've experienced**. I'd like to know whether you have experienced any of the following **at least twice in the past week**. Just tell me 'yes' or 'no.'

		Yes (1)	No (0)
a.	Upsetting thoughts or memories about the event that have come into your mind against your will		
b.	Upsetting dreams about the event		
c.	Acting or feeling as though the event were happening again		
d.	Feeling upset by reminders of the event		
e.	Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
f.	Difficulty falling or staying asleep		
g.	Irritability or outbursts of anger		
h.	Difficulty concentrating		
i.	Heightened awareness of potential dangers to yourself and others		
j.	Being jumpy or being startled at something unexpected		

Now I'd like to talk a little about any children you may be responsible for.

CH1. How many children under the age of 18 are you parenting and currently responsible for?

[INTERVIEWER: If no children, skip to FINANCES SECTION.]

CH2. What are the ages of the children under the age of 18 you are parenting or currently responsible for?

	a. What is their age?	b. Do they live with you at least 50% of the time or more? (Y/N)
Child 1	1a. Age: _____	
Child 2	2a. Age: _____	
Child 3	3a. Age: _____	
Child 4	4a. Age: _____	
Child 5	5a. Age: _____	
Child 6	6a. Age: _____	

Child 7	7a. Age: _____	
Child 8	8a. Age: _____	
Child 9	9a. Age: _____	
Child 10	10a. Age: _____	

CH2a. Now I'm going to ask about things that have happened in the last 6-months. So, 6-months ago would have been _____ [INTERVIEWER: enter month]. Was there an important event or something significant or memorable that happened around that time – like a birthday, wedding, start of a new job – that I could refer to that will help you recall what has been going on for you since then? [INTERVIEWER: If the survivor does not name an event, put in “early,” “middle,” or “late” (name of month)]

Event: _____

CH3. Have any of your children had to change schools because of your moving in the last 6-months? I don't mean natural moves from junior high to high school, for example, but moves related to you moving.

No, in the same school as before or changed schools for other reason (not related to DV or the family's housing instability)	0
Yes, moved to a new school due to survivor's need to move	1
No school-age children	2

CH4. In the last 6-months, has child welfare services or CPS opened a case against you about one or more of your children?

Go to 4a →	Yes	1
Go to CH5 →	No	0

CH4a. (IF YES) Has child welfare services or CPS removed any of your children from your care in the last 6-months?

Yes	1
No	0

CH5. In the last 6-months, have any of your children been returned to your care after having been removed by child welfare services or CPS?

Yes	1
No	0

TC0. Thanks for answering those questions. Now I have a few questions that I'll ask about just one of your children. For these questions we are focusing on school-age kids – kids between 5 and 15 years-old. Do you have any children that are age 5 to 15 years old?

Yes	1	→ CONTINUE to TC0a
No (kids are under 5 or more than 15 years old)	0	→ GO TO F1

28. **IF Survivor has only one child & child is between 5 and 15 years old:** this child is the target child → GO TO blank below and record child's name.

29. **IF Survivor has more than one child of school age (between 5 and 15 years old) say:**

1. Although I would like to hear about all of your children, I think it will take too much of your time, so I want to focus on one child for this interview and the follow-up interviews. I have randomly selected your [insert randomly chosen number, e.g. 4th child] child.

TC0a. What is your th child's name or nickname? _____

We'll concentrate on [TARGET CHILD NAME] for the rest of the questions about kids.

TC1. What is [TARGET CHILD NAME]'s race/ethnicity?

African American/Black	1
African	2
Asian/Asian American	3
Cambodian	4
Chinese	5
Japanese	6
Korean	7
Filipin@	8
Indian/South Asian	9
Vietnamese	10
Hispanic/Latin@	11
Native American/American Indian	12
Native Alaskan	13
Native Hawaiian/Pacific Islander	14
Middle Eastern	15
White/Anglo-American	16
Other: _____	17

TC2. What sex was [TARGET CHILD] assigned at birth? [Interviewer instructions: do not read these options]

Female	1
Male	2
Other:	3

D4a. How does [TARGET CHILD] describe their gender identity?

Female/girl	1
Male/boy	2
Male-to-female Transgender (MTF)	3
Female-to-male Transgender (FTM)	4
Genderqueer/Gender non-conforming	5
Prefer to self-describe as:	4

TC3. Is [TARGET CHILD NAME] enrolled in school? [INTERVIEWER: IF IT IS CURRENTLY SUMMER BREAK ask: Was your child enrolled in school in June?]

Yes, full-time	1
Yes, part-time	2
Child is home-schooled	3
No	0
Don't know	77

TC4. What grade/level is [TARGET CHILD NAME] in currently? [INTERVIEWER: If school is out for the year, ask about the grade just completed.]

In preschool or not yet in school	20
Kindergarten	0
First Grade	1
Second Grade	2
Third Grade	3
Fourth Grade	4
Fifth Grade	5
Sixth Grade	6
Seventh Grade	7
Eighth Grade	8
Ninth Grade	9
Tenth Grade	10
Eleventh Grade	11
Twelfth Grade	12

TC5. Has [TARGET CHILD NAME] ever repeated a grade?

Yes	1
No	0

TC6. [INTERVIEWER: Skip if survivor selected 'home schooled' or 'No' {not enrolled} in TC3 above; go to TC7.] In the last 6-months, about how many days of school has [TARGET CHILD NAME] missed? [If it's summer, ask about the last 6-months of the school year.]

Number of days: _____
 Don't know (77)

TC6a. How many of the days missed from school were a result of domestic violence (for example, moving to a safe place, having to receive medical care or attend legal proceedings)?

Number of days: _____
 Don't know (77)

TC7. In the last six months [INTERVIEWER: if school out for the summer, ask about last 6-months of the school year], has your child's school performance:

[INTERVIEWER, PLEASE READ THE FIRST THREE RESPONSES.]

Declined	0
Stayed the same	1
Improved	2
Don't know	77

TC8. Has [TARGET CHILD NAME] ever been in foster care?

Yes	1
No	0

TC8a. How long were they in foster care?

Number of years: _____
 Number of months: _____
 Number of days: _____
 Don't know (77): _____

TC9. What is [ABUSER NAME] relationship to [TARGET CHILD NAME]?

[INTERVIEWER: Read the following options: Biological parent, adoptive parent, stepparent, parent figure. If the survivor says, "none of those" ask them to describe the relationship.]

Biological parent	1
Adoptive parent	2
Stepparent	3
Parent figure	4
No relationship	0
Other: _____	5

CHILD STRENGTHS AND DIFFICULTIES QUESTIONNAIRE [Goodman, 1997]

TC10. Now I have some questions relating to your child's strengths and difficulties. Again, we are talking about [TARGET CHILD NAME]. For each statement, using this card (#3), please tell me if it is Not True, Somewhat True, or Certainly True. Please think about [TARGET CHILD NAME]'s behavior over the **last six months**.

0	Not True
1	Somewhat True
2	Certainly True

So since _____ [event six months ago], _____ [TARGET CHILD] has been...

a.	Considerate of other people's feelings	
b.	Restless, overactive, cannot stay still for long	
c.	Often complains of headaches, stomach-aches or sickness	
d.	Shares readily with others their age (for example games, food)	
e.	Often loses temper	
f.	Rather be solitary, prefers to play alone than with others their age	
g.	Generally well-behaved, usually does what adults request	
h.	Many worries or often seems worried	
i.	Helpful if someone is hurt, upset or feeling ill	
j.	Constantly fidgeting or squirming	
k.	Has at least one good friend	
l.	Often fights with others their age or bullies them	
m.	Often unhappy, depressed, or tearful	
n.	Generally liked by other children their age	
o.	Easily distracted, concentration wanders	
p.	Anxious in new situations, easily loses confidence	
q.	Kind to younger children	
r.	Often lies or cheats	
s.	Picked on or bullied by others their age	
t.	Often offers to help others (parents, teachers, children)	
u.	Thinks things out before acting	
v.	Steals from home, school or elsewhere	
w.	Gets along better with adults than with others their own age	
x.	Many fears, easily scared	
y.	Good attention span, sees work through to the end	

Now I'd like to switch gears and ask some questions about work and money, since they can impact housing stability.

F1. In the last 6-months, have you been employed?

GO TO F1a, F1b, & F1c →	Yes	1
SKIP TO F3 →	No	0

F1a. What's your employment status right now?

Employed, working 41 or more hours per week	1	GO TO F1b.
Employed, working 30 - 40 hours per week	2	
Employed, working less than 30 hours per week	3	
Employed seasonally	4	
Not employed, looking for work	5	SKIP TO F3

Not employed, NOT looking for work	6	
Retired	7	
Disabled, not able to work	8	

F1b. How many jobs do you currently work?

Number of Jobs: _____

F1c. What is your current job [or current primary job if more than one job]:

Personal Care and Service	1
Food Preparation and Serving	2
Healthcare Support (health aide, nurse aide, etc.)	3
Healthcare Practitioner	4
Social Services	5
Housekeeping	6
Grounds and Maintenance	7
Farmworker	8
Fishing and Forestry	9
Office and Administrative Support	10
Production	11
Sales, Retail	12
Construction	13
Legal	14
Computer and Mathematical	15
Management	16
Education	17
Installation, Maintenance, and Repair	18
Architecture and Engineering	19
Business and Financial Operations	20
Transportation	21
Other (please specify): _____	22

F2. Do any of your current jobs provide you with any of the following? You can also tell me if you have one of these benefits, but not through your work.

		Yes, I have this through work (1)	Yes, I have this, but NOT through work (2)	No, I don't have this (0)
a.	Health insurance for yourself			
b.	Health insurance for your children			
c.	Paid sick days			

d.	Paid vacation days			
----	--------------------	--	--	--

F3. [ASK ONLY PEOPLE WHO ARE EMPLOYED] Do you get paid an hourly wage or a gross monthly salary from your employment?

GO TO F3a →	Hourly wage	1
GO TO F3b →	Gross monthly salary	0

F3a. What is your current hourly wage? Hourly Wage: _____

F3b. What is your gross monthly salary? Monthly Salary: _____

F4. [ASK EVERYONE, EVEN IF UNEMPLOYED] Using this card (#4), how do you feel about your current employment situation? Would you say:

Extremely happy	7
Happy	6
Mostly satisfied	5
Mixed (equally satisfied and dissatisfied)	4
Mostly dissatisfied	3
Unhappy	2
Terrible	1

F5. What was your total *gross household income* last year?

\$0	0
Under \$5,000	1
\$5,000 to \$9,999	2
\$10,000 to \$14,999	3
\$15,000 to \$24,999	4
\$25,000 to \$34,999	5
\$35,000 to \$49,999	6
\$50,000 to \$74,999	7
\$75,000 to \$99,999	8
\$100,000 to \$149,999	9
\$150,000 or more	10

F5a. And what percentage of that income did you personally bring into the household? This may include income money you get from a job, government benefits, gifts to you, those types of things.

None (0%)	1
1-24%	2
25-50%	3
51-75%	4
76-99%	5
I brought in all of it	6

F5b. What is your current *gross household income* each month? That includes income other adults bring into the household, if any, too.

0\$/month	0
\$1 to \$99/month	1
\$100 to \$500/month	2
\$501 to \$1,000/month	3
\$1,001 to \$1,500/month	4
\$1,501 to \$2,000/month	5
\$2,001 to \$2,500/month	6
\$2,501 to 3,000/month	7
\$3,001 to \$3,500/month	8
\$3,501 to 4,000/month	9
\$4,001 or more/month	10

F5c. Do any of the following contribute to your household’s monthly income on a pretty regular or consistent basis?

	Yes	No
Employment?	1	0
Family/Friends?	1	0
_____ (Abuser)?	1	0
_____ (Current partner/spouse other than abuser)?	1	0
Child Support	1	0
Social Services	1	0
Social Security/Social Security Disability?	1	0
ABD cash assistance?	1	0
TANF?	1	0
Unemployment?	1	0
Other (please specify): _____	1	0
Other (please specify): _____	1	0

F6. Using this card again (#4), how do you feel about the amount of money you live on?

Extremely happy	7
Happy	6
Mostly satisfied	5
Mixed (equally satisfied and dissatisfied)	4
Mostly dissatisfied	3
Unhappy	2
Terrible	1

F7. Now I have a couple questions about transportation. Do you have regular access to a car? Regular access means you have your own car or have one you can reliably use for a ride or borrow.

GO TO F8 →	Yes	1
GO TO F7a →	No	0

F7a. If no, would it be helpful to have a car or are you fine without one?

It would be helpful.	1
I am fine without one.	0

F8. Do you have a valid driver's license?

GO TO F8 →	Yes	1
GO TO F7a →	No	0

F8a. If no, would it be helpful to have a valid driver license or are you fine without one?

I want one.	1
I am fine without one.	0

F9. What is the highest level of school you have completed so far?

8th grade or less	1
Between 9th - 12th grade	2
High school graduate	3
GED	4
Vocational school/training certificate	5
Some college	6
Associate's degree	7
Bachelor's degree	8
Advanced degree	9

F10. Are you attending school or working on a degree right now?

Yes	1
No	0

F11. Have you been or are you currently in the military, including the National Guard?

GO TO F11a. →	I am currently in the military/National Guard.	1
GO TO F11a. →	I was formerly in the military/National Guard.	2
GO TO F12 →	I have never been in the military/National Guard.	0

F11a. Are you receiving any housing benefits available to people who have been in the military?

Yes	1
No	0
Don't know	77
Didn't know there are housing benefits for people who have been in the military	3
Not Applicable	88

INABILITY TO MAKE ENDS MEET [Barrera et al., 2001]

F12. Thinking over the **last 6-months**, at the end of each month do you generally end up with

More than enough money left	5
Some money left	4
Just enough money left	3
Somewhat short of money	2
Very short of money	1

F13. Again, thinking back over the **last 6-months**, how difficult has it been to pay your bills in full. Would you say not at all difficult, a little difficult, somewhat difficult, or very difficult? [Card #2]

Not at all difficult	0
A little difficult	1
Somewhat difficult	2
Very difficult	3

ADEQUACY OF FINANCIAL SUPPORT [Mowbray, 1999]

F14. And now I'll ask you to rate the degree of difficulty you have had paying for some specific things **over the past 6-months**. Continue to use card #2 if it would be helpful. If you haven't had a particular bill just tell me but if you don't have to pay for something because someone else or an organization is covering it, think about how difficult that bill would be if YOU had to pay it.

		Not difficult at all (0)	A little difficult (1)	Somewhat difficult (2)	Very difficult (3)	I did not have these bills (88)
a.	Food					
b.	Rent/ mortgage					
c.	Cell phone					
d.	Utilities					
e.	Medical expenses					
f.	Transportation to get to places you needed to go (includes bus/taxi fares, gas, car & insurance payments, etc.)					
g.	Transportation to visit friends and family					
h.	Social activities					
i.	To pay debts					
j.	Childcare					

F15. Does any organization currently pay or help you pay any of your bills?

		No, I pay this myself. (0)	Someone or some organization paid PART of this for me (1)	Someone or some organization paid ALL of this for me (2)	I did not have these bills (88)
a.	Food				
b.	Rent/ mortgage [<i>do not include Section 8 here</i>]				
c.	Cell phone				
d.	Utilities				
e.	Medical expenses				
f.	Transportation to get to places you needed to go (includes bus/taxi fares, gas, car & insurance payments, etc.)				
g.	Transportation to visit friends and family				
h.	Social activities				
i.	To pay debts				
j.	Childcare				

FINANCIAL STRAIN [Barrera et al., 2001]

F16. Choosing from the options on this card (#5A), in the **next 6-months**, how often do you think that you and your family will experience bad times such as poor housing or not having enough food?

Never	0
Hardly Ever	1
Sometimes	2
Often	3
Quite Often	4
Don't Know	77

F17. In the **next 6-months** how often do you expect that you will have to do without the basic things your family needs? [Card #5A]

Never	0
Hardly Ever	1
Sometimes	2
Often	3
Quite Often	4
Don't Know	77

H2. Now I have some questions regarding your housing situation now and in the past.

INTERVIEWER:

If survivor is living in shelter or transitional housing program (from page 1) ask this question (H2a):	What best describes your living situation right before you moved into _____[ORG]'s shelter/TH?
If survivor is NOT living in shelter or other housing program ask (H2ALT):	What best describes your current living situation?

[INTERVIEWER: **DO NOT LIST ALL OF THE ITEMS, CHECK THE ITEM THAT BEST FITS THE SURVIVOR'S RESPONSE. MAKE SURE TO PROBE:**

21. IF THE SURVIVOR IS/WAS LIVING WITH A PARTNER DETERMINE IF IT IS/WAS WITH ABUSER.
22. IF THE SURVIVOR IS/WAS STAYING WITH SOMEONE ELSE, FIND OUT IF THEY CONTRIBUTED TO RENT.
23. IF THE SURVIVOR IS/WAS STAYING IN A HOTEL/MOTEL, FIND OUT IF THEY WERE PAYING FOR IT THEMSELVES OR IF THEY WERE USING VOUCHERS.
24. IF HOMELESS, DETERMINE IF THEY ARE/WERE LIVING OUT OF A CAR, IN AN ABANDONED BUILDING SOMEWHERE, OUTSIDE SOMEWHERE, ETC.]

	Select one option that best fits survivor's response
A house or apartment that you owned .	1
A house or apartment that you rented .	2
_____ [A's] place, and paying part of the rent .	3
_____ [A's] place, but not paying part of the rent.	4
At a boy/girlfriend's/fiancé's/significant other's place who is not _____ (A), and paying part of the rent .	5
At a boy/girlfriend's/fiancé's/significant other's place who is not _____ (A), but not paying part of the rent.	6
A friend or relative's house or apartment, and paying part of the rent .	7
A friend or relative's house or apartment but not paying part of the rent.	8
Year-round farm worker housing	9
Seasonal farm worker housing	10

Military housing	11
A permanent housing program with services to help you keep your housing either on site or coming to you (shelter + care).	12
A transitional housing program.	13
A domestic violence shelter.	14
A homeless shelter.	15
A voucher hotel or motel.	16
A hotel or motel you paid for yourself.	17
A residential drug or alcohol treatment program.	18
Jail or prison.	19
A car or other vehicle.	20
An abandoned building.	21
Anywhere outside [PROBE: STREETS, PARKS, ETC.]	22
OTHER -> SPECIFY: _____	23
Don't know	77

[INTERVIEWER: SKIP TO H5 IF H2 or H2ALT = 13,14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 77 or 99]

H3. How many other adults, that is, people who are 18 years old or older, are living in the place that you are living in right now?

Number of adults: _____

H4. How many children, that is, people 17 and younger, are living in the place that you're living in right now?

Number of children: _____

HOUSING INSTABILITY INDEX [Rollins et al., 2012]

H5. Okay, so thinking about the last 6-months [INTERVIEWER: REMIND SURVIVOR WHAT MONTH WAS SIX MONTHS AGO OR REMIND THEM OF THE EVENT THEY TOLD YOU OCCURRED SIX MONTHS AGO]:

		Yes (1)	No (0)
a.	Have you had to live somewhere that you did not want to live?		
b.	Have you had difficulty paying (or were you unable to pay) for housing?		
c.	Have you had trouble getting housing?		
d.	Have you had to borrow money or ask friends/family or others (including organizations) for money to pay your rent/mortgage payment?		

H5b. [ASK ONLY IF RESPONDENT IS RENTING.]

		Yes (1)	No (0)
e.	Have you had trouble with a landlord in the last 6-months?		
f.	Has your landlord threatened to evict you?		
g.	Have you been served an eviction notice?		

H6. In the last 6-months, have you been homeless or had to live with family or friends to avoid being homeless?

Yes	1
No	0

H7. How many times have you moved in the last 6-months? [Please, input 0 if the answer is none.]

Number of times: ____

Don't know (77): ____

INTERVIEWER:

If survivor has not moved in the last 6-months → **SKIP TO H9**

If survivor has moved one or more times in the last 6-months → **GO TO H7a.**

H7a. Can you tell me a little about those moves? Could you walk me through your moves over the last six months? [INTERVIEWER: **ENTER NUMBERS ONLY.**]

		Indicate the total number of times having moved in last 6-months
1.	A house or apartment that you <i>owned</i> .	
2.	A house or apartment that you <i>rented</i> .	
3.	_____ (A's) place <u>and paying part of the rent.</u>	
4.	_____ (A's) place <u>but not</u> paying part of the rent.	
5.	A boy/girlfriend's/fiancé/significant other's (who is not A) place <u>and paying part of the rent.</u>	
6.	A boy/girlfriend's/fiancé/significant other's (who is not A) place <u>but not</u> paying part of the rent.	
7.	A friend or relative's house or apartment, <u>and paying part of the rent.</u>	
8.	A friend or relative's house or apartment <u>but not</u> paying part of the rent.	
9.	Year-round farm worker housing.	
10.	Seasonal farm worker housing.	
11.	Military housing.	
12.	A permanent housing program with services to help you keep your housing either on site or coming to you (shelter + care).	
13.	A transitional housing program.	
14.	A domestic violence shelter.	
15.	A homeless shelter.	
16.	A voucher hotel or motel.	
17.	A hotel or motel you paid for yourself.	
18.	A residential drug or alcohol treatment program.	
19.	Jail or prison.	
20.	A car or other vehicle	
21.	An abandoned building.	
22.	Anywhere outside [PROBE: STREETS, PARKS, ETC.]	
23.	OTHER -> SPECIFY: _____	
24.	Back to the home you were living in	
77.	Don't know	

H8. A big reason we are doing this study is to see what communities need to do to reduce homelessness, so I'd like to ask you a few questions about any experiences you may have had with homelessness in your lifetime. By homeless, I mean times when you didn't have a regular place to stay and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go. Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, in a bus or train station, or in the airport. Please do not include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

How many times have you been homeless **in your lifetime**?

[INTERVIEWER: IF SURVIVOR IS CURRENTLY HOMELESS MAKE SURE TO INCLUDE IN YOUR COUNT.]

[go to question H10] →	Never	0
[continue to H9] →	Once	1
	Twice	2
	Three times	3
	Four times	4
	Five or more times	5
	Don't Know	77

H9. Altogether, what would you say is the total number of days, weeks, months, or years that you have been homeless **in your life**.

Number of years: _____
 Number of months: _____
 Number of days: _____
 Don't know (77): _____

H9a. Of the times you were homeless, how many of those times were you **between 12 and 17 years old**?

Never [go to question h10c)	0
Once	1
Twice	2
Three times	3
Four times	4
Five or more times	5
Don't Know	77

H9b. At any of the times when you were homeless **between the ages of 12 and 17 years old** were you:

	Yes (1)	No (0)
With your parents/guardians		
On your own		

Other: _____

H9c. Of the times you were homeless, how many of those times were you **under the age of 12 years old**?

Never [go to question HLN3]	0
Once	1
Twice	2
Three times	3
Four times	4
Five or more times	5
Don't know	77

H9d. At any of the times when you were homeless **under the age of 12 years old** were you:

	Yes (1)	No (0)	Declined to answer (99)
With your parents/guardians			
On your own			
Other: _____			

H10. Were you ever in foster care before the age of 18?

Go to H11a →	Yes	1
Go to H12 →	No	0

H10a. How long were you in foster care?

Number of years: _____
 Number of months: _____
 Number of days: _____
 Don't Know (77): _____

H11. As an adult have you ever stayed with family or friends **because you couldn't find or afford a place of your own**? [PROMPT IF NEEDED: BY AS AN ADULT WE MEAN SINCE YOU TURNED 18]

GO TO H12 →	Yes	1
GO TO H13 →	No	0

H12.

29. [IF AGE 23 OR UNDER – ASK:] **Since you turned 18** what is the total number of days, weeks, months, or years that you have spent living with family or friends because you couldn't find or afford a place of your own?

30. [IF GREATER THAN 23 – ASK:] As an adult, **in the last five years** what is the total number of days, weeks, months, or years that you have spent living with family or friends because you couldn't find or afford a place of your own? [PROMPT IF NEEDED: BY AS AN ADULT, WE MEAN SINCE YOU TURNED 18.]

Number of years: _____
 Number of months: _____
 Number of days: _____

Don't Know (77): _____

H13. Have you needed to look for housing in the last 6-months?

I have needed housing and looked	2
I have needed housing but haven't looked	1
I have not needed housing	0

HOUSING BARRIERS [Gubits et al., 2015, modified with 4 added items]

H13a. There are many things that can make finding a place to live difficult. I'm going to read a list of reasons why some people might have trouble finding housing. Using this card (#6), please think about if any of these reasons have been a problem for you and your family while looking for housing or how much of a problem they would have been if you needed housing. So thinking **about the last 6-months, since around the time of [INSERT EVENT]**.

So how much of a problem were each of the following or would they have been for you:		Big problem (3)	Small problem (2)	Not a problem at all (1)	Don't know (77)
a.	Not having enough income to pay rent?				
b.	Not being able to pay a security deposit or first/last month's rent?				
c.	Lack of transportation to look for housing?				
d.	Poor or no credit history?				
e.	Discrimination?				
f.	Not being currently employed?				
g.	No rent history at all?				
h.	Recently moved to a community and no local rent history?				
i.	No reference from past landlord(s)?				
j.	A past eviction(s)?				
k.	Problems with past landlord(s)?				
l.	Past lease violations?				
m.	Having problems with police?				
n.	Having a criminal record or background?				
o.	Having a felony drug record?				
p.	Having three or more children in the household?				
q.	Having teenagers in the household?				
r.	Someone in the household under 21?				
s.	Someone in the household that has a disability?				
t.	Owing back rent on a previous residence?				
u.	Having unpaid utility debts?				
v.	Immigration status?				
w.	Having pets that some properties may not accept?				
x.	Other reason not listed: _____				

H14. Do you have a Section 8 voucher?

GO TO H15 →	Yes	1
GO TO H14a →	No	0

H14a. Have you *ever had but lost* a Section 8 voucher?

GO TO H14b →	Yes	1
	No	0

H14b. Are you eligible for a Section 8 voucher?

GO TO H14c. →	Yes	1
	No	0
	No idea	2
	Waitlist “frozen”	3
GO TO H15 →	Has not heard of section 8	4

H14c. Have you applied for a Section 8 voucher? Meaning, do you have an application in the system now?

Yes	1
No	0

H15. Just a reminder that this interview is completely **confidential** and we will not tell anyone what you say in this interview. These questions just help us understand what different needs people have in their communities and what housing barriers people face. Are you a U.S. citizen?

SKIP TO H16 →	Yes	1
GO TO H15a →	No	0

H15a. [IF NO to H15] Is your immigration status tied to another person or a sponsor?

Yes	1
No	0

H15a1. Is that person [the abuser]?

Yes	1
No	0

H15b. [IF NO to H15] Do you have a permanent residence card or green card?

Yes	1
No	0

H15c. [IF NO to H15] Do you have work authorization or a work permit? Please remember this is between us and I will not tell anyone else what you answer to this.

SKIP TO H16 →	Yes	1
GO TO H15d1 →	No	0

H15c1. If NO, are you in the process of obtaining work authorization or a work permit?

Yes	1
No	0

H15d. [IF NO to H15] Have you applied for or do you have a U visa? Sometimes DV survivors are eligible for these.

I have a U visa	1
I have applied for a U visa	2
I applied for and was denied a U visa	3
No	0

H15e. [IF NO to H15] Have you applied for or do you have a T visa? Sometimes human trafficking victims are eligible for T visas.

I have a T visa	1
I have applied for a T visa	2
I applied for and was denied a T visa	3
No	0

H15f. [IF NO to H15] have you been granted asylum, refugee status, or temporary protected status (TPS)?

Yes	1
No	0
In process	2

H16. Do you have a criminal charge that would show up on a background check?

Yes	1
No	0

H17. Do you consider yourself to have a physical disability or disabling condition?

GO TO H17a. & b. →	Yes	1
SKIP TO H18 →	No	0

H17a. If YES, what is or are your disabilities? [INTERVIEWER: Do not read the options and please check all that apply]

	Yes (1)	No (0)
Developmental Disability		
Intellectual Disability		
Traumatic Brain Injury (TBI)		
Blind or Visually Impaired		
Deaf or hard of Hearing		
Physical or Mobility Disability		
Chronic Medical Condition		
Environmental/Chemical Sensitivity		
Mental or Emotional Health		

Other, please specify: _____

H17b. Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?

Not at all	0
A little	1
Somewhat	2
Very much	3

H18. Do you have any mental health issues, such as depression, anxiety, a mental health disorder, or mental illness?

GO TO H18a & b →	Yes	1
SKIP TO H19→	No	0

H18a. If YES, what is or are your primary mental health issues? [INTERVIEWER: please check all that apply]

	Yes (1)	No (0)
Depression		
Anxiety		
PTSD		
Bipolar disorder		
Schizophrenia		
Autism spectrum disorder		
Other, please specify:		

H18b. Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?

Not at all	0
A little	1
Somewhat	2
Very much	3

HOUSING INSTABILITY INDEX [Rollins et al., 2012]

[INTERVIEWER: SKIP H19 & H20 IF SURVIVOR IS CURRENTLY STAYING IN SHELTER (Question H1).

H19. [SKIP IF RESPONDENT SELECTED 4, 6, 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, 77 OR 99 TO H2ALT OR ANSWERED 1, 2 OR 3 TO H1.] How likely is it, do you think, that you will be able to pay for your housing (e.g. rent/mortgage) **this month**? Would you say, very unlikely, unlikely, likely, or very likely?

Very Unlikely	1
Unlikely	2
Likely	3
Very Likely	4

Don't Know	77
------------	----

H20. Do you expect to stay in your current housing for **the next 6-months**?

Yes	1
No	0
Don't Know	77

Okay, thank you for answering all of those questions about housing and money. Another reason we are doing this study is to help communities do a better job at keeping families safe. The next set of questions I will be asking will be about [ABUSER'S NAME] and what has happened in your relationship.

AB1. How long ago did [ABUSER'S NAME]'s violence against you begin?

Number of years: _____
 Number of months: _____
 Number of days: _____

Now I would like to know about some of [ABUSER'S NAME]'s behaviors toward you during the past 6-months.

AB2. Has [abuser] used their sponsorship of your immigration status to threaten or control you?

No	0
Yes	1
Not in the last 6-months, but it has happened in the past	2
Not applicable	88

PHYSICAL, EMOTIONAL, SEXUAL ABUSE AND STALKING/HARRASSMENT [*Composite Abuse Scale; Loxton et al., 2013 plus additional stalking items; item k from CAP*]

AB3. As I ask you each of the following questions, please tell me, to the best of your recollection, what statement on this card [*hand participant this card #7*] gives the best summary of how frequently, if at all, each thing happened in the last **6-months** (since [EVENT]). If something didn't happen in the last 6-months but happened in the past you can tell me that too.

0	Never
1	Once
2	Several times
3	Once a month
4	Once a week
5	Daily
6	Not in the last 6-months, but it has happened in the past

How often, if at all, did [ABUSER'S NAME]...

a.	Tell you that you weren't good enough	
b.	Keep you from receiving medical care	

c.	Follow you	
d.	Turn family/friends/children against you	
e.	Lock you in the bedroom	
f.	Slap you	
g.	Force you to take part in unwanted sexual activity	
h.	Tell you that you were ugly	
i.	Try to keep you from seeing or talking to family	
j.	Throw you	
k.	Repeatedly follow you, phone you, and/or show up at your house/work/other place?	
l.	Blame you for causing their violent behavior	
m.	Harass you over the telephone or through text, email, Facebook, Instagram, Snapchat, tweet or similar?	
n.	Shake you	
o.	Push/grab/shove you	
p.	Use a knife, gun, or other weapon	
q.	Become upset if dinner or housework were not done	
r.	Tell you that you were crazy	
s.	Tell you that no one would ever want you	
t.	Take your wallet and left you stranded	
u.	Hit or try to hit you with something	
v.	Not want you to socialize with friends	
w.	Refuse to let you work outside the home	
x.	Kick you, bite you, or hit you with a fist	
y.	Try to convince friends, family, or children that you were crazy	
z.	Tell you that you were stupid	
aa.	Beat you up	
bb.	Demand sex whether you wanted to or not	
cc.	Force sexual activity	
dd.	Stalk you	
ee.	Strangle you	

REPRODUCTIVE COERCION SCALE [McCauley, et al., 2016]

[INTERVIEWER: ASK THIS SCALE IF THE SURVIVOR ANSWERED 'FEMALE' TO THE GENDER QUESTION AND INDICATED THAT HER ABUSER WAS/IS A MALE. IF THE SURVIVOR SELECTED OTHER THAN 'FEMALE' AS A GENDER OR THE ABUSER IS NOT A MALE - THEN SKIP THIS QUESTION AND GO TO AB4.

IF SURVIVOR AT ANY POINT SAYS THAT GETTING PREGNANT/FERTILITY IS NOT AN ISSUE FOR HER, **STOP ASKING THE SCALE**, MARK 'NOT APPLICABLE (N/A)' TO ANY REMAINING QUESTIONS AND GO TO AB4. FERTILITY ISSUES ARE SENSITIVE.]

AB4. In the past 6-months, how often, if at all, has [ABUSER'S NAME] done the following [HAND PARTICIPANT CARD #7]:

0	Never
---	-------

1	Once
2	Several times
3	Once a month
4	Once a week
5	Daily
6	Not in the last 6-months, but it has happened in the past
88	Not applicable

How often, if at all, did [ABUSER'S NAME]...

a.	Tell you not to use any birth control (like the pill, shot, ring, etc.)?	
b.	Take your birth control (like pills) away from you or kept you from going to the clinic to get birth control?	
c.	Make you have sex without a condom so you would get pregnant?	
d.	Take off the condom while you were having sex, so you would get pregnant?	
e.	Put holes in the condom or break the condom on purpose so you would get pregnant?	

USE OF CHILDREN TO CONTROL [Beeble et al., 2007]

AB5. Some people use children to control their partners and ex-partners. Using this card (#5B), in the last six months to what extent, if at all has (A)_____ used your kid(s) to:

0	Never
1	Hardly ever
2	Sometimes
3	Often
4	Quite often
5	Not in the last 6-months, but it has happened in the past
88	Not Applicable

a.	Stay in your life
b.	Harass you
c.	Intimidate you
d.	Keep track of you
e.	Frighten you
f.	Tried to turn your kid(s) against you
g.	Tried to convince your kid(s) you should take him/her back

SCALE OF ECONOMIC ABUSE2 [Adams et al., 2019]

AB6. Now I am going to go through a list of things some people do to hurt their partner or ex-partner financially. Using this card (#5B) could you tell me, to the best of your recollection, how frequently, [ABUSER'S NAME] has done any of the following things in the last 6-months? *If something didn't happen in the last 6-months but happened in the past you can tell me that, too.*

0	Never
1	Hardly ever
2	Sometimes
3	Often
4	Quite often
5	Not in the last 6-months, but it has happened in the past
88	Not Applicable

20.	Keep you from having the money you needed to buy food, clothes or other necessities
21.	Decide how you could spend money rather than letting you spend it how you saw fit
22.	Demand that you give them receipts or change when you spent money
23.	Hide money so that you could not find it
24.	Keep financial information from you
25.	Make you ask them for money
26.	Keep you from having a job or going to work
27.	Make you take out a loan to buy something on credit when you didn't want to
28.	Take out a loan or buy something on credit in your name without your permission
29.	Make you use your money to buy them things or pay their bills when you didn't want to
30.	Spend their money however they wanted while your money went to pay for necessities
31.	Take money from you without your permission
32.	Put bills in your name, leaving you to pay them
33.	Force or pressure you to give them your savings or other assets

[IF NOT EMPLOYED SKIP TO AB9. IF NOT EMPLOYED AND NOT IN SCHOOL SKIP TO AB10.]

Now I want to ask you a little about your work and/or school because we know that abuse can impact these areas.

AB7. [ASK IF THEY HAVE BEEN EMPLOYED IN THE LAST 6 MOS] Have you lost a job in the last 6-months – which would be since [EVENT]?

GO TO AB5a →	Yes	1
SKIP TO AB6 →	No	0

AB7a. Was this related to the abuse?

Yes	1
No	0

AB8. [ASK IF THEY HAVE BEEN EMPLOYED IN THE PAST 6 MOS] In the past 6-months, did you have to take time off from work?

GO TO AB6a →	Yes	1
SKIP TO AB7 →	No	0

AB8a. How many of these missed workdays were related to the abuse?

None	0
One day	1
2 - 4 days	2
5-7 days	3
More than 1 week	4
More than 1 month	5
Don't Know	77

AB9. In the past 6-months have you been enrolled in school?

GO TO AB7a. →	Yes	1
SKIP TO AB8 →	No	0

AB9a. [ASK IF THEY WERE IN SCHOOL IN THE LAST 6-months] In the past 6-months, did you have to take time off from school?

GO TO AB7b →	Yes	1
SKIP TO AB8 →	No	0

AB9b. How many of these missed school days were related to the abuse?

None	0
One day	1
2 - 4 days	2
5-7 days	3
More than 1 week	4
More than 1 month	5
Don't Know	77

MEASURE OF VICTIM EMPOWERMENT RELATED TO SAFETY (MOVERS) [Goodman et al., 2014]

AB10. You may be facing a variety of different challenges to safety. When I use the word *safety* in the next set of statements, I mean safety from physical or emotional abuse by another person. Using this card if it helps (#8), how true each of the statements are regarding how you think about your safety and your family's safety right now. When you are responding to these statements, it is fine to think about your family's safety along with your own if that is what you usually do.

Not at all true	0
A little true	1

Somewhat true	2
Very true	3

a.	I can cope with whatever challenges come at me as I work to keep safe.
b.	I have to give up too much to keep safe.
c.	I know what to do in response to threats to my safety.
d.	I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.)
e.	I know what my next steps are on the path to keeping safe.
f.	Working to keep safe creates (or will create) new problems for me.
g.	When something doesn't work to keep safe, I can try something else.
h.	I feel comfortable asking for help to keep safe.
i.	When I think about keeping safe, I have a clear sense of my goals for the next few years.
j.	Working to keep safe creates (or will create) new problems for people I care about.
k.	I feel confident in the decisions I make to keep safe.
l.	I have a good idea about what kinds of support for safety I can get from community programs and services.
m.	Community programs and services provide support I need to keep safe.

SUBSTANCE ABUSE CAGE-AID [Ewing, 1984]

Now I would like to ask some questions about alcohol and drug use. People use alcohol or drugs for a variety of reasons, and these questions help us to know how different people cope with different things in their lives. Remember that if you do not want to answer any of the questions in the interview, we can just move on, but I just want to remind you that everything you tell me is completely confidential – just between us.

SA1. Do you drink alcohol?

GO TO SA1a →	Yes	1
SKIP TO SA2 →	No	0

SA1a.

	Yes (1)	No (0)
In the last 6-months, since around [INSERT EVENT], have you felt you ought to cut down on your drinking?		
In the last 6-months, have people annoyed you by criticizing your drinking?		
In the last 6-months, have you felt bad or guilty about your drinking?		
In the last 6-months, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

SA2. Do you use drugs, other than prescription medications and over the counter drugs? This includes marijuana. Or have you used prescription drugs more than in the prescribed amount or frequency?

GO TO SA2a →	Yes	1
SKIP TO SS1 →	No	0

SA2a.

	Yes (1)	No (0)
In the last 6-months, have you felt you ought to cut down on your drug use?		
In the last 6-months, have people annoyed you by criticizing your drug use?		
In the last 6-months, have you felt bad or guilty about your drug use?		
In the last 6-months, have you ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

SOCIAL SUPPORT -- MOS-SSS-6 (Holden et al., 2014)

SS1. Thank you for answering all of those questions. Now I'd like to switch gears and ask you some questions about people who are a part of your life who provide you with help or support. I'll have you use this card (#9) for the following questions. How much of the time would you say you CURRENTLY have someone in your life who could:

None of the time	1
A little of the time	2
Some of the time	3
Most of the time	4
All of the time	5

a. Help if confined to bed
b. Take you to the doctor
c. Share your most private worries and fears
d. Turn to for suggestions about problems
e. Do something enjoyable with
f. Love and make you feel wanted

HOPE INDEX (Herth, 1992)

WB1. Now I'd like to go back to talking about you and how you feel you're doing. Using this card (#10) I'd like to know how much you agree or disagree with the following statements.

1	Strongly disagree
2	Disagree
3	Agree
4	Strongly agree

a.	I have a positive outlook toward life
b.	I have short and/or long-range goals
c.	I feel all alone
d.	I can see possibilities in the midst of difficulties
e.	I have a faith that gives me comfort
f.	I feel scared about my future
g.	I can recall happy/joyful times
h.	I have deep inner strength
i.	I am able to give and receive caring/love
j.	I have a sense of direction
k.	I believe that each day has potential
l.	I feel my life has value and worth

MODIFIED DIFFERENTIAL EMOTIONS SCALE [Frederickson, 2001]

WB2. Please think back to how you have felt during the past **24 hours**. Using this card (#11), please tell me the *greatest amount* that you have experienced each of the following feelings.

0	Not at all
1	A little bit
2	Moderately
3	Quite a bit
4	Extremely

a.	What is the most amused, fun-loving, or silly you felt?
b.	What is the most angry, irritated, or annoyed you felt?
c.	What is the most ashamed, humiliated, or disgraced you felt?
d.	What is the most awe, wonder, or amazement you felt?
e.	What is the most contemptuous, scornful, or disdainful you felt?
f.	What is the most disgust, distaste, or revulsion you felt?
g.	What is the most embarrassed, self-conscious, or blushing you felt?
i.	What is the most grateful, appreciative, or thankful you felt?
j.	What is the most guilty, repentant, or blameworthy you felt?
k.	What is the most hate, distrust, or suspicion you felt?
l.	What is the most hopeful, optimistic, or encouraged you felt?
m.	What is the most inspired, uplifted, or elevated you felt?
n.	What is the most interested, alert, or curious you felt?
o.	What is the most joyful, glad, or happy you felt?
p.	What is the most love, closeness, or trust you felt?
q.	What is the most proud, confident, or self-assured you felt?
r.	What is the most sad, downhearted, or unhappy you felt?
s.	What is the most scared, fearful, or afraid you felt?
t.	What is the most serene, content, or peaceful you felt?
u.	What is the most stressed, nervous, or overwhelmed you felt?

QUALITY OF LIFE [Sullivan & Bybee, 1999]

WB3. Now I would like to ask you how you feel about various parts of your life. Using this card (#4), please tell me the feelings you have in general – taking into account what has happened in the last 6-months. As I ask each question, please tell me how you feel about that part of your life, either [READ RESPONSES]:

Extremely Happy	7
Happy	6
Mostly Satisfied	5
Mixed (equally satisfied and dissatisfied)	4
Mostly Dissatisfied	3
Unhappy	2
Terrible	1

a.	First a very general question. How do you feel about your life overall?
b.	In general, how do you feel about yourself?
c.	How do you feel about your personal safety?
d.	How do you feel about the amount of fun and enjoyment you have?
e.	How do you feel about the responsibilities you have for members of your family?
f.	How do you feel about the accomplishments in your life?
g.	How do you feel about your independence or freedom - that is, how free do you feel to live the kind of life you want?
h.	How do you feel about your emotional or psychological well-being?
i.	How do you feel about the way you spend your spare time?

Thank you so much for answering all of those questions. We hope that what we learn from you and other people in similar situations will help us help communities provide more and better resources and responses. Just before we wrap up this interview, could you tell me a little about what you are hoping to get from _____ (*name of agency*) – or if you have already received services, what you were hoping to get when you contacted them?

FS1. For example, with regard to housing, are you (or were you):

Hoping to stay in your current home or return to your current home	1
Looking for a new home	2
Not sure	77

FS2. Okay, and do you think that the kind of help you're looking for from [AGENCY NAME] is (or was).... [INTERVIEWER: read first two options.]

Probably brief or short-term, you just need some fairly brief or immediate help.	1
Longer-term help, more than brief help.	2
Not sure	77

FS3. And would you say you're looking for... [INTERVIEWER: read first three options.]

Financial help only	1
Support from staff to help you get what you need	2
Both	3
Not sure	77

FS4. I just want to end by asking what kinds of things you are hoping [ORG NAME] or another organization can help you with in the coming days, weeks, or months. For example, I know you're needing [INSERT NAME OF SERVICE SURVIVOR HAS PREVIOUSLY MENTIONED NEEDING; check off that box below]. How about: (read all options; **SELECT ALL THAT APPLY**)

		Yes (1)	No (0)
a.	Housing		
b.	Employment		
c.	Education		
d.	Financial help		
e.	Legal assistance		
f.	Childcare		
g.	Counseling		
h.	Transportation		
i.	Healthcare		
j.	Issues for children (besides childcare)		
k.	Food		
l.	Clothing		
m.	Other material goods and services (appliances, furniture, furnace repair)		
n.	Increasing social support		
o.	Other (please add notes below)		

END OF INTERVIEW: Thank you again for taking the time to do this interview today – I know there was a lot to answer. Many of those questions we won't have to ask you again; I know there were a lot of questions! Before we finish up, do you have any questions for me?

Appendix B: Additional Interview Questions in Follow-up Interviews

In addition to asking the same questions from the baseline interview (other than historical questions), follow-up interviews include the following:

SERVICES

I want to start out by asking you some questions about how things have gone with the help you were wanting from [ORGANIZATION NAME].

S2. What types of services have you received from [ORGANIZATION NAME] over the last 6-months? Did you receive [INTERVIEWER ASK EACH]:

		Yes (1)	No (0)
a.	Counseling		
b.	Support Group		
c.	Shelter		
d.	Transitional Housing		
e.	Financial Help		
f.	Advocacy		
g.	Referrals		
h.	Other (specify)		

Q156. [Displayed if ONLY Referrals selected] Is that all you were looking for? Or did you want more than referrals

Referrals only	1
Wanted more	2

Q156a. Do you want to tell me more about that?

S1a. Was this your choice or theirs? [INTERVIEWER: if participant indicates 'BOTH', please select 'mine.']

Mine	0
Theirs	1

S1b. Using this card [#1], please tell me how you feel about not working with [insert organization name from Q4]?

Extremely happy	7
Happy	6
Mostly satisfied	5
Mixed (equally satisfied and dissatisfied)	4
Mostly dissatisfied	3
Unhappy	2
Terrible	1

S1c. Did you want to tell me more about that?

S3. Has there been a staff member from [ORGANIZATION NAME] who has been helping you work on housing and getting other things you might need from the community? Can you tell me their name?

[INTERVIEWER: If participant worked with multiple people do your best to get the most primary person and enter primary advocate's name in the text box below and tell survivor they can think about all the advocates together as they answer the advocacy questions.

If participant cannot remember the advocate's name, ask them what term they use to think about that person (i.e. 'advocate,' 'case worker,' or 'case manager') and type this term into the name box below.]

Advocate's name	1	_____
Can't remember name	2	"Advocate"
No advocate	0	GO TO S17

I want you to think about how things have gone with [ADVOCATE NAME] over the last 6-months. I'd like to remind you that anything you say will be held in the strictest of confidence. Advocates will not know what you say to me today, and we really want to know your true feelings about [ADVOCATE NAME] and [ORGANIZATION NAME].

S4. How long has it been since you and [ADVOCATE NAME] have been in touch, either in person, or by email, text, or phone?

Today	1
Sometime this week	2
Last week	3
More than a week ago, but less than a month	4
1-2 months ago	5
More than 2 months ago	6

S5. In the last 6-months, has [ADVOCATE NAME] driven you anywhere?

Yes	1
No	0

S6. Were you able to speak with [ADVOCATE NAME] in the language you preferred?

Yes	1
No	0

FIDELITY QUESTIONS

S7. I know this can be hard to estimate, but on average, how many hours a week have you worked with [ADVOCATE NAME] in the last 6-months? There are 26 weeks in a six month period - so if you worked with [ADVOCATE NAME] just one hour every week over the last six months that would have been about 26 hours. I know that sometimes contact with an advocate can vary a lot - being really frequent during some weeks and a lot less in other weeks. If the time you spent with your

advocate varied a lot over the 6-months, tell me that, and I can help figure out the average time you worked together.

About 30 minutes a week or less (1-13 hours total over the last 6-months)	0
Less than one hour a week (14 to 26 hours)	1
1-2 hours a week (27 to 52 hours)	2
2-3 hours a week (53-78 hours)	3
3-4 hours a week (79-104 hours)	4
4-5 hours a week (105-130 hours)	5
5-6 hours a week (131-156 hours)	6
More than 6 hours a week (more than 156 hours)	7
Don't know	77

S8. Thinking back over all of your interactions with [ADVOCATE NAME] over the **last six months**, how have you (or did you) usually communicate? [ASK EACH]

	Yes	No
Met in person		
Talked by phone		
Emailed		
Texted		
Video chatted		
Other (please specify)		

S9. Overall, how satisfied have you been with the amount of **time** [ADVOCATE NAME] has put in toward working on things with you? [INTERVIEWER: READ FIRST THREE OPTIONS.]

Not enough time	0
Satisfied	1
Too much time	2

S10. Overall, how satisfied are you with the amount of **effort** [ADVOCATE NAME] has put in toward working on things with you? [INTERVIEWER: FIRST FOUR RESPONSE OPTIONS.]

Very dissatisfied	0
Somewhat dissatisfied	1
Somewhat satisfied	2
Very satisfied	3

S11. What types of services or help have you received from [ADVOCATE NAME] over the **last 6-months**? I'm going to list some common services and you can tell me if you didn't need it, if you needed help but didn't get it, or if you needed help and got it, okay?

Did you receive help or support with:

		Didn't Need (88)	Needed but Didn't get (0)	Needed & got (1)
a.	Housing			
b.	Employment			
c.	Education			
d.	Finances (financial help)			
e.	Legal assistance			
f.	[ask if Q7=Yes] Childcare			
g.	Counseling			
h.	Transportation			
i.	Healthcare			
j.	[ask if Q7=Yes] Issues for children (besides childcare)			
k.	Food			
l.	Clothing			
m.	Other material goods or services (appliances, furniture, furnace repair, etc.)			
n.	Increasing social support			
o.	Staying or getting safe			
p.	Immigration issues			
q.	Anything else? (specify): _____			

S12. Now I would like to ask you some questions about your experience with the services you have received. Using this card [#2], for each statement I read please tell me which answer best reflects your experience. The options are: Not at all, A little, Somewhat, or Very Much/A Lot.

0	Not at all
1	A little
2	Somewhat
3	Very much or a lot

In the last six months, the advocate I worked with [ADVOCATE'S NAME]...

a.	...was knowledgeable about community resources.
b.	...knew how to connect me to community resources.
c.	...actively worked to connect me to community resources
d.	...provided me with regular support.
e.	...noticed my best qualities.
f.	...was interested in meeting my safety needs.
g.	...was interested in meeting my housing needs.
h.	...was interested in meeting my needs beyond safety & housing.
i.	...listened to me.
j.	...helped me learn new skills or practice existing skills.

k.	...valued my opinion.
l.	...was available when I needed them.
m.	...worked on meeting the needs of my whole family.
n.	...cared about my unique needs.
o.	...supported and encouraged me.
p.	<i>[Display only if survivor answered yes to Q7.]</i> ...worked on meeting the needs of my children.
q.	...helped me define and meet the goals I thought were important.
r.	...was nonjudgmental toward me.

S13. How connected did you feel to your advocate during the program? By connected I mean feeling like there was a bond between the two of you? So, how connected did you feel to [ADVOCATE NAME]? [Card #2]

Not at all	0
A little	1
Somewhat	2
Very much or a lot	3

S13a. Did the two of you work together well? In what ways?

S13b. Did the two of you share the same vision? In what ways?

S14. Please tell me, to what extent, if at all, would you say you feel the following because of the work your **advocate** did with you. So to what extent would you say you: [Hand survivor card #2 again.]

0	Not at all
1	A little
2	Somewhat
3	Very much or a lot
88	Not Applicable

a.	Are safer <i>because of the work you and your advocate did?</i>
b.	Are better able to get what you need for yourself
c.	<i>[Display only if survivor answered yes to Q7.]</i> Are better able to get what you need for your children
d.	Have more information that will help you
e.	Have more ways to keep yourself safer
f.	<i>[Display only if survivor answered yes to Q7.]</i> Have more ways to keep your children safer
g.	Understand more about the causes of domestic violence
h.	Understand more about how domestic violence affects you
i.	<i>[Display only if survivor answered yes to Q7.]</i> Understand more about how domestic violence affects your children
j.	Are able to deal/handle/cope with the impact of domestic violence
k.	Know more about the community resources you might need
l.	Feel more hopeful about the future

Thanks for answering all of those questions about [ADVOCATE NAME].

TRAUMA INFORMED PRACTICE SCALE [Goodman et al., 2016]

S15. Now I would like to ask you some questions about how it feels to participate in this program with [ORGANIZATION NAME]. We are especially interested in the extent to which staff at this program - **overall, not just your advocate** - recognize your challenges and difficulties, as well as your strengths and coping strategies.

Please tell me how true the following statements are **as you think about your interactions with all of the staff overall at [ORGANIZATION NAME] over the last 6-months** on a scale for 0 to 3, using this card [#3]. You may feel different ways about different staff members. Please respond with your overall impression of the staff.

0	Not at all true
1	A little true
2	Somewhat true
3	Very true
77	I don't know

a.	Staff respected my privacy.
b.	Staff were supportive when I was feeling stressed out or overwhelmed
c.	I decided what I wanted to work on in this program.
d.	I had the opportunity to learn how abuse and other difficulties affect responses in the body.
e.	I had the opportunity to learn how abuse and other difficulties affect peoples' mental health.
f.	Staff treated me with dignity.
g.	Staff respected the strengths I have gained through my life experiences.
h.	Staff respected the strengths I get from my culture or family ties.
i.	Staff understood that I know what's best for me.
j.	In this program, I had the opportunity to connect with others.
k.	I had opportunities to help other survivors of abuse in this program.
l.	This program created opportunities for me to learn how abuse and other hardships affect peoples' relationships.
m.	The strengths I brought to my relationships with my children, my family, or others were recognized in this program.
n.	Staff respected the choices that I made.
o.	In this program, I could share things about my life on my own terms and at my own pace.
p.	This program gave me opportunities to learn how abuse, and other difficulties, affect peoples' ability to think clearly and remember things.
q.	I had the option to get support from peers or others who have had experiences similar to my own.
r.	Staff could handle difficult situations.
s.	I learned more about how to handle unexpected reminders of the abuse and difficulties I have endured.

t.	I could trust staff.
----	----------------------

Cultural Responsiveness and Inclusivity Subscale (8 items)	
u.	Peoples' cultural backgrounds are respected in this program.
v.	Peoples' religious or spiritual beliefs are respected in this program.
w.	Staff respect peoples' sexual orientations and gender expressions.
x.	Staff understand what it means to be in my financial situation.
y.	Staff understand the challenges faced by people who are immigrants.
z.	Staff understand how discrimination impacts peoples' everyday experience.
aa.	Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.
bb.	This program treats people who face physical or mental health challenges with compassion.

S15a. [ASK IF SURVIVOR RESPONDED 'YES' TO Q7.] Again, using this card please tell me how true the following statements are as you think about your interactions with **all of the staff overall at [agency] over the last 6-months**. You may feel different ways about different staff members. Please respond with your overall impression of the staff.

Parenting Subscale (5 items)	
a.	I learned more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.
b.	Staff helped me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties.
c.	I learned more about how my own experience of abuse can influence my relationships with my children.
d.	The program provided opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.
e.	Staff supported me to strengthen my relationships with my children

S16. How satisfied have you been with [ORGANIZATION NAME] overall? Would you say:

Very dissatisfied	0
Somewhat dissatisfied	1
Somewhat satisfied	2
Very satisfied	3

S16a. Can you tell me more about that? [INTERVIEWER: Probe, Open-ended question.]

S17. We're also wondering about the services you may have been receiving from any other agencies in the last 6-months and how helpful they may or may not have been. In the last 6-months, have you received services from....

		Yes (1)	No (0)
a.	Another DV program		
b.	A housing program		
c.	Substance abuse program		

d.	Program helping w immigration issues		
e.	Program providing legal help		
f.	Religious-based program		
g.	Counseling/therapy/psychiatric		
h.	Other (specify)		

S17a. We're wondering how helpful or not the services you received from these other agencies were. [ONLY ASK CATEGORY IF PARTICIPANT RESPONDED 'YES' in S18 ABOVE] Using this card [#2] how helpful were these services?

		Not at all (0) A Little (1) Somewhat (2) Very Much or a lot (3)
a.	Another DV program	
b.	A housing program	
c.	Substance abuse program	
d.	Program helping with immigration issues	
e.	Program providing legal help	
f.	Religious-based program	
g.	Counseling/therapy/psychiatric	
h.	Other (specify)	

HOUSING STABILITY

H7. How many times have you moved in the last 6-months? [Please, only leave blank if the participant declined to answer. Input 0 if the answer is none.]

No moves in the last 6-months	SKIP TO H21	0
Has moved in the last 6-months. Specify number of moves during last 6-months: _____	GO TO H7a	1
Don't know	SKIP TO H21	77

If survivor has not moved in the last 6-months → **SKIP TO H21.**

If survivor has moved one or more times in the last 6-months → GO TO H7a.

H7a. Can you tell me a little about those moves? Could you walk me through your moves over the last six months? [INTERVIEWER: **ENTER NUMBERS ONLY.**]

		# moves TO:
1.	A house or apartment that you owned .	
2.	A house or apartment that you rented .	
3.	_____ (A's) place and paying part of the rent .	
4.	_____ (A's) place but not paying part of the rent.	

5.	A boy/girlfriend's/fiancé/significant other's (who is not A) place and paying part of the rent.	
6.	A boy/girlfriend's/fiancé/significant other's (who is not A) place but not paying part of the rent.	
7.	A friend or relative's house or apartment, and paying part of the rent.	
8.	A friend or relative's house or apartment but not paying part of the rent.	
9.	Year-round farm worker housing.	
10.	Seasonal farm worker housing.	
11.	Military housing.	
12.	A permanent housing program with services to help you keep your housing either on site or coming to you (shelter + care).	
13.	A transitional housing program.	
14.	A domestic violence shelter.	
15.	A homeless shelter.	
16.	A voucher hotel or motel.	
17.	A hotel or motel you paid for yourself.	
18.	A residential drug or alcohol treatment program.	
19.	Jail or prison.	
20.	A car or other vehicle	
21.	An abandoned building.	
22.	Anywhere outside [PROBE: STREETS, PARKS, ETC.]	
23.	OTHER -> SPECIFY: _____	
24.	Back to the home you were living in.	
77.	Don't know	

FS4. I just want to end by asking what kinds of things you are hoping someone from [ORGANIZATION NAME] or another organization can help you with in the coming days, weeks, or months.

		Yes (1)	No (0)
a.	Housing		
b.	Employment		
c.	Education		
d.	Financial help		
e.	Legal assistance		
f.	[ask if Q7 or Q7a = Yes] Childcare		
g.	Counseling		
h.	Transportation		

i.	Healthcare		
j.	[ask if Q7 or Q7a = Yes] Issues for children (besides childcare)		
k.	Food		
l.	Clothing		
m.	Other material goods and services (appliances, furniture, furnace repair)		
n.	Increasing social support		
o.	Other (please add notes below)		

END OF INTERVIEW: Thank you again for taking the time to do this interview today – I know there was a lot to answer. Many of those questions we won't have to ask you again; I know there were a lot of questions! Before we finish up, do you have any questions for me?

Appendix C: Tests for Differences Between Those Retained and Not at Six Months

Sample retention six months after baseline was 92 percent (n = 375/406). We examined whether there were any differences between those retained in the sample (n=375) and those not retained (n=31) on race/ethnicity, age, number of children, housing status at baseline, history of homelessness, abuse severity, and whether they had received services from the recruiting agency. The only significant difference was that those lost to the study were less likely to have received services compared to those retained in the study, based on agency records.

Race Minority

Race Minority		No	Yes	Total
Completed 6mo Interview	No	7.64% (n=11)	7.66% (n=20)	31
	Yes	92.36% (n=133)	92.34% (n=241)	374
Total		144	261	405

*Total number of participants reported is 405 because one participant declined to answer this question.

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	0.0001	1	.993
Likelihood Ratio	0.001	1	.993
N of Valid Cases	405		

The relationship between these variables was not significant
 $X^2(1, N = 405) = 0.0001, p = .993$

Age

Completed 6-month interview	n	M	SD	T	Sig. (2-tailed)
Yes	375	34.57	9.01	-0.507	0.612
No	31	33.71	9.17		

The relationship between these variables was not significant
 $t(404) = -.51, p = .612$

Number of Children

Completed 6-month interview	n	M	SD	T	Sig. (2-tailed)
Yes	375	1.47	1.32	0.037	0.970
No	31	1.48	1.36		

The relationship between these variables was not significant
 $t(404) = .04, p = .970$

Housing Status at Baseline

Completed 6-month interview	No	Yes	Total
Homeless	6.5% (n=2)	5.8% (n=22)	24
Shelter	38.6% (n=12)	36.3% (n=136)	148
Transitional or Permanent Housing Program	0	2.4% (n=9)	9
Contributing no Rent to House/Apt P is staying in	19.4% (n=6)	22.1% (n=83)	89
Contributing Partial Rent to House/Apt P is staying in	9.7% (n=3)	9.1% (n=34)	37
Fully Rent or Own House/Apt	25.8% (n=8)	24% (n=90)	98
SA Treatment Program	0	0.3% (n=1)	1
Total	31	375	406

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.041	6	.984
Likelihood Ratio	1.805	6	.937
N of Valid Cases	406		

The relationships between these variables were not significant
 $X^2 (6, N = 406) = 1.81, p = .984$

History of Homelessness

Has Ever Been Homeless		No	Yes	Total
Completed 6mo Interview	No	8.3% (n=9)	7.4% (n=22)	31
	Yes	91.7% (n=99)	92.6% (n=276)	375
	Total	108	298	406

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.102	1	.750
Likelihood Ratio	.100	1	.752
N of Valid Cases	406		

The relationship between these variables was not significant
 $X^2 (1, N = 406) = .10, p = .750$

Abuse Severity

Completed 6-month interview	n	M	SD	t	Sig. (2-tailed)
Yes	373	1.69	1.11	0.236	0.814
No	31	1.74	1.34		

Abuse was measured on a 6-point scale ranging from 0 to 5, with 5 indicating more severe abuse. The relationship between these variables was not significant, $t(402) = .24, p = .814$

Received Services from Recruiting Agency (based on agency records)

Received Services		No	Yes	Total
Completed 6mo Interview	No	24.5% (n=12)	5.3% (n=19)	31
	Yes	75.5% (n=37)	94.7% (n=338)	375
Total		49	357	406

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22.446	1	.000		
Continuity Correction	19.810	1	.000		
Likelihood Ratio	16.069	1	.000		
Fisher's Exact Test				.000	.000

The relationship between these variables was significant
 $X^2 (1, N = 406) = 22.44, p < .001$

Appendix D: Tests for Baseline Differences Between Those Who Received Services and Those Who Did Not at Six Months

We examined whether there were any differences between those who received services (n=345) and those who did not receive services in the first six months of the study (n=30) on race minority, age, number of children, housing status at baseline, history of homelessness, and abuse severity. The only significant difference was in housing status at baseline: those who received services were more likely to be homeless, live in a shelter, or rent/own their home compared to those who did not receive services.

Race Minority

Race Minority		No	Yes	Total
Received services at 6-months	No	9.02% (n=12)	7.47% (n=18)	30
	Yes	90.98% (n=121)	92.53% (n=223)	344
Total		133	241	374

*Total number of participants reported is 374 because one participant declined to answer this question.

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	0.280	1	.596
Likelihood Ratio	0.276	1	.599
N of Valid Cases	374		

The relationship between these variables was not significant
 $X^2(1, N = 374) = 0.280, p = .596$

Age

Received services at 6-months	n	M	SD	t	Sig. (2-tailed)
Yes	345	34.72	9.06	-1.098	.273
No	30	32.83	8.41		

The relationship between these variables was not significant
 $t(373) = -1.098, p = .273$

Number of Children

Received services at 6-months	n	M	SD	t	Sig. (2-tailed)
Yes	345	1.49	1.33	-0.902	.367
No	30	1.27	1.17		

The relationship between these variables was not significant
 $t(373) = -0.902, p = .367$

Housing Status at Baseline

Received services at 6-months	No	Yes	Total
Homeless	13.33% (n=4)	5.22% (n=18)	22
Shelter	6.66% (n=2)	38.8% (n=134)	136
Transitional or Permanent Housing Program	3.33%(n=1)	2.32% (n=8)	9
Contributing no Rent to House/Apt P is staying in	36.67% (n=11)	20.86% (n=72)	83
Contributing Partial Rent to House/Apt P is staying in	33.33% (n=10)	6.96% (n=24)	34
Fully Rent or Own House/Apt	6.66% (n=2)	25.51% (n=88)	90
SA Treatment Program	0	0.29% (n=1)	1
Total	30	345	375

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.555	6	<.0001
Likelihood Ratio	35.777	6	<.0001
N of Valid Cases	375		

The relationship between these variables was significant
 $X^2 (6, N = 375) = 35.78, p <.0001$

History of Homelessness

History of Homelessness		No	Yes	Total
Received services at 6-months	Yes	89.90% (n=89)	92.75% (n=256)	345
	No	10.10% (n=10)	7.24% (n=20)	30
	Total	99	276	375

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.806	1	.369
Likelihood Ratio	.771	1	.379
N of Valid Cases	375		

The relationship between these variables was not significant
 $X^2 (1, N = 375) = .81, p = .369$

Abuse Severity

Received services at 6 months	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	Sig. (2-tailed)
Yes	343	1.68	1.13	0.370	.711
No	30	1.76	0.81		

Abuse was measured on a 6-point scale ranging from 0 to 5, with 5 indicating more severe abuse. The relationship between these variables was not significant, $t(373) = .37, p = .711$

Appendix E: Tests for Differences Between Those Retained and Not at 12 Months

Sample retention twelve months after baseline was 91 percent (n = 369/406). We examined whether there were any differences between those retained in the sample (n=369) and those not retained (n=37) on race/ethnicity, age, number of children, housing status at baseline, history of homelessness, abuse severity, and whether they had received services from the recruiting agency. Participants not retained in the study were comparable to those who were retained with regard to age, race, ethnicity, housing status at baseline, history of homelessness, abuse severity and number of children. The only difference between the groups was that those retained in the study at 12 months were more likely to have received services in the first six months of the study (92 percent) compared to those not retained (68 percent), based on examining agency records.

Race Minority

Race Minority		No	Yes	Total
Completed 12-month interview	No	8.33% (n=12)	9.19% (n=24)	36
	Yes	91.66% (n=132)	90.80% (n=237)	369
Total		144	261	405

*Total number of participants reported is 405 because one participant declined to answer this question.

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	0.085	1	.769
Likelihood Ratio	0.085	1	.770
N of Valid Cases	405		

Age

Completed 12-month interview	n	M	SD	T	Sig. (2-tailed)
Yes	369	34.38	9.06	-0.832	0.406
No	37	35.68	8.59		

Number of Children

Completed 12-month interview	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>Sig. (2-tailed)</i>
Yes	369	1.49	1.323	0.469	0.639
No	37	1.38	1.277		

Housing Status at Baseline

Completed 12-month interview	No	Yes	Total
Homeless	5 (13.5%)	19 (5.1%)	24
Shelter	13 (35.2%)	135 (36.6%)	148
Transitional or Permanent Housing Program	0	9 (2.4%)	9
Contributing no Rent to House/Apt P is staying in	7 (18.9%)	82 (22.2%)	89
Contributing Partial Rent to House/Apt P is staying in	5 (13.5%)	32 (8.7%)	37
Fully Rent or Own House/Apt	7 (18.9%)	91 (24.7%)	98
SA Treatment Program	0	1 (0.3%)	1
Total	37	369	406

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6.494	6	.370
Likelihood Ratio	6.384	6	.382
Linear-by-Linear Association	.866	1	.352
N of Valid Cases	406		

History of Homelessness

Has Ever Been Homeless		No	Yes	Total
Completed 12mo Interview	No	0	29 (9.7%)	37
	Yes	100 (100%)	269 (90.3%)	369
Total		108	298	406

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.517 ^a	1	.472
Likelihood Ratio	.538	1	.463
Linear-by-Linear Association	.516	1	.473
N of Valid Cases	406		

Abuse Severity

Completed 12-month interview	n	M	SD	t	Sig. (2-tailed)
Yes	367	1.67	1.10	1.324	0.186
No	37	1.93	1.33		

Note: Abuse was measured on a 6-point scale ranging from 0 to 5, with 5 indicating more severe abuse.

Service History

Received any Services		No	Yes	Total
Completed 12-month Interview	No	12 (28.6%)	25 (6.9%)	37
	Yes	30 (71.4%)	339 (93.1%)	369
Total		42	364	406

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	21.414 ^a	1	.000		
Continuity Correction ^b	18.874	1	.000		
Likelihood Ratio	15.372	1	.000		
Fisher's Exact Test				.000	.000
N of Valid Cases	406				

Appendix F: Testing Whether Survivors Who Received DVHF Had More Positive Outcomes at Six-Months

When the research team had data only from baseline and the 6-month timeframe, we examined the short-term impact of the DVHF model. DVHF intervention effects were examined by using inverse-probability-weighted regression-adjustment (IPWRA) estimators (Hernan & Robins, 2020; Joffe et al., 2004; Lunceford & Davidian, 2004; Rosenbaum, 1987; Rosenbaum & Rubin, 1983). IPWRA estimators enable us to account for selection bias by simultaneously estimating two models: a ‘treatment’ model that includes factors that increase the probability of receiving the intervention, and an ‘outcome’ model that includes factors associated with the outcomes (e.g., the intervention and other relevant covariates)⁵.

Hypotheses were tested using IPWRA estimators, comparing those who received the DVHF model with those receiving services as usual. Because differences between the two groups at baseline could affect outcome trajectories if not controlled for, we first examined whether there were any meaningful baseline differences between those who received DVHF versus those receiving services as usual. To accomplish this, we examined 72 variables and scales (demographics as well as outcome variables and potential mediator or moderator variables) and found 15 to be significantly different (all with small differences; see Appendix E). Thirteen of these predictors were included in the treatment model portion of the IPWRA estimator:

1. parenting children
2. living with the abuser
3. racial/ethnic minority
4. having been in foster care as a child
5. housing barriers
6. staying with friends to avoid homelessness
7. inability to make ends meet
8. overall abuse
9. alcohol misuse
10. drug misuse
11. quality of life
12. housing instability
13. and the agency being in a rural area

⁵ IPWRA first uses a logistic regression model to estimate a propensity score ($p(x)=P(T=1|X=x)$), or the probability of being in the intervention group based on relevant measured baseline covariates, for each individual. IPWRA then uses the inverse of the propensity score ($w(x)=1/p(x)$ for treated individuals and $w(x)=1/(1-p(x))$ for untreated individuals) as a weight when computing the predicted average of the outcome for each treatment group. Contrasting the averages for each treatment group provides the estimated treatment effect on the outcome.

Two factors identified in the logistic regressions were omitted from the treatment model: Seeking help with housing perfectly predicted cases, which would have resulted in their exclusion from the model; Stalking is a subscale of the Overall Abuse measure and the two baseline scores were highly correlated ($r = .811$). For models with child-related outcomes, parenting children was omitted from the model due to issues with collinearity (i.e., only those who answered yes responded to child-related questions).

In the outcome model, several covariates were included to account for their influence on the outcomes above and beyond their influence on SAU/DVHF. The covariates included:

1. the baseline outcome
2. having been employed in the last six months
3. education level
4. racial/ethnic minority
5. having a physical disability
6. US citizenship
7. lifetime homelessness (number of days)
8. having been in foster care as a child
9. ability to read English
10. parenting children
11. financial difficulty
12. whether in a relationship with abuser
13. age

To account 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) cluster-robust standard errors (CR-SEs) were used. Specifically, agency was treated as a fixed effect across all models (as agency does not change), and the clustering by advocate was accounted for by obtaining standard errors that reflect the nature of these clusters. (McNeish et al., 2017; McNeish & Kelley, 2019). An IPWRA model was estimated for each outcome. All six-month analyses were conducted in Stata 17.

The main hypothesis at six months was that survivors receiving DVHF would show greater improvement than those receiving services as usual on: housing stability, financial stability, safety, quality of life, mental health symptomatology and substance abuse. Survivors who received the DVHF model reported significant improvements on:

- housing stability
- financial difficulties, ability to make ends meet
- economic abuse
- depression
- PTSD
- alcohol misuse

The difference in housing stability had a medium effect size; all other effect sizes were small.

No group differences were found on:

- financial strain
- physical, emotional, or sexual abuse
- stalking
- use of the children as an abuse strategy
- safety-related empowerment
- quality of life
- anxiety
- drug misuse.

Testing Whether Children of Survivors Who Received DVHF Had More Positive Outcomes

The secondary hypothesis at six months was that children whose parents received the DVHF model would experience positive outcomes as well. Specifically, we hypothesized that children would show decreased behavioral problems and increased pro-social behaviors. Parents who received DVHF reported a significant decrease in their child's behavior problems, with a small effect size. There was no significant increase in pro-social behaviors. The tables on the following pages include the group and total means across all outcomes, as well as the results of the regression analyses.

A Note on Different Findings Between this Analysis and the Longitudinal Analyses

Some findings were different between these analyses and the longitudinal analyses described in the body of this report. Using just the two time points of baseline and 6-month followup, IPWR analyses revealed that survivors who received the DVHF model reported significant improvements on housing stability, financial stability, economic abuse, safety-related empowerment, depression, PTSD, and alcohol misuse at six months. While the findings here are similar to those that emerged in the longitudinal analyses, and both analyses supported the hypothesis that DVHF improves housing stability more than does SAU, they are not identical. It is important to recognize that growth curve and path modeling are more robust for examining changes longitudinally, as they account for intraindividual change over time. For this reason, only the longitudinal analyses are presented in the actual report.

Table F-1. Group and Total Means and (SD) on Outcomes Baseline to Six Months

Outcome	DVHF (n=221)		SAU (n=124)		Total Sample (N=345)	
	Baseline Mean (SD)	6-month Mean (SD)	Baseline Mean (SD)	6-month Mean (SD)	Baseline Mean (SD)	6-month Mean (SD)
Housing stability	4.46 (1.67)	2.88 (1.98)	5.29 (1.54)	4.30 (1.81)	4.76 (1.67)	3.39 (2.03)
Financial stability						
--Inability to make ends meet	6.43 (1.70)	5.82 (1.89)	6.86 (1.52)	6.18 (1.84)	6.58 (1.65)	5.95 (1.88)
--Financial strain	2.84 (6.67)	1.50 (1.03)	2.92 (7.62)	1.68 (1.14)	2.65 (6.43)	1.57 (1.08)
--Difficulty paying bills	2.28 (0.69)	2.13 (0.79)	2.31(0.66)	2.25 (0.77)	2.29 (0.68)	2.17 (0.78)
Safety						
--Physical abuse	1.22 (1.03)	0.26 (0.60)	1.41 (1.19)	0.34 (0.62)	1.29 (1.09)	0.29 (0.61)
--Emotional abuse	1.98 (1.33)	0.51 (0.85)	2.28 (1.26)	0.72 (1.00)	2.08 (1.31)	0.59 (0.91)
--Sexual abuse	1.08 (1.46)	0.16 (0.60)	1.30 (1.57)	0.24 (0.77)	1.16 (1.50)	0.19 (0.67)
--Stalking/harassment	2.05 (1.55)	0.95 (1.22)	2.50(1.70)	1.36(1.47)	2.21 (1.62)	1.10 (1.33)
--Economic abuse	1.40 (1.06)	0.38 (0.71)	1.57 (1.04)	0.66 (1.01)	1.46 (1.05)	0.48 (0.84)
--Use of children	1.74 (1.12)	1.12 (1.23)	1.65 (1.13)	1.19 (1.23)	1.71 (1.12)	1.15 (1.23)
--Safety related empowerment	2.12 (0.55)	2.30 (0.57)	2.01 (0.64)	2.14 (0.66)	2.08 (0.58)	2.24 (0.61)
Quality of life	4.14 (1.17)	4.68 (1.25)	3.80 (1.14)	4.37 (1.34)	4.02 (1.17)	4.57 (1.29)
Mental health						
--Depression	12.90 (6.67)	9.36 (6.75)	13.63(7.13)	11.73(6.45)	13.17(6.84)	10.21(6.73)
--Anxiety	12.15 (6.40)	9.00 (6.36)	12.68(6.31)	10.50(6.15)	12.34(6.37)	9.54(6.31)
--PTSD	7.08 (2.42)	5.64 (3.12)	7.01 (2.50)	6.28(3.02)	7.05 (2.45)	5.87 (3.10)
Substance misuse						
--Drug use	0.42 (0.95)	0.25 (0.75)	0.78 (1.45)	0.47 (1.11)	0.55 (1.16)	0.33 (0.90)
--Alcohol use	0.32 (0.78)	0.17 (0.65)	0.52 (1.12)	0.39 (0.92)	0.39 (0.92)	0.25 (0.77)
Child outcomes						
--Behavior problems	13.41 (7.45)	11.59(7.22)	15.75(9.32)	15.47(8.57)	14.25(8.22)	12.90(7.89)
--Pro-social behaviors	8.35 (1.80)	8.48 (1.78)	8.25 (2.22)	8.09 (2.49)	8.31 (1.96)	8.35 (2.05)

Table F-2. Regression Results Comparing DVHF and SAU at Six-Months (N=345)

Outcome	<i>b</i>	<i>SE</i>	<i>p</i> -value	CI		Cohen's D
				Lower bound	Upper bound	
Housing stability*	-1.244	0.258	0.000	-1.751	-0.738	0.565
Financial stability						
--Inability to make ends meet*	-0.452	0.191	0.018	-0.825	-0.079	0.163
--Financial strain	-0.056	0.103	0.590	-0.258	0.147	0.023
--Financial difficulty*	-0.134	0.056	0.017	-0.244	-0.024	0.053
Safety						
--Composite abuse scale	-0.112	0.064	0.081	-0.239	0.014	0.092
--Physical abuse	-0.011	0.050	0.820	-0.108	0.086	-0.051
--Emotional abuse	-0.105	0.081	0.195	-0.264	0.054	0.052
--Sexual abuse	-0.041	0.070	0.557	-0.178	0.096	-0.015
-- Stalking/harassment	-0.285	0.164	0.082	-0.607	0.037	0.194
--Economic abuse*	-0.163	0.081	0.044	-0.321	-0.004	0.194
--Use of children	-0.224	0.143	0.117	-0.504	0.056	-0.052
--Safety-related empowerment	0.095	0.049	0.050	0.000	0.191	-0.173
Quality of Life	0.133	0.108	0.219	-0.079	0.344	-0.025
Mental health						
--Depression*	-2.003	0.581	0.001	-3.143	-0.864	0.237
--Anxiety	-0.764	0.525	0.146	-1.793	0.265	0.032
--PTSD*	-0.476	0.229	0.038	-0.925	-0.027	0.037
Substance misuse						
--Drug misuse	-0.035	0.059	0.549	-0.151	0.080	0.008
--Alcohol misuse*	-0.147	0.065	0.024	-0.275	-0.019	0.195
Child outcomes						
--Behavior problems*	-2.524	0.892	0.005	-4.272	-0.776	0.383
--Pro-social behaviors	0.444	0.232	0.056	-0.011	0.900	-0.294

Note: *significant at <.05

Appendix G: Logistic Regressions Examining Baseline Differences That Could Predict Who Received DVHF vs Services as Usual (N = 351)

Variable	beta	Odds Ratio	SE	p	95% CI	
					lower	Upper
1. Age	-0.001	0.999	0.012	0.947	0.975	1.024
2. Hispanic/Latinx	-0.188	0.828	0.192	0.416	0.526	1.304
3. <i>Minority*</i>	0.480	1.616	0.372	0.037	1.029	2.538
4. English as primary language	0.128	1.137	0.323	0.652	0.651	1.985
5. Gender identity	-0.0415	0.959	0.235	0.866	0.593	1.551
6. Heterosexual	0.407	1.502	0.485	0.208	0.797	2.830
7. US citizen	-0.611	0.543	0.170	0.052	0.294	1.004
8. Involved with abuser	-0.698	0.498	0.183	0.058	0.242	1.023
9. Homeless as child	-0.137	0.872	0.235	0.612	0.514	1.479
10. In agency shelter	-0.093	0.911	0.207	0.683	0.584	1.423
11. <i>Living with abuser*</i>	-0.892	0.410	0.179	0.041	0.174	0.964
12. Length of relationship with abuser (in months)	-0.001	0.999	0.001	0.347	0.996	1.001
13. Length of abuse (in days)	-0.000	1.000	0.000	0.826	1.000	1.000
14. Overall physical health	0.118	1.125	0.119	0.268	0.913	1.385
15. <i>Children*</i>	0.532	1.703	0.424	0.033	1.045	2.775
16. Number of children	-0.007	0.993	0.083	0.930	0.843	1.170
17. Use of child	0.091	1.095	0.127	0.435	0.872	1.376
18. Employed in last 6 months	0.262	1.299	0.292	0.244	0.836	2.018
19. Feelings about employment	0.035	1.036	0.059	0.536	0.927	1.158
20. Enrolled in school	0.602	1.825	0.588	0.062	0.970	3.433

Variable	beta	Odds Ratio	SE	p	95% CI	
					lower	Upper
21. Access to car	-0.032	0.969	0.225	0.891	0.615	1.526
22. Driver's license	0.381	1.464	0.337	0.098	0.932	2.299
23. Education level	0.079	1.082	0.051	0.096	0.986	1.187
24. Depression	-0.014	0.986	0.016	0.384	0.955	1.018
25. Anxiety	-0.013	0.988	0.017	0.480	0.954	1.022
26. PTSD	0.020	1.020	0.046	0.665	0.933	1.115
27. Difficulty paying bills	-0.028	0.972	0.160	0.865	0.704	1.344
28. Borrowed money for rent or mortgage	0.215	1.240	0.282	0.343	0.795	1.936
29. Lifetime homelessness	-0.000	1.000	0.000	0.374	1.000	1.000
30. Foster care*	-0.693	0.500	0.143	0.016	0.285	0.877
31. Housing barriers*	-0.562	0.570	0.148	0.031	0.343	0.948
32. Stayed with friends or family to avoid homelessness (as an adult)*	-0.887	0.412	0.161	0.024	0.191	0.888
33. Inability to make ends meet*	-0.164	0.849	0.061	0.023	0.737	0.977
34. Financial strain	-0.021	0.980	0.092	0.828	0.814	1.179
35. Physical disability	-0.208	0.812	0.186	0.362	0.519	1.271
36. Mental health issues	0.032	1.033	0.248	0.893	0.646	1.652
37. Overall abuse (CAS)*	-0.219	0.804	0.079	0.026	0.663	0.974
38. Economic abuse - restriction of finances	-0.126	0.881	0.077	0.149	0.742	1.046
39. Economic abuse - financial exploitation	-0.108	0.898	0.097	0.319	0.726	1.110
40. Drug misuse*	-0.247	0.781	0.074	0.009	0.649	0.940

Variable	beta	Odds Ratio	SE	p	95% CI	
					lower	Upper
41. Alcohol misuse*	-0.250	0.779	0.091	0.032	0.620	0.978
42. Internal tools related to safety	0.217	1.242	0.214	0.209	0.885	1.742
43. Trade-offs related to safety	0.188	1.207	0.151	0.134	0.944	1.543
44. Expectations of support related to safety	0.111	1.117	0.164	0.450	0.838	1.490
45. Hope	0.380	1.462	0.320	0.083	0.952	2.246
46. Positive emotions	0.201	1.223	0.143	0.086	0.972	1.539
47. Negative emotions	-0.182	0.833	0.093	0.102	0.670	1.037
48. Social support	-0.169	0.844	0.083	0.084	0.697	1.023
49. Quality of life*	0.237	1.268	0.123	0.015	1.048	1.535
50. Seeking help with housing*	-2.128	0.119	0.124	0.041	0.015	0.916
51. Seeking help with employment	-0.056	0.945	0.214	0.803	0.607	1.473
52. Seeking help with education	-0.128	0.880	0.205	0.584	0.557	1.390
53. Seeking help with finances	0.620	1.858	0.735	0.117	0.856	4.035
54. Seeking legal help	-0.317	0.728	0.184	0.209	0.444	1.195
55. Seeking help with childcare	0.129	1.138	0.257	0.566	0.731	1.772
56. Seeking help with counseling	-0.147	0.864	0.277	0.647	0.461	1.618
57. Seeking help w transportation	0.351	1.420	0.318	0.117	0.916	2.202
58. Seeking help with healthcare	-0.129	0.879	0.203	0.577	0.560	1.382
59. Seeking help children's needs	0.060	1.061	0.239	0.791	0.683	1.650
60. Seeking help with food	-0.325	0.722	0.168	0.162	0.458	1.139

Variable	beta	Odds Ratio	SE	p	95% CI	
					lower	Upper
61. Seeking help with clothing	-0.340	0.712	0.169	0.153	0.446	1.134
62. Seeking help for material goods	0.096	1.101	0.265	0.690	0.687	1.764
63. Seeking help with social support	0.193	1.213	0.365	0.522	0.672	2.187
64. <i>Housing instability*</i>	<i>-0.328</i>	<i>0.721</i>	<i>0.054</i>	<i>0.000</i>	<i>0.623</i>	<i>0.834</i>
65. Sexual abuse	-0.080	0.923	0.068	0.273	0.799	1.065
66. <i>Stalking*</i>	<i>-0.171</i>	<i>0.843</i>	<i>0.058</i>	<i>0.014</i>	<i>0.736</i>	<i>0.966</i>
67. Physical abuse	-0.149	0.861	0.087	0.140	0.706	1.050
68. Emotional abuse	-0.162	0.850	0.073	0.058	0.719	1.006
69. Economic abuse	-0.144	0.866	0.092	0.173	0.703	1.065
70. <i>Rural/Urban*</i>	<i>-0.938</i>	<i>0.391</i>	<i>0.091</i>	<i>0.000</i>	<i>0.248</i>	<i>0.618</i>
71. Reads English	0.069	1.071	0.160	0.646	0.799	1.437
72. Household income	-0.004	0.996	0.047	0.935	0.909	1.092

*significant $p < .05$.

Note: For dichotomous variables, “no” = 0 and “yes” = 1. Positive beta coefficients indicate higher likelihood of receiving DVHF, while negative beta coefficients indicate higher likelihood of receiving SAU. Survivors who received DVHF were less likely to have lived with their abuser at baseline, were less likely to have been in foster care, less likely to report barriers to housing, less likely to stay with friends and family to avoid homelessness, were better able to make ends meet, experienced less abuse, were less likely to misuse drugs and alcohol, had higher quality of life, and had greater housing stability when compared to those who received services as usual. Those in the DVHF group were also more likely to identify as a racial minority, to be parenting children, and to have sought help from one of the urban agencies.

Appendix H: Baseline Covariates Included in Each Longitudinal Outcome Model

Outcomes	Covariates												
	Employment	High School Education	Race Minority	Have Disability	Citizenship	Foster Care	Children	Relationship Status	Age	Financial Difficulty	Lifetime Homelessness	Read English	Agency
Housing stability	✓				✓		✓	✓		✓	✓	✓	✓
Inability to make ends meet				✓	✓					✓	✓		✓
Financial strain	✓			✓				✓	✓	✓			✓
Financial difficulty	✓	✓	✓					✓					✓
Physical abuse	✓	✓			✓		✓		✓	✓			✓
Emotional abuse							✓		✓	✓			✓
Sexual abuse							✓	✓			✓	✓	✓
Stalking										✓			✓
Economic abuse										✓	✓	✓	✓
Use of Children	✓	✓						✓		✓			✓
Safety-related empowerment		✓		✓	✓		✓	✓		✓			✓
Quality of life							✓	✓		✓			✓
Depression		✓		✓	✓		✓	✓		✓			✓
Anxiety			✓	✓			✓			✓			✓
PTSD		✓		✓			✓		✓	✓		✓	✓
Substance misuse	✓			✓	✓			✓	✓				✓
Alcohol misuse						✓					✓	✓	✓
Behavior problems													✓
Pro-social behaviors	✓								✓			✓	✓
School performance		✓		✓	✓			✓	✓	✓			✓
School attendance	✓										✓		✓

Appendix I. Growth Curve Results Comparing DVHF and SAU at Twelve-Months without Covariates (N=345)

Outcome	b	B	SE	p-value	95% CI		Model Fit Indices				
					Lower bound	Upper bound	X ²	p	CFI	RMSEA	
Housing stability*											
6 months	-0.716	-0.182	0.178	<0.001	-1.066	-0.366	7.588	0.270	0.987	0.038	
12 months	-0.912	-0.218	0.183	<0.001	-1.271	-0.553					
Financial stability											
--Inability to make ends meet											
6 months	-0.184	-0.050	0.126	0.145	-0.431	0.063	12.380	0.054	0.971	0.054	
12 months	-0.039	-0.010	0.235	0.867	-0.500	0.421					
--Financial strain											
6 months	-0.209	-0.100	0.078	0.007	-0.363	-0.056	14.397	0.026	0.917	0.072	
12 months	0.078	0.037	0.105	0.460	-0.129	0.285					
--Financial difficulties											
6 months	0.018	0.012	0.066	0.783	-0.112	0.148	16.366	0.012	0.954	0.066	
12 months	0.031	0.019	0.089	0.727	-0.143	0.205					
Quality of Life											
6 months	0.257	0.101	0.099	0.009	0.063	0.451	18.157	0.006	0.963	0.081	
12 months	0.003	0.001	0.127	0.983	-0.246	0.251					
Mental health											
--Depression											
6 months	-1.835	-0.139	0.482	<0.001	-2.780	-0.890	16.531	0.011	0.966	0.070	
12 months	-0.878	-0.067	0.470	0.062	-1.799	0.043					
--Anxiety											
6 months	-1.602	-0.128	0.489	0.001	-2.560	-0.644	11.626	0.169	0.984	0.042	
12 months	-1.338	-0.107	0.690	0.053	-2.691	0.015					
--PTSD*											
6 months	-0.666	-0.110	0.272	0.014	-1.200	-0.133	26.097	0.000	0.934	0.093	
12 months	-0.833	-0.136	0.410	0.042	-1.637	-0.029					
Substance misuse											
--Drug misuse											
6 months	-0.126	-0.074	0.065	0.051	-0.253	0.001	12.268	0.140	0.963	0.049	
12 months	-0.101	-0.057	0.103	0.326	-0.303	0.101					
--Alcohol misuse											
6 months	-0.226	-0.150	0.085	0.008	-0.392	-0.059	8.390	0.211	0.987	0.037	
12 months	-0.156	-0.089	0.106	0.141	-0.364	0.052					
Safety-related empowerment											
6 months	0.114	0.095	0.049	0.019	0.018	0.209	9.700	0.138	0.989	0.045	
12 months	0.173	0.157	0.048	<0.001	0.079	0.268					

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported. * $p < 0.05$

Appendix J. Child Outcomes Growth Curve Results Comparing DVHF and SAU at Six and Twelve-Months without Covariates (N=145)

Outcome	b	β	SE	p-value	95% CI		Model Fit Indices				
					Lower bound	Upper bound	X ²	p	CFI	RMSEA	
Behavior problems											
6 months	-1.521	-0.094	0.883	0.085	-3.252	0.209	4.136	0.845	1.000	0.000	
12 months	-0.616	1.397	1.027	0.549	-2.629	1.397					
Pro-social behavior*											
6 months	0.659	0.152	0.229	0.004	0.209	1.108	6.900	0.439	1.000	0.000	
12 months	0.697	0.168	0.334	0.037	0.043	1.352					
School performance											
6 months	0.137	0.087	0.084	0.103	-0.028	0.303	18.311	0.019	0.689	0.092	
12 months	0.007	0.005	0.128	0.958	-0.244	0.258					
School attendance											
6 months	1.508	0.088	1.301	0.247	-1.043	4.059	49.966	<0.001	0.000	0.235	
12 months	2.296	0.097	1.653	0.165	-0.943	5.535					

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported.

* $p < 0.05$

Appendix K. Path Model Results Comparing DVHF and SAU at Twelve-Months Without Covariates (N=345)

Safety Outcomes	b	β	SE	p-value	95% CI		Model Fit Indices				
					Lower bound	Upper bound	X ²	p	CFI	RMSEA	
Abuse Total Score											
6 months	-0.018	-0.012	0.079	0.825	-0.173	0.138	1.375	0.711	1.000	0.000	
12 months	-0.150	-0.119	0.082	0.067	-0.310	0.011					
--Physical abuse											
6 months	0.507	0.047	0.062	0.360	-0.065	0.180	4.005	0.261	0.988	0.029	
12 months	-0.123	-0.126	0.063	0.049	-0.246	-0.001					
--Emotional abuse											
6 months	0.029	0.015	0.098	0.763	-0.162	0.221	1.514	0.676	1.000	0.000	
12 months	-0.221	-0.137	0.098	0.025	-0.413	-0.028					
--Sexual abuse											
6 months	0.012	0.009	0.068	0.858	-0.121	0.146	4.096	0.251	0.983	0.037	
12 months	-0.058	-0.055	0.053	0.277	-0.162	0.046					
--Stalking											
6 months	-0.210	-0.074	0.214	0.326	-0.630	0.210	2.809	0.422	1.000	0.000	
12 months	-0.184	-0.076	0.140	0.189	-0.459	0.091					
Economic Abuse											
6 months	-0.085	-0.049	0.119	0.478	-0.318	0.149	5.493	0.139	0.992	0.045	
12 months	-0.124	-0.085	0.064	0.054	-0.252	0.002					
Use of children											
6 months	-0.032	-0.013	0.133	0.813	-0.293	0.230	7.505	0.057	0.982	0.086	
12 months	-0.173	-0.070	0.098	0.076	-0.365	0.018					

Note: SAU is the reference group. Unstandardized coefficients (b), standardized coefficients (β), robust standard errors (SE), and 95% confidence intervals (CI) are reported.