

Domestic Violence Housing First (DVHF) Services Show Promise for Increasing Housing Stability for Survivors: Findings After 6 and 12 Months

Cris M. Sullivan, Mayra Guerrero, Cortney Simmons, Gabriela López-Zerón, Adam Farero, Danielle Chiaramonte, Oyesola Oluwafunmilayo Ayeni, and Mackenzie Sprecher

KEY FINDINGS

- Unstably housed domestic violence survivors¹ who received the Domestic Violence Housing First (DVHF) model – including mobile advocacy and/or flexible financial assistance – reported a number of small, positive changes at both 6 and 12 months after seeking services, compared to survivors who received services as usual.
- The evaluation study shows that the DVHF demonstration met its primary goal of increasing housing stability, both 6 and 12 months after unstably housed domestic violence survivors sought services.
- Survivors who received DVHF reported:
 - Improvements in Post-Traumatic Stress Disorder (PTSD) and safety-related empowerment, both 6 and 12 months after seeking services.
 - Improvements in financial strain, ability to make ends meet, and quality of life, as well as reduced depression, anxiety, and alcohol misuse 6 months after seeking services, but these findings were not sustained at 12 months.
 - Reductions in physical abuse, emotional abuse, economic abuse, and use of children as an abuse tactic, 12 months after seeking services; these findings were not present at 6 months.
 - Increases in their children’s pro-social (e.g., socially competent, positive) behaviors both 6 and 12 months after seeking services, and improved school performance 6 months after seeking services.

BACKGROUND

Domestic violence is a leading cause of homelessness.¹ As a result, DV programs often aim to improve survivor safety, housing stability, and other aspects of well-being. Unfortunately, little evidence exists about effective strategies to assist survivors as they work to avoid homelessness while freeing themselves and their children from abuse by partners and ex-partners.^{2,3} Previous [research](#) has suggested that providing “Domestic Violence Housing First” (DVHF) services is a promising avenue for improving survivors’ housing stability and well-being. This study further examines the impact of the DVHF model on the lives of domestic violence survivors and their children over time. * Additional information about this DVHF evaluation can be found [here](#) and in the technical report.

*The Domestic Violence Housing First (DVHF) Demonstration Evaluation is being conducted by the Washington State Coalition Against Domestic Violence and its subcontractor, Michigan State University, on behalf of the U.S. Department of Health and Human Services

What is the Domestic Violence Housing First Intervention?

This evaluation tests the impact of *mobile advocacy* and *flexible financial assistance*, two key pillars of the DVHF intervention model that are designed to promote safety and housing stability.

1. Mobile advocacy: Advocates meet domestic violence survivors in places that are safe and convenient for the survivors. They focus on addressing needs identified by survivors rather than needs predetermined by agencies. Advocacy continues as long as survivors need support.

2. Flexible financial assistance: In addition to safe and stable housing, many survivors need temporary financial assistance to support themselves and their families. Funds support survivors' needs as they rebuild their lives, including childcare, transportation, school supplies, and uniforms and permits required for employment. Some survivors used their funding for time-limited and flexible rental assistance.

The DVHF model also includes community engagement, in which advocates proactively engage others in the community who can help support the safety, stability, and well-being of survivors. This evaluation does not assess the impact of community engagement strategies, as all participating agencies engage with their communities as a regular part of their work.

METHODS

Evaluation Design: How is the Impact of DVHF Services Assessed?

This quasi-experimental, longitudinal, mixed methods evaluation was designed to rigorously examine the DVHF model. The study uses information from interviews with survivors, surveys of their service provider advocates, and agency records to help track the impact of DVHF services on 406 domestic violence survivors experiencing homelessness or unstable housing. Survivor interviews included assessments of outcomes in each area of interest, including housing, safety, and other aspects of well-being. Detailed information about the analyses, each outcome, and its scale can be found in the technical report.

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

Description of the Sample

The study enrolled 406 survivors who sought domestic violence services. All survivors were experiencing homelessness or unstable housing at study entry. At study entry, 42 percent of the participants were homeless (36 percent living in a shelter, and 6 percent unsheltered homeless). In addition, 22 percent were staying with family and friends without paying rent, 3 percent were in transitional housing, 9 percent were staying with family and friends and paying part of rent, and 24 percent were living in homes they owned or were renting. Those who rented or owned their homes were experiencing extreme difficulty staying in their housing. Most study participants (73 percent) had a prior history of homelessness, and 87 percent of survivors had stayed with family or friends at least once to avoid homelessness. About one in four survivors (24 percent) had been

(DHHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), in partnership with the U.S. Department of Justice Office for Victims of Crime (contract #HHSP233201600070C), with additional funding from the Bill & Melinda Gates Foundation (#OPP1117416) to the Washington State Coalition Against Domestic Violence.

homeless at least once before the age of 18. Approximately one in six (17 percent) participants had been in foster care at one point in their lives.

Survivors were between the ages of 19 and 62 when they first sought services, with an average age of 34.5 years old. Survivors were predominantly female (97 percent) and heterosexual (86 percent). Survivors reported a range of educational backgrounds. Approximately three-quarters (74 percent) reported that they were currently responsible for children. Thirty-five percent of participants are non-Hispanic White, and 65 percent reported a minority racial/ethnic identity. Of the minority survivors, 15 percent selected more than one race/ethnicity category, indicating multiracial or multi-ethnoracial identities. Racial/ethnic background (which total over 100 percent due to multiracial and multi-ethnic identities) included: Hispanic/Latinx (35 percent), Black (19 percent), US Indigenous (12 percent), Asian (4 percent), and/or Middle Eastern (1 percent). About 80 percent of survivors spoke English as a primary language and 18 percent were immigrants.

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

Age	Number (%)	Race/Ethnicity	Number (%)
Under 21	10 (3%)	Non-Hispanic White only	144 (35%)
21 – 25	56 (14%)	Hispanic/Latinx	142 (35%)
26 – 30	97 (24%)	Black/African	76 (19%)
31 – 40	141 (35%)	US Indigenous	48 (12%)
41 – 50	100 (20%)	Asian/Asian American	16 (4%)
50+	2 (6%)	Middle Eastern	5 (1%)
Gender	Number (%)	Multiracial/multiethnic	62 (15%)
Female	393 (97%)	U.S. Citizen	331 (82%)
Male	9 (2%)	Primary Language English	324 (80%)
Gender-queer/non-conforming	4 (1%)	Parenting Minor Children	299 (74%)
Transgender	0 (0%)		
Sexual Orientation	Number (%)		
Heterosexual	350 (86%)		
LGBQA	55 (14%)		

Study Retention

Of the 406 survivors who entered the study, we interviewed 375 at 6-month follow-up (92 percent retention rate). Of these survivors, 59 percent (221 survivors) received DVHF services in some form— meaning mobile advocacy, flexible funding assistance, or both. About 33 percent (124 survivors) received “services as usual,” which includes referrals, support groups, counseling, or non-housing-related advocacy. The remaining 30 survivors (8 percent) reported receiving no services in the first 6 months after seeking services.

Figure 1. Services received between intake and 6 months



We also completed interviews with 369 survivors at 12-month follow-up (91 percent retention rate). Most of these participants (n=361) had also been interviewed at 6-month follow-up. Eight participants who were not interviewed at the 6-month follow-up were regained at the 12-month follow-up.

Flexible Financial Assistance

Service providers made a total of 811 disbursements in flexible financial assistance to 169 survivors (42 percent) in the first six months after they enrolled in the study. Many disbursements went specifically for housing-related costs such as rental assistance (24 percent), move-in costs (7 percent), moving expenses (4 percent) and housing preparation (6 percent), such as application fees. The next two highest categories of funding after rental assistance were transportation costs (17 percent) and basic needs (17 percent), such as household furnishings, groceries and personal care items.

Fewer participants received funding between six and twelve months after first seeking services, with service providers making a total of 267 disbursements in flexible financial assistance to 53 survivors (13 percent). Again, many disbursements went to housing-related costs, including rental assistance (45 percent), move-in costs (3 percent), moving expenses (4 percent) and housing preparation (3 percent). The next two highest categories of funding after rental assistance were transportation costs (15 percent) and basic needs (8 percent).

FINDINGS

What are the Outcomes Associated with of DVHF Services after 6 and 12 Months?

A number of small, positive changes emerged as a result of having received DVHF services. Survivors who received some form of DVHF services—mobile advocacy and/or flexible funding—in the first 6 months reported small but significant improvements across many areas both 6 and 12 months after seeking services, compared to survivors who received Services as Usual (SAU).[†]

Both 6 and 12 months after seeking services, survivors who received DVHF services reported:

- Higher **housing stability** (e.g. homelessness, number of moves, likelihood of being able to pay for housing this month)
- Reductions in **post-traumatic stress disorder (PTSD)**
- Greater **safety-related empowerment** (i.e. survivors' sense of their ability to take actions to stay safe)
- Increases in **children's pro-social behavior** (e.g. offers to help others, shares)

Survivors who received DVHF services reported the following improvements at 6 months, which they did not report 12 months after seeking services:

- Lower **financial strain** (i.e., expectation family will not have basic needs in future)
- Greater **ability to make ends meet** (i.e., ability to pay bills in prior six months)
- Fewer symptoms of **depression** and **anxiety**
- Lower **alcohol misuse**
- Higher **quality of life** (i.e., satisfaction with various parts of their lives)
- Improvements in **children's school performance**

Survivors who received DVHF services reported no differences at 6 months but had the following differences 12 months after seeking services:

- Less **physical abuse** and **emotional abuse**
- Less **economic abuse** (e.g. abuser kept survivor from having a job or going to work, kept financial information from survivor)

[†]Growth curve analyses were used to examine changes from baseline through 6 months and 12 months on all outcomes except those measuring safety. Path model analyses were conducted for all abuse outcomes, to account for the steep decline in abuse that occurred between baseline and 6 months.

- Reductions in reported **use of children as an abuse tactic** (e.g. trying to turn children against the survivor, using children to convince the survivor to take the abuser back)

No group differences were found for financial difficulties (i.e., degree of difficulty paying for specific bills), drug misuse, sexual abuse, stalking, children’s behavioral problems, or children’s school attendance at either time point. However, all of the participants, meaning those who received SAU or DVHF demonstrated improvements in financial difficulty and stalking over time.

Table 2. Summary of Outcomes Over Time

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

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

IMPLICATIONS AND NEXT STEPS

Findings across 12 months after unstably housed and homeless DV survivors reached out for help are promising, revealing that those who received mobile advocacy and/or flexible funding showed greater improvement one year later in housing stability, the primary goal of the DVHF model. In addition, survivors who received DVHF services reported improvements in safety-related empowerment and PTSD, compared with survivors who received services as usual. Survivors also reported their children having higher pro-social skills. These initial findings suggest that providing mobile advocacy and flexible financial assistance to unstably housed survivors may contribute to increased housing stability over time. Future analyses will examine whether impacts persist over time and whether the DVHF model works better for some survivors than for others. Additional group differences may emerge at different time points across the 24-months of data collection. Including 18-months and 24-months in analyses will allow us to examine different change trajectories and determine temporal causality.

REFERENCES

- ¹ Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine, 32*, 143–146.
- ² Baker, C.L., Cook, S.L., & Norris, F.H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*, 754-783.
- ³ Bassuk, E.L., Dawson, R., & Huntington, N. (2006). Intimate partner violence in extremely poor women: Longitudinal patterns and risk markers. *Journal of Family Violence, 21*, 387-399.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports



FUNDING ACKNOWLEDGEMENT

This research was supported by a subcontract from the Washington State Coalition Against Domestic Violence, who received funding through a contract with the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation in partnership with the Department of Justice Office for Victims of Crime (contract #HHSP233201600070C) and by a grant from the Washington State Coalition Against Domestic Violence, who received funding from the Bill and Melinda Gates Foundation (#OPP1117416). Points of view do not necessarily represent the position or policies of the funders.

SUGGESTED CITATION

Sullivan, C.M., Guerrero, M., Simmons, C., López-Zerón, G., Farero, A., Chiaramonte, D., Ayeni, O.O., & Sprecher, M. Domestic Violence Housing First (DVHF) Services Show Promise for Increasing Housing Stability for Survivors: Findings after 6 and 12 Months. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2022.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to ASPE mailing list to receive email updates on new publications:
<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE:
aspe.hhs.gov/about