

**EXPANDING THE SURVIVOR SUPPORT NET:
A QUALITATIVE EVALUATION OF A
FLEXIBLE FUNDING PROGRAM
FOR INTIMATE PARTNER VIOLENCE SURVIVORS**

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ABSTRACT

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Intimate partner violence (IPV) affects nearly one in four US women in their lifetime. IPV survivors need access to material and community resources – whether they are leaving their abusers or choosing to stay in the relationship. Previous research has found that women who have experienced IPV are four times as likely to experience housing instability. The current IPV system focuses mainly on providing shelter, support groups, counseling, and legal advocacy, but has fewer financial resources. This qualitative study focused on a pilot program in Washington D.C. that offered select survivors financial grants to address whatever the survivor defined as threatening their housing stability. Survivors were interviewed 30-days post-grant to assess their housing status and explore other grant impacts. All survivors in the sample were still housed 30-days post-grant. Survivors described the impact of the grants as extending beyond financial issues, resulting in stress relief, improved parenting, increased ability to focus on work and family and improvements in physical and mental health. The financial aspect of the grant was important, but the role of advocacy also appears crucial to these survivors.

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OVERVIEW

Intimate partner violence (IPV) affects nearly one in four US women in their lifetime¹ (Black et al., 2011). The violence can take many forms – physical, sexual, emotional and financial among them (Stark, 2007). Physical violence is one of the better known forms of IPV, and may include pushing, grabbing, strangling, hair pulling, kicking and using objects to inflict physical pain and damage (Stark, 2007). Emotional abuse may include stalking, isolating a woman from family & friends, threatening her and verbally beating her down (Stark, 2007). Financial abuse can include harassing a woman at work, damaging or stealing her property, wrecking her credit history – among other things (Goodman & Epstein, 2008).

The health consequences of IPV for survivors are myriad and range from increased rates of depression and PTSD (Kennedy, Adams, Bybee, Campbell, Pimlott Kubiak, & Sullivan, 2012; Perez, Johnson, Vaile Wright, 2012) to attempted and completed femicide (Campbell, 2004). Indeed, murder by an intimate partner is a leading cause of death in the workplace for women (Hoskins, 2003). The consequences are not confined to survivors, either – it is estimated that 30 to 60% of children whose mothers experience IPV are also subject to abuse (Graham-Bermann & Edelson, 2001). Finally, the costs to society are enormous; one report estimates the cost to the nation at \$4.9 billion annually, including medical care, lost productivity and lost earnings (McKinsey Global Institute, 2016).

¹ Men experience IPV, as well, but at lower rates than women and with less severe consequences (Black et al., 2011). This paper focuses on female survivors. Male survivors may have different resources available to them or have different experiences accessing community resources; this paper will not cover their potentially unique needs.

Female IPV survivors need access to material and community resources – whether they are leaving their abusers or choosing to stay in the relationship. Access to resources is a major factor in a survivor’s decision to leave, and lack of access to resources is one of the reasons many survivors return to abusive relationships (Beeble, Bybee & Sullivan 2010; Logan & Walker, 2004; Postmus, Severson, Berry & Yoo, 2009). Among survivors choosing to stay in an abusive relationship, access to resources may help limit the violence or at least give the survivor a sense of having real options if the violence escalates (Peled, Eisikovits, Enosh, & Winstok, 2000).

Survivors’ economic and resource concerns are both short-term – finding/keeping a roof over their children’s heads – and longer-term – finding a job with a living wage to build a financially independent life. A random digit-dial study of 3,619 women in California found that women who had experienced IPV were four times as likely to experience housing instability – identified as being more than 30 days late on rent/mortgage, moving frequently or not having a home of their own (Pavao, Alvarez, Baumrind, Induni & Kimerling, 2007). The current IPV system focuses mainly on providing shelter, support groups, counseling, and legal advocacy (e.g., help with applying for restraining orders), and has few resources to meet the needs of individual survivors if they fall outside of these main service areas. This is particularly true if the survivor’s needs are resource oriented (Kulkarni, Bell & Rhodes, 2012).

Some intimate partner violence programs *have* implemented innovative programs and services in response to survivors’ myriad needs. One such innovation is dedicating a pot of money to provide flexible funding (FF) to IPV survivors, recognizing the need for short-term financial assistance that can help survivors achieve important

objectives (e.g., a security deposit on an apartment). Such a fund can be used in a variety of ways, including helping someone pay back rent, paying for new shoes required by an employer, or fixing a broken refrigerator. The lack of \$500 to replace slashed car tires can cost a survivor her job and that loss can lead to the loss of her housing and other disastrous consequences. FF can fill this gap and help divert survivors and their families from the homeless system. It is difficult to quantify the impact of a family *not* losing their home, of *not* losing their belongings, of *not* having to move children from their homes and expose them to living in a shelter, of *not* needing to start again from nothing while coping with the inherent difficulties of living in a shelter. A small amount of FF may be able to eliminate the need to shelter a family for months until they get back on their feet.

It is not only access to short-term flexible funding that matters to survivors – research has also shown that *how* services are provided to survivors matters as well. IPV survivors, because of the trauma in their lives, are better served by organizations that focus on empowerment (Kulkarni et al., 2012) and provide trauma-informed services (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005). Survivors are more likely to return to organizations where staff engage in more supportive behaviors (e.g. supporting a woman's decisions, contacting her to check on her well-being) and fewer negative behaviors such as victim-blaming (Zweig & Burt, 2007).

The current study examined the use of FF from the viewpoint of female IPV survivors. Specifically, this study focused on how FF grants impact survivors' housing stability and well-being. It also describes the process of applying for and receiving a FF

grant, and examines other impacts of the grant in the survivors' lives 30-days post-grant.

LITERATURE REVIEW

The IPV Movement's Evolution into a Social Service System

Because so many American women experience IPV in their lifetimes a system of organizations has evolved across the country that offers services to survivors. In the 1960s and 70s, when the IPV movement began in earnest, it started with grassroots organizations that had big ideas and very little money (Stark, 2007). Mostly run by volunteers – some of them survivors themselves – many of these organizations began as collective enterprises (Ahrens, 1980), seeing and working with each survivor as an individual; trying to help each person determine what they needed to move forward in their lives (Stark, 2007). Additionally, many in the movement explicitly recognized that helping individuals was necessary, but would not end intimate partner violence; hence, they created political awareness of IPV and advocated for systemic change (Goodman & Epstein, 2008).

The IPV movement was successful in creating awareness, which led to increased private and eventually public sector funding (Barner & Carney, 2011). This resulted in more staff and more shelters; in 2015, according to the National Network to End Domestic Violence, there were 1,894 IPV programs in the US (NNEDV Domestic Violence Counts, 2016). However, with the additional funding came requirements: demands that staff be credentialed and that results be measured. This led to a professionalization of the field and to a focus on measurable services (such as counseling hours, number of nights in shelter, number of restraining orders obtained, etc.) that funders would support (Goodman & Epstein, 2008). The emphasis in the IPV movement shifted from a survivor-centered orientation – working to help each survivor

on a person-by-person basis – to a service-orientation (Goodman et al., 2009; Smyth, Goodman & Glenn, 2006; Gondolf & Fisher, 1988; Ahrens, 1980). For many programs receiving public dollars, what had been a focus on survivors became a social service system focused on predetermined outcomes and service numbers (Goodman & Epstein, 2008).

The Mismatch Between Services and What Survivors Need

Several studies have found that the services available through typical IPV programs are not always at the top of survivors' lists and those services that survivors rate as most helpful are not frequently available through IPV programs, and may not be available at all (Dichter & Rhodes, 2011; Zweig & Burt, 2007; Zweig, Schlichter & Burt, 2002). In the Postmus and colleagues study (2009), subsidized daycare was ranked as the most helpful service, followed by religious or spiritual counseling, subsidized housing, welfare, educational support, food bank and job training/employment counseling. The authors concluded that the services women ranked as most helpful were material and also the services least often received. This mismatch between services offered and services desired by survivors may be one reason why many survivors do not utilize IPV programs; one review of 445 attempted and completed femicides in 12 US cities found that only 4% of the victims had been in contact with a IPV program in the 12 months prior to their death (Campbell, 2004).

What IPV programs offer. Today, IPV programs commonly provide crisis-counseling, support groups, access to short-term shelter and legal advocacy (Postmus, et al., 2009). Shelters are available in many areas, but are often at capacity (Barner & Carney, 2011) and if space is available it is typically limited to a 30 to 90-day period –

which may not be enough time to rebuild a life torn apart by violence (Kulkarni et al., 2012). One study of 173 predominantly African American women, recruited from a hospital emergency department and agencies providing services to survivors, found that only 25% of survivors reported using shelter services and just under 40% had used IPV counseling services (Dichter & Rhodes, 2011). Another study recruited a convenience sample of 423 women to examine survivors' perceptions of service helpfulness (Postmus et al., 2009). One group of women was recruited using flyers posted in four Midwestern communities in IPV/sexual assault (SA) agencies, community service centers, and other locations where women might be present; women recruited through this channel fell into two groups, those receiving services from a IPV/SA agency and those who had not received services in the past 12 months. The final group was composed of women incarcerated in a Midwestern women's-only correctional facility. The sample was composed of women who identified as White (56%), African American (25%), Latina (13%) and Native American (3%). These participants were asked to rank services by helpfulness to survivors; shelter was ranked as 10th most helpful in a list of 24 services; professional counseling, support or self-help group and legal services for divorce or restraining order were ranked 13th, 16th and 22nd, respectively (Postmus et al., 2009). In this sample, nearly 40% of participants had used an IPV shelter, 64% used professional counseling (not specified whether this services was provided by an IPV program), 50% participated in a support or self-help group (again, not specified whether the group was part of an IPV program), and 46% had accessed legal services (Postmus et al., 2009).

Why did the system evolve to focus on counseling and shelter rather than more material resources? Gondolf and Fisher (1988) suggested that early IPV programs reacted to women returning to their abusers by offering more clinical services – which in turn transformed what had been seen early in the movement as a political problem into an individual psychological phenomenon. Others argued that the early movement sought to portray battered women as classless (Goodman, Smyth, Borges & Singer, 2009) – not wanting people to dismiss IPV as an issue of the poor and uneducated. This reluctance to discuss any relationship between IPV and poverty has persisted and has resulted in a lack of focus on developing interventions targeted toward material or economic needs (Goodman et al., 2009). In fact, poverty and IPV co-occur at a high rate and household income level is a significant predictor of intimate partner violence (Goodman et al., 2009).

There are also historical political events that have impacted what IPV programs can provide for survivors. Many government programs that were once in place for low-income individuals are no longer available; further, intimate partner violence programs have experienced substantial cuts in funding over the years. For example, 69% of state and territorial IPV coalitions reported a decrease in their member programs' funding levels from fiscal year 2011 to fiscal year 2012 (NNEDV, 2015). According to the National Network to End Domestic Violence (NNEDV) national survey, during this same time period, 88% of member programs reported an increase in requests for services. Another study of IPV programs in North Carolina found that funding was a consistent issue across programs (Macy, Giattina, Parish & Crosby, 2010). Among the issues raised by these organizations were the patchwork of funders that programs rely on and

the funders' varied requirements, the shifting nature of the funding and the constant cycle of grants (Macy et al., 2010).

What survivors want. In the Dichter and Rhodes study (2011), interest in material or economic resources was much higher than interest in services traditionally available through IPV programs; 76% of survivors reported being interested in financial assistance, 75% in housing assistance and 70% in employment assistance, but such longer-term services are much harder to access (Kulkarni et al., 2012). In the Postmus and colleagues study (2009), survivors ranked subsidized daycare as the most helpful resource they would like to access; they also listed subsidized housing, welfare, educational support, food bank and job training/employment counseling.

Each survivor has unique needs. There are some survivors that require intensive advocacy and longer term help to stabilize in housing – sometimes those with substance abuse or mental health challenges or those who have been chronically homeless. There are other survivors who have historically been stably housed and are only facing housing instability due to a recent crisis related to IPV; perhaps an abuser has stolen the rent money or neglected to pay rent and hidden overdue notices for rent or other bills. Small-scale financial aid may not be sufficient to help all survivors stabilize in housing, but it may be enough to prevent a segment of survivors from falling into homelessness.

Flexible Funding - History and Nascent Promise

In the last 15 years, countries and aid agencies around the world have been using FF programs to tackle poverty (UK Department For International Development report [DFID], 2011). Flexible funding programs provide one-time or ongoing payments

to people living in poverty. Such programs have been used in Brazil, Mexico, Bangladesh, India and in numerous countries in Africa (DFID report, 2011) and now reach up to a billion people a year (Haushofer & Shapiro, 2013). Programs in Africa for families raising orphans and for families living in poverty have found that unconditional cash transfers decreased school absenteeism, reduced height stunting and increased positive future outlook for child participants over the age of 10 (Akuyu et al., 2014), allowed families to invest in income-generating assets (often livestock), increase their spending on food and medical care, and increase their food consumption by up to 20% (Haushofer & Shapiro, 2013). Additionally, one study found a village-wide spillover effect – with both the selected households and their in-village control group (neighbors) reporting an increase on a female empowerment index (Haushofer & Shapiro, 2013). It had always been argued that the poor, if given money, would simply spend it on ‘temptations goods,’ but Haushofer and Shapiro (2013) found no evidence of increased spending on alcohol, tobacco or gambling.

In Massachusetts in 2001, the Governor’s Commission on Domestic Violence’s Economic Stability Working Group launched a project to research and make recommendations about the entwined relationship of economic stability and freedom from IPV. The group conducted four public hearings across the state, receiving testimony from more than 125 people (survivors, advocates and community members); 20% of those testifying “described short-term financial crises with spiraling effects that could have been averted by access to a limited amount of cash” (Economic Stability Working Group, 2002, p. 11). In 2001 and 2002, the state allocated \$550,000 to agencies working with survivors. The program – called Expanded Transition to

Independent Living (XTIL) – helped survivors maintain employment, pay moving or storage fees, change locks, and pay security deposits and first month’s rent (Economic Stability Working Group, 2002). Though no research was done to examine the impact of the program on survivors, participating agencies reported on the utility of the program and unanimously called for its expansion (Economic Stability Working Group, 2002).

Beyond government efforts, even some private sector companies have come to recognize the impact of IPV on their employees and offer emergency financial assistance. The Red Tab Foundation runs an emergency assistance program for all Levi Strauss and Co. employees and retirees – with “domestic violence (emergency relocation)” explicitly listed as a qualifying emergency (The Red Tab Foundation, n.d.).

Another IPV program in the US that included FF as a component was funded by the Bill & Melinda Gates Foundation as a pilot program called DV Housing First (DVHF), coordinated by the Washington State Coalition Against Domestic Violence (WSCADV). The program’s goal was to eliminate inability to afford housing as a reason for staying in an abusive relationship (Mbilinyi & Kreiter, 2013a). DVHF differs from other FF programs in that it also involves a strong, longer-term advocacy component. Survivors in the pilot program received intensive individualized advocacy and access to financial assistance in order to help them sustain stable housing (Mbilinyi & Kreiter, 2013a; Mbilinyi & Kreiter, 2013b). A first cohort of four agencies in Washington State was launched in 2011, followed a year later by a second cohort of nine agencies, including rural, tribal, immigrant and culturally-specific communities (Mbilinyi & Kreiter, 2013a; Mbilinyi & Kreiter, 2013b). At the end of the study, a program evaluation found that 89% of participants in Cohort 1 and 86% in Cohort 2 were in permanent housing (Mbilinyi &

Kreiter, 2013a; Mbilinyi & Kreiter, 2013b). These statistics are promising, but the evaluation design and other factors limited the ability to draw causal conclusions.

Retention issues are a key factor in study validity. Retention levels for cohort 1 were low – just under 53% (Mbilinyi & Kreiter, 2013a); in cohort 2, which had a mix of urban and rural survivors, evaluators were able to contact 76% survivors and found that 86% of those contacted were in permanent housing (Mbilinyi & Kreiter, 2013b). That the housing rates for cohort 2 – which had a higher retention rate – were similar to those found for cohort 1 is somewhat reassuring, but given how different the two samples were demographically, no conclusion can be drawn as to the validity of the study given the low retention rates. Nonresponse bias states that people who do not respond may be very different from those who do (Singleton & Straits, 2010), and in a study looking at housing stability it can reasonably be asked whether the 47% of participants in Cohort 1 or the 24% of participants in Cohort 2 who were not contacted might be homeless.

Services Are Important, But How They Are Delivered Matters, Too

Access to short-term financial resources can help survivors and their families, but does it matter how those resources are provided? Though there are few studies in the literature that measure how service delivery impacts survivors, a recent study of help-seeking survivors found that the quality of relationship (termed “alliance”) between program staff and survivors resulted in a lessening of depression and PTSD symptoms (Goodman, Fauci, Sullivan, DiGiovanni & Wilson, 2016).

Another study of service quality impact involving 1,509 women (some referred from IPV agencies and some found through a random-digit dial of households in target communities) found that staff behavior was predictive of women’s likelihood to use

services again in the future (Zweig & Burt, 2007). The study defined positive staff behaviors as supporting a woman's decisions, keeping her up-to-date and contacting her to check on her well-being. Negative behaviors were defined as acting bored, blaming the woman for the violence in her life and saying there was nothing they could do to help (Zweig & Burt, 2007).

So what are the essential qualities that survivors seek from organizations? Many organizations talk about empowerment, and being strengths-based – but less research has been done on what survivors view as essential in IPV advocacy. One focus group study of 30 survivors found that survivors valued services that provided empathetic care, individualized services, supported their empowerment and maintained ethical boundaries (Kulkarni et al., 2012). Survivors defined empathetic care as being treated with compassion and respect, and not just as another case (Kulkarni et al., 2012). Survivors also wanted services that recognized their right to make decisions for themselves (Kulkarni et al., 2012).

Another qualitative study found that of the 72 female IPV survivors they interviewed, survivors wanted their advocates to take the time to get to know them and offer solutions and services based on their individual needs (Allen, Larsen, Trotter & Sullivan, 2013). Survivors also expressed the need for unconditional acceptance and emotional support from IPV advocates (Allen et al., 2013). Survivors wanted advocates to be non-judgmental and focus on their strengths rather than their weaknesses.

Many IPV organizations are already engaging in or are moving toward providing trauma-informed services (Goodman et al., 2016). Elliott and colleagues (2005) defined trauma-informed services as “influenced by an understanding of the impact of

interpersonal violence and victimization on an individual's life and development" (p. 462). In other words, organizations build their programs and train all their staff to understand how living with violence may affect people and their reactions and how certain things and behaviors in a person's environment can make them feel unsafe. Elliott and colleagues developed a set of 10 principles of trauma-informed care including: maximizing a woman's choices and control over her recovery, working collaboratively with survivors, employing an empowerment model and creating an atmosphere that is respectful of a survivor's need for safety, respect and acceptance (Elliott et al., 2005). Another part of being trauma-informed is recognizing a woman's strengths and adaptability and focusing on those traits rather than on weaknesses. Elliott and colleagues also emphasized that organizations should involve survivors in evaluating and shaping programs that affect them. Such involvement "provides an empowering growth experience for the [survivors] involved." (p. 469).

Additionally, survivors from minority ethnic groups (Kennedy et al. 2012), women in poverty (Goodman, Fels Smyth, Borges & Singer, 2009) and women dealing with multiple barriers to service (Fels Smyth, Goodman & Glenn, 2006) have more unique needs and less success accessing existing DV resources than more privileged survivors. These survivors face intersecting challenges of race, gender, poverty and abuse, which can exacerbate or create substance abuse and mental health issues (Goodman et al., 2009; Kennedy et al., 2012; Zweig et al., 2002).

Kennedy and colleagues (2012) proposed a model of help attainment that takes into consideration a survivor's developmental/situational context, their community and its resources (or lack thereof), a survivor's cumulative adversity/stress, and their social

location. Minority survivors come to the help seeking process from a very different place than do non-minority survivors; some minority survivors may have a longer history of adversity/stress and have access to fewer community resources, shaping both their need for help and their experiences seeking help (Kennedy et al. 2012).

Women from minority groups may also encounter racism among staff and residents in shelters (Nnawulezi & Sullivan, 2013) and a general mismatch culturally and in services (Kennedy et al., 2012). In the face of multiple challenges – violence, racism, economic issues, health issues – these women may not define violence as their most pressing problem (Kennedy et al., 2012).

Survivors with substance abuse or mental health issues may face blame and disbelief from mainstream services (Zweig et al., 2002) and if survivors experience poor treatment at the hands of service providers, they are less likely to attempt to access services the next time they are in need (Zweig & Burt, 2007). Some progressive organizations have introduced “low-barrier” philosophies – serving women who have active addictions or mental health diagnoses (Melbin, Fels Smyth & Marcus, 2014). These organizations espouse a belief in seeing the whole person – not just the addiction or diagnosis – and recognizing that these survivors are as in need and as deserving of help as any other survivor (Fels Smyth, Goodman & Glenn, 2006). They propose four guidelines to creating effective helping programs for these often marginalized survivors, including respect for internal and external factors that shape survivors experience, recognizing the positive (as well as negative) roles that family and friends can play for survivors, giving survivors the power to make choices and respecting those choices, and helping survivors find and create positive community

spaces where survivors can be seen as whole people and not only as help seekers (Fels Smyth, Goodman & Glenn, 2006). Little research has been done to determine the efficacy of these nascent efforts or to compare practices across organizations – but clearly this is an area for future work.

It has been shown that there is a relationship between poverty and IPV (Goodman et al., 2009). Access to community and economic resources are invaluable assets for women trying to cope with intimate partner violence. Material resources and access to community resources are desired by survivors, but not universally available through IPV organizations (Dichter & Rhodes, 2011; Kulkarni et al., 2012; Postmus et al., 2009).

In summary, access to short-term financial grants can help some survivors – but it's also important that the grants be provided in such a way as to avoid re-traumatizing them (Elliott et al., 2005). Survivors have described the desire for services that are empathetic, support empowerment, and are individualized (Kulkarni et al., 2012). In the Washington state DV Housing First program, the evaluation asked survivors where they thought they would be if they did not have access to the HF grant/advocacy program. The five most common responses were back with the abuser, relapsing into substance abuse, losing custody of children, homeless, or dead (Mbilinyi & Kreiter, 2013a). More research and focus on growing short-term financial resources for survivors and providing these services in an empowering and trauma-informed way is crucial. Such resources could help many survivors who have been and are able to financially sustain themselves and their families if they can access short-term advocacy and financial resources. Without access to these resources, otherwise financially viable survivors and

their families will continue to be pushed into the homeless system where they face longer term housing instability and the issues that accompany that instability.

JUSTIFICATION FOR THE CURRENT STUDY

This is the first comprehensive qualitative evaluation of FF use with IPV survivors. There was no research done to track the impact of Massachusetts XTIL program. Washington State's DVHF program was evaluated, but the intervention included both FF *and* advocacy services, did not document how much money survivors received, and study retention rates were low. Additionally, the DVHF evaluation did not focus on how organization staff worked with survivors on FF – little has been written about what the process of receiving such grants feels like from the survivor's point of view. Beyond housing outcomes, studies have not examined any additional outcomes survivors might perceive from receiving FF.

This study examined a FF pilot program run by an empowerment-focused, trauma-informed organization in the Washington, D.C. area. It looked at survivors' housing outcomes 30-days post-grant, but also examined survivors' views of the grant process itself and other survivor-perceived outcomes of FF. The study also focused heavily on women of color, as they are disproportionately impacted by poverty and racist system response.

The current study involved a qualitative methodology. Because of its exploratory nature, qualitative research is frequently used when the area of study is not yet well-defined or well-understood (Bernard, 2011). Qualitative research is also concerned with the 'exploration of lived experiences and participant-defined meanings' (Willig, 2013, p.9).

This study was designed to examine the following questions:

1. Was the level of housing stability increased for grant recipients at 30-days post-grant compared to their housing status at the time they received the grant?
 - a. If so, how did survivors perceive that the grant promoted housing stability?
2. What are survivor perceptions of the grant process itself?
 - a. For survivors who report being well treated during the grant process – do they feel that treatment was an important part of the grant experience?
3. What do survivors perceive the impact of the grant to be on their lives overall?

METHOD

Research Site

Data for this study were collected as part of a larger program evaluation conducted for the District Alliance for Safe Housing (DASH), a nonprofit program serving survivors of gender-based violence in and around the District of Columbia. DASH offers emergency shelter, transitional housing and a weekly housing resource clinic where DASH is co-located with legal and counseling organizations. In 2014, DASH housed 331 individuals and provided more than 100,000 safe nights of shelter. DASH's Housing Resource Center (HRC) also prevented another 352 survivors and their families from falling into homelessness by placing them in emergency, transitional and permanent housing. The HRC also educated more than 2,000 survivors and community advocates about housing rights and protections, in addition to working with and educating landlords about IPV (DASH Annual Report, 2014).

Beginning in 2012, DASH received funds from a private foundation to offer a small-scale FF program, called the Survivor Resilience Fund (SRF). Over a one-year period beginning in February 2013, DASH and its funders made 28 grants worth an average of \$2,000 (DASH Survivor Resilience Fund Proposal, 2013). Using the data from this small-scale trial, DASH was able to secure additional funding from the city of Washington (D.C.'s Office of Victim's Services) and an expanded commitment from the private funder for a three-year pilot program. Researchers from Michigan State University were brought in to evaluate the program and the evaluation was launched on March 19, 2014. We interviewed 55 SRF grantees between 2014 and 2016.

The larger evaluation from which this study's data was drawn was designed to be qualitative and longitudinal. The larger evaluation project involved interviewing grantees 30-days, three-months and six-months post grant receipt. These interview time frames were chosen after discussion on retention issues. Contacting survivors after 30 days ensured that not too much time passed between when they got the grant and when they were contacted by me and enrolled in the study. This allowed me to test contact information for the survivor and collect additional contact information if needed. The passage of 30 days also gave the survivor some time to assess the impact of the grant – more so than if survivors were interviewed immediately after receiving the grant. However, the 30-day period was also short enough that details of the survivor's experience of the grant process should be more accessible in memory than it would be after a longer time period.

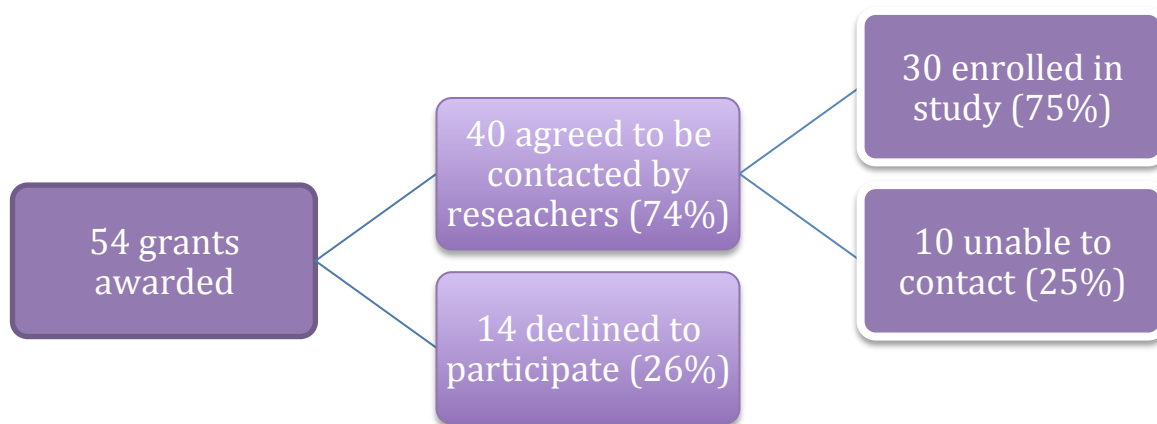
Sample

The first 25 female grant recipients who completed a 30-day interview and had not been staying in DASH's emergency shelter² were selected for this thesis. Survivors self-selected into the study. During the time period when the first 25 female survivors were enrolled into the study, 54 SRF grant were made; 30 of these survivors were enrolled in the study, a further 10 initially agreed to be contacted about the study but

² Three grant recipients during this time period had been residents in DASH's shelter program. These survivors had a different experience with DASH and in most cases did not go to the housing clinic for their grant; they received their SRF grant through their DASH advocate. Because their experience was so different to the typical SRF grantee a decision was made five months into data collection to stop interviewing these grant recipients. Two other survivors given grants in this time period were enrolled in the study eventually, but were not reached in time to conduct a 30-day interview, rather they were reached closer to a subsequent interview period; for this reason they were removed from this data set.

were unable to be contacted, and 14 grant recipients declined to participate in the study. A small number were not invited into the study (if the staff member thought they were in crisis or was too busy to ask them). Males were excluded because there were only two in the larger evaluation, and men's experience of abuse and homelessness often differs from those of women survivors (Black et al., 2011). Although no new themes were emerging from analysis after the 20th case, it was decided to include an additional five cases to ensure saturation.

Figure 1 – Study Enrollment



Recruitment & Consent

Participants were recruited through DASH's weekly Housing Resource Center. Survivors came to the center seeking a variety of help and were triaged by staff to determine what services best fit their needs (see Figure 2). The Housing Clinic is a partnership between DASH and two other nonprofits; one provides legal advocacy and the other provides counseling and support, while DASH focuses on housing advocacy.

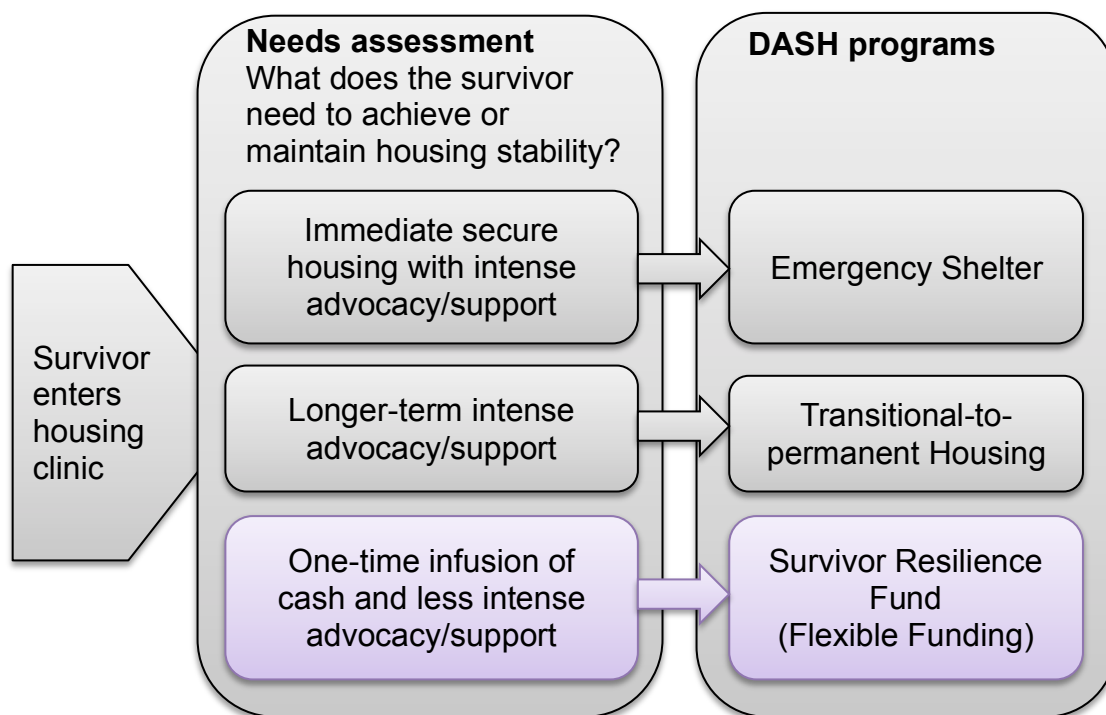
If survivors were seeking housing or financial assistance, DASH advocates met with them to explore options. Advocates sought to understand a survivor's context, what

they wanted, what resources (financial and otherwise) they personally had and what resources they might be able to access in their communities. Specifically, advocates wanted to understand what level of help a survivor might need to achieve housing stability. Some survivors were in need of significant, longer-term intensive assistance; these survivors were referred to DASH's shelter or transitional housing program. Other survivors had more resources and might achieve housing stability with more limited, shorter-term assistance; these survivors were then screened to determine if a one-time grant could help stabilize their housing situation. For example, if a survivor had housing in which they felt safe and wished to remain, or if they were homeless as a result of a crisis but were employed or employable, then advocates explored how a one-time grant could supplement a survivor's housing plan. A survivor's plan might have included, for example, remaining at her current job, allowing her to pay her monthly bills once the current financial backlog was addressed. A survivor's plan could also have included filing for child support, finding a new job or completing an educational certification to increase their employability. The key feature advocates were seeking to understand is whether a survivor could sustain her housing if DASH stepped in with a one-time grant.

If the advocate believed the survivor had the potential to sustain herself post-grant, they filled out a two-page Inquiry Tracking Form and consulted with the clinic supervisor. The clinic supervisor then wrote up a brief paragraph synopsis of the case and sought the buy-in of at least DASH's Deputy Director. If the requested grant was large, the circumstances unusual or SRF grant funds were running low, the clinic supervisor may have sought the buy-in of the Deputy Director, Executive Director and Director of Finance and Development. This process was normally done by email and

could take a day or more – in which case the survivor was told they would hear from DASH within a few days. If the case was pressing – a survivor facing imminent eviction – the approval group was brought together quickly via conference call or email. DASH staff focused on keeping the approval process simple and quick in order to be responsive in cases where housing might be in imminent danger of being lost.

Figure 2 – Triage Process



This study focused only on survivors who were triaged into the SRF flexible funding pilot. DASH rarely issues an outright denial of a grant, seeking instead to work with a survivor through discussion to steer them to the program/resources that the advocate and survivor agree best meets the survivor's needs; if a survivor clearly needs more support/advocacy than a one-time grant through the SRF program, DASH staff would seek to channel these survivors to DASH programs that can provide more intensive advocacy and resources. The SRF program is not appropriate for all survivors;

DASH recognizes that each survivor is unique and some require longer-term, more intense support, whereas others are already capable of sustaining themselves with a relatively small grant and some amount of advocacy.

Once the advocate or clinic supervisor had spoken to the survivor and was relatively sure the survivor would be approved for a grant, the advocate informed the survivor about the study and asked if they were interested in signing up to be contacted by researchers. The DASH staff explained a bit about the study and gave survivors a six-page packet. DASH staff did not consent survivors – I consented all survivors over the phone; DASH staff gave survivors the contact paperwork, collected it and transmitted it to me.

The study packet (see appendix A) contained a one-page description of the study that spells out what participants could expect and what was expected of them, as well as explaining the interview incentives. Survivors received a \$50 gift card for each completed interview – which, per DASH, is in line with other interview incentives in the Washington, D.C. area. The study packet also contained four pages of contact information, including a survivor's phone number(s), address and email, as well as alternate people that could be contacted if I was unable to reach a survivor. An additional page had a form for survivors to sign so that their alternate contacts would know that the survivor gave the alternate contacts permission to share their contact information with the research team. Survivors were also asked for their contact and safety preferences – whether I could leave a message, or if there were certain days/times during which I should not call. Finally, the last page of the packet had a form that survivors could fill out if they were not interested in participating in the study. This

form contained some basic demographic information (gender identity, age, race) and baseline information about the amount and purpose of their grant so that I could compare those who participated in the study with those who did not.

Typically the survivor filled out the paperwork at the clinic. However, in some cases where the survivor was pressed for time or the DASH staff met them out in the community (where privacy was a concern) staff followed-up with survivors to collect their contact sheets at a later time.

By telephone, I consented participants approximately 30 days after they had received their grant (see appendix B for Time 1 interview script). I informed each survivor that I was not a DASH employee, but a researcher from Michigan State University working with DASH to evaluate the SRF program. I also discussed the incentive for each interview and stated that all information would be kept confidential and only de-identified data would be shared with DASH. Survivors were informed that the de-identified data would be used to help DASH improve the SRF program and that it might also be used in publications to communicate to other people who work with survivors of intimate partner violence. Each survivor was then asked if the interview could be recorded. Each survivor was told that if a question made her uncomfortable, it could be skipped. Each survivor was asked if they had any questions about the study or the interview before the interview began and any/all questions were addressed. If survivors continued with the interview then consent was assumed.

Interview Protocol Development

The SRF evaluation was participatory in nature and DASH staff worked closely and offered input on all aspects of the evaluation. Dr. Sullivan and I developed the Time

1 interview script in close collaboration with DASH staff and leadership. Multiple iterations were produced to include feedback from both DASH and Dr. Sullivan. Because of the lack of research in this area, the interviews were qualitative and exploratory in nature and semi-structured to allow room for exploration as new themes emerged. The Time 1 interview guide (see appendix B) covered the situation that led the survivor to seek assistance, their experience at DASH's housing clinic, what the survivor used the grant for, the immediate impact of the grant, and a few questions about the survivor's background and work history.

Protection of Research Participants

MSU's Human Research Protection Program determined that the evaluation was exempt. Still, to maintain survivor confidentiality, all paper files, flash drives, and recorders were kept in locked file cabinets, and electronic files were password protected and stored in password-protected files. Additionally, all survivors were assigned a number and transcripts and interview recordings were stored using this de-identified number. Identified and de-identified files were stored in different locked file cabinets. Volunteer undergraduate students were recruited to help with interview transcription. Each was rigorously trained and required to complete the MSU Human Research Protection Program's training tutorial on human subject research protections prior to accessing any study data.

Interviews

A semi-structured, qualitative telephone interview format was used. The 25 Time 1 interviews used for this thesis took an average of 33 minutes, which included the

consent conversation, gift card logistics (interview incentive) and review of survivors' contact information.

Interviewer training. Before beginning graduate school I worked and volunteered as a crisis line advocate in a variety of IPV programs. I also had experience in interviewing as a journalist and as a researcher in focus groups and one-on-one interviews. All interviews were recorded and regular feedback sessions were held with Dr. Sullivan. I wrote notes during interviews and then typed up interview notes that were shared and reviewed with Dr. Sullivan on a weekly or bi-weekly basis.

Data Analysis

Data were content analyzed along the guidelines laid out by Miles, Huberman & Saldana (2014). This process started with preparing the data for use.

Data preparation. All interviews were digitally recorded with survivor consent. Each interview was transcribed by a team of undergraduate researchers, managed by myself. After the initial transcription, each transcription was checked in its entirety by two other undergraduate researchers. I then conducted random checks to ensure fidelity to the original recording.

First cycle coding. Miles, Huberman & Saldana (2014) refer to coding variously as a selective process, as a method of discovery, and as “deep analysis and interpretation of the data’s meaning” (p. 72). First cycle coding specifically focuses on assigning meaning to chunks of data (Miles et al., 2014). There are many different types of codes – from descriptive codes to emotion and value codes (Miles et al., 2014). I created the initial deductive codebook using a wide variety of coding types appropriate to the data. All transcripts were then coded for this study and findings reviewed with the

faculty advisor at regular points in the analysis process. It was expected that new codes would emerge through the first cycle coding process as I became immersed in the data (Miles et al., 2014). Throughout the first and second cycle coding jotting and memos were used to capture insights and reflections on the data, as well as the analytical process. Miles and colleagues (2014) suggest jotting as “one way of retaining mindfulness in coding” (p. 94).

Second cycle coding. Following first cycle coding, I proceeded to look for patterns across codes – which typically fall into four types: categories/themes, causes/explanations, relationships among people and theoretical constructs (Miles et al. 2014).

Data analysis. I examined the emerging data through the use of matrix displays, pivot tables and other analytical devices where applicable (Miles et al., 2014). This study involved both case-oriented analysis – looking within individual cases for meaning – as well as variable-oriented analysis – looking across cases at individual variables and their interrelationships across cases (Miles et al., 2014).

Quality of Conclusions

There are no set measurements for quality or validity in qualitative research, but there are several ways to evaluate quality, namely: (1) objectivity/confirmability, (2) reliability/dependability/auditability, (3) internal validity, (4) external validity/transferability/fittingness and (5) utilization/application/action orientation (Miles et al., 2014). Each of these is described next.

Objectivity/confirmability. Miles, Huberman and Saldana (2014) define this as acknowledgement of the researcher’s biases so that readers of the research can

understand them. To this end the study documented methods and procedures, examined rival hypotheses and ensured data retention for reanalysis by others. I also sought to be aware of my own “personal assumptions, values and biases, and affective states” and their impact on the work (Miles et al., 2014, p. 312). This awareness was maintained through jotting, memos, and discussions with the faculty advisor and community partners.

Reliability/dependability/auditability. Quality in this category is measured by ensuring that the research has been done carefully and consistently across time and researchers (Miles et al., 2014). I conducted all the interviews and did all the coding and analysis – which were then reviewed by and discussed with my thesis committee chair, Dr. Sullivan, to ensure accurate interpretation.

Internal validity/credibility/authenticity. Quality in this sense is judged by whether or not the study findings resonate or ring true to study participants (Miles et al., 2014). In this study, survivors may experience negative emotions in comparing where they feel they are to others cited in the study. To ensure internal validity, study findings were regularly reviewed with DASH staff in both quarterly and other check-in meetings. These DASH staff members work closely with survivors and provided valuable feedback on study findings.

External validity/transferability/fittingness. Validity in this area is primarily concerned with generalizability of a study (Miles et al., 2014). To this end, this study provides sufficient detail as to the population of survivors and their experiences so that readers may judge whether or not the findings might transfer to another environment.

Utilization/application/action orientation. A final metric by which to judge a study is what benefit it provides to participants and the community at large (Miles et al., 2014). This study has been and will continue to be used by DASH to better understand the impacts of FF grants. It is part of a larger discussion about the FF program and where DASH will take the program next. Results have been shared with funders and also among practitioners in the IPV field. Results from the larger study have been accepted for publication. Presentations have already been made at numerous conferences to ensure that the data reach the practitioner community – where others may be looking for different approaches to aid survivors.

RESULTS

The 25 female survivors in this sample described themselves as Black or African American (Washington, D.C.'s largest racial/ethnic group). Survivors ranged in age between 22 and 46 years old, with an average age of 34.4 years. These 25 survivors had a total of 51 children, with survivors having from zero to four children; the average number of children was two. Forty-five of the children were 18 years of age or younger, three were 19 or older but still living at home and three were 19 or older but living independently. At the time of the grant, 84% of the sample were not stably housed or were facing issues that would have negatively impacted their housing status; two survivors (8%) were homeless, ten survivors (40%) reported that they were housed but behind on rent, while a further seven (28%) said they were housed but facing eviction proceedings. Two other survivors (8%) were on the cusp of housing instability; one facing loss of employment due to lack of childcare and the other facing eviction in the near-term as bills piled up. The remaining four survivors (16%) were stably housed but facing an issue impacting their wellbeing (utility shutoff, loss of belongings in storage, lack of furniture, etc.).

How Grants Were Used

The average grant that survivors received was \$2,142.89 (range just less than \$300 to more than \$8,000³). Of the 25 grants, 60% (15) were solely for rental assistance – in most cases, where survivors had fallen behind on their rent due to the chaos that accompanies IPV. In some cases, abusers took rent money from survivors and concealed overdue notices. In other cases, abusers simply left without any advance

³ Grant amounts have been changed to preserve the anonymity of survivors. Amounts have been rounded up or down.

notice and left their partners to shoulder all the financial responsibilities for the household.

In a number of cases, the violence caused survivors to lose their jobs or reduce their hours at work due to injury, child-related issues (lack of childcare support from a partner) or safety concerns; this reduction further reduced their ability to solely manage their financial obligations. Three additional grants (12%) were for rental assistance and other bills – such as car loan payments, car insurance, cell phone bills, utility bills, childcare expenses and food.

Two survivors (8%) received grants to help pay a security deposit and first month's rent – to allow them to move from homelessness to being housed safely in their own homes. One survivor sought assistance with a utility bill alone and one survivor used the grant to pay utilities, as well as childcare and food expenses.

There were three grants given to survivors that did not fit the above categories. One survivor needed furniture after a flood, another used the grant to prevent her storage unit from being auctioned, and the third grant helped transport a survivor's children to family members for summer care. See Table 1 for the specific distribution of grant money.

Table 1 – Reasons for Grants

Reason for grant	No. of survivors	Percentage
Rental assistance only	15	60%
Rental assistance & other bills	3	12%
Security deposit & first month's rent	2	8%
Utility assistance	1	4%
Utility assistance & other bills	1	4%
Unique grants (travel, furniture, etc.)	3	12%

Did grants result in housing stability? All of the survivors in the sample were housed when interviewed 30 days after receiving their grants. The majority of the sample (68%, n=17) had retained their original housing with the help of the grant, which they had been at imminent risk of losing when they came to DASH.

Table 2 – Housing Status 30-days Post-grant

Housing status at Time One	Number of survivors	Percentage
Retained original housing	17	68%
Moved, financial reasons	2	8%
Moved, housing issues	2	8%
Moved, previously homeless	2	8%
Transitional housing program	1	4%
Living with family (voluntarily)	1	4%

How did rental assistance result in more stable housing? A main goal of the Survivor Resilience Fund is to look for cases where one-time flexible funding can make

a difference. Some survivors need more than others; for some a one-time grant will not enable them to find or maintain stable housing. Other survivors have some resources to call on, and simply lack the finances to close the gap caused by the violence in their lives. In these cases, a one-time grant can make a difference – it can be the missing puzzle piece that helps a family rebuild and avoid an often-lengthy stay in the homeless system.

Both the largest grant (more than \$8,000) and the smallest grant (under \$300) were for rental assistance. In one case, the survivor had been giving her rent money to her partner, because she left for work long before the rental office opened. Her partner kept the rent money and concealed overdue notices, and she was unaware of her dire situation until her abusive partner was arrested. Almost immediately afterward, her rental office told her that she was several months behind and that they were preparing to file eviction papers with the court.

When I tried to pay the rent the following month [after he was arrested] was when I noticed I was behind so many [months] and I was totally confused because I just assumed, you know, that he was bringing my rent to the rental office. And also, the rental office really wasn't contacting me to let me know. Like there wasn't nothing on my door... nothing like that until the last minute.

Though the survivor was employed full-time and able to pay her rent on a monthly basis, she did not have the financial resources to fill the financial hole that her abuser had created.

When I found out that I was behind, it just felt like I just got knocked a million steps back and everything was runnin' through my head. ...To me, I feel like

once you're behind – you're in a hole. There's no way of getting out on, you know, your own – especially with the income that I have, that is completely impossible.

Without the flexible funding the survivor felt that she and her young child would have entered the homeless system. “I probably would go to a shelter, you know, cause I didn't have anywhere to go.”

Thirty days after receiving the grant, this survivor and her child were still in their home and the survivor was able to focus on paying next month's rent and keeping up with other bills – as the sole supporter of her family. For her, the DASH grant put her back on level financial footing, where she could once again maintain her housing.

It was very important for me because I can keep a roof over my [child's] head. And it's even more amazing now because he's not there so it's more safer for [my child] and I, as well. And ... my apartment is so convenient to my job, [child's] school – everything.

The smallest grant (under \$300) went to a survivor with children who had fallen behind on her rent due to abuse. Until her back rent was paid, her apartment complex refused to move her family out of a water-damaged apartment – despite the fact that her children kept getting sick.

I was missing time off of work because, you know, when you're beat up and hit on and stuff, you don't wanna go to work and let them see you lookin' the way you are, you know?

The bruises were one factor in the survivor missing work – but she also missed days when she had to flee her home to escape the violence. Additionally, she missed days due to her children’s illnesses and a lack of affordable daycare.

The baby was sick ...if I didn’t have anyone to watch him I couldn’t go to work also. So, it’s like I’m tryin’ to build my life up, but things keep pullin’ me down.

After the DASH grant paid the back rent, the survivor was able to move her family into a healthy apartment and begin to rebuild. Without the grant – for the lack of less than \$300 – the survivor and her children would have faced eviction.

Another DASH grant in this category was for about \$400, and again paying the back rent enabled a survivor and her family to move out of a mold-infested apartment where the survivor and her two children had been camping out in one room for four months.

In one case, a survivor drew a connection between the grant for rental assistance and her ability to maintain her job. She was living with an abusive partner who had been paying the bills while she was job-hunting. She had just started a new job when her partner assaulted her in her rental office in front of witnesses. The police were called. The survivor threw the abusive partner out and found out that she was behind on rent. Without the grant the survivor felt she would have been homeless. “I probably would be on the streets or living with somebody that I didn’t – you know – want to be with.” Keeping her housing meant she was able to keep her job and avoid exposing herself to the violence of homelessness.

It’s a federal government agency [where I work] so anything that you... if you are put out on the street, they’re gonna know. ...If DASH wouldn’t have put their

funds in – I woulda got put out, and my job woulda found out and basically I would have probably been in the streets and probably living in the shelter and, not knowing, like the street smarts of that part of the streets, I'd probably been dead from that.

Another survivor was prepared to try to take out payday loans to prevent her family from losing their housing after she and her abuser were arrested during a domestic dispute.

We was goin' through a lot and he became real abusive, so I started having problems while I was at work. I had to call out a couple times – just tryin' to, like, figure out things, to try to keep away from him a little bit, and I wind up happening to be out of work for... I got, like, got suspended for a week at work where I didn't get paid and then I started to fall behind with my bills and everything.

Her arrest caused her to be placed on probation and to have her work license suspended – meaning she lost the good-paying job that kept her family financially afloat. Forced to return to minimum wage work, she still had to pay her overdue rent. Because she lived in subsidized housing, her rent was adjusted downward after she took a lower paying job; however, the back rent was not adjusted down. This survivor had received a judgment from the landlord-tenant court and was facing imminent eviction. Her DASH grant paid her back rent, as well as late fees and court costs. Though she might have been successful in taking out short-term, high-interest loans, she felt it would have put her in a worse financial situation.

[Getting loans] probably would've put me in a really bad place because I just... I just couldn't think of nothing else. I was just trying to think of a way to keep

[housing]. So it was either going to be that or my kids get displaced. And there's five of us, so it wouldn't have been no one place where we all could go, so we would've been separated and I just couldn't have... I didn't want that.

The flexible funding grant prevented this family's eviction and at the 30-day interview they were still in their home, and the survivor – though financially stressed with the lower-paying job – was able to pay her rent.

One survivor spoke about how the DASH grant helped her pay back rent (around \$2,500) when her apartment complex refused to work out a payment plan with her. "I've never been to court. I've been here for 14 years. I've never had that situation happen to me. So when I tried to work out a payment plan with them so that I could get back on track – they wouldn't do it." The survivor had been taken to landlord-tenant court, but said she would not have qualified for most rental assistance programs because she made too much money from her full-time job. Thirty-days post grant, the survivor and her three children were stable in their home and able to avoid further eviction proceedings. The survivor was working over-time whenever she could to work toward paying other bills that were behind due to the abuse.

Several grants for rental assistance enabled survivors to pay off overdue rental payments, which then freed them up to move to lower cost housing. In one case, the survivor had loaned money to a relative – trusting that she would get it back. When she did not, she was unable to pay the rent and was prevented from seeking lower-cost housing until the back rent was paid. The DASH grant of about \$1,500 enabled her to pay off the old rent and move to lower-cost housing, where she felt better able to

financially manage. She reported that if she hadn't received the grant she would have struggled to meet her financial obligations and might have faced eviction.

How did security deposits help stabilize survivors? The inability to afford safe housing independent of an abusive partner is a well-known reason why women return to or stay in abusive relationships (Beeble, Bybee & Sullivan 2010; Logan & Walker, 2004; Postmus, Severson, Berry & Yoo, 2009). Flexible funding grants can eliminate this obstacle to leaving and clear a survivor's path to safety.

Two survivors (8%) in this sample were homeless due to abuse and used their grants for security deposits and pre-payment of first month's rent. One survivor had fled her home and was 'doubled up,' staying with a friend – and contemplating whether to return to the abuser and what her options were if she didn't return.

So that's what I said at first: I'm stayin' because of my kids. Because I don't make enough money and I won't be able to live in a decent place. So, I'm stayin' because of my kids. But when I thought about it – I'm hurtin' them more by stayin', in the long run.

Worries about her ability to support herself and her three children weren't the only factors constraining this survivor from leaving her abusive situation. "I felt like I couldn't make it on my own and when I do work I just didn't have [security] deposit. I didn't have good credit – so there was like a lot of factors." She said the approximately \$2,400 grant was the impetus she needed to leave her abusive relationship.

It was beyond money. It was life changing. So, you know, it was beyond, you know, the value. I really feel like even if they would had offered me like \$500 – just the mere fact that there's somebody out there that understands you and is

willing to help would have changed ...you would have given me that push I needed. Because I always know that I had to move forward. I knew that. ...I'm smart – I knew that, but I just never had the push.

At the time of the 30-day interview the survivor and her children had been in their new home for about two weeks. Without the DASH grant she felt that she probably would have gone back to her abuser.

I don't know where I'd be if it wasn't for DASH and y'all. I could be dead right now. One hit – accidents goes the wrong way and, you know... because you hiding stuff and you try to live a picture perfect life and, you know, because of money and just – like – stupid things. I could be dead right now – I could be dead right now.

The second homeless survivor had been staying with family and friends for several months with her three children. She lost her housing after her children's father began using drugs, and not watching the children – causing her to miss a significant amount of work.

I had to call off a lot... wind up losing the job and then I wind up getting evicted and that's how, you know... so I had to start staying with someone. But when I stay with them – because I have three children – all of them couldn't stay with me. ...I had to separate some of them, you know, like my oldest son. He had to stay with somebody and then I kept my girls with me.

The survivor found work again, but did not have the money for a security deposit and first month's rent. She also felt the strain of living separated from one of her children: "I don't really like my son staying away and I really didn't have hands on him. And as a

teenage boy in DC – black male – it’s kinda, you know. So I didn’t really like it at all.”

Her grant of approximately \$2,800 enabled the family to move back together into stable housing the survivor could afford on her salary much more quickly. Without this assistance the family would have remained separated until the survivor was able to build up sufficient savings to pay a security deposit and first month’s rent.

Probably my son would be staying somewhere else. I would probably been moved to another location – meaning probably staying with somebody else until I got on my feet. And that would have took a while – ‘cause, I mean, you know, you don’t make that much and taxes... and still with three children. I still have to provide for everybody.

How did utility assistance help survivors? Utility bills are another financial obligation that survivors can fall behind on when means are limited. Survivors prioritize having a roof over their heads, but keeping the lights on for themselves (and in some cases, for their children) is also important.

One survivor received a grant for about \$1,200 that helped pay down her utility bills, as well as her car loan and insurance. This survivor had been living with the father of her young child until the violence became too much. She threw him out, but was then left to shoulder all the financial responsibilities for herself and her child – including the rent for the apartment where they were living. Her housing complex – as many commonly do – refused to move her to a smaller, less-expensive unit until her back rent was paid.

The survivor used all her savings, her paycheck and her tax return to pay the back rent, but fell behind on other bills, including utilities and her car loan and

insurance. "My lights were about to be cut off. I didn't have any money for food."

Additionally, keeping her car was a necessity, since this survivor lived in an area without good public transportation. Without her car she would have struggled to get her young child to daycare and herself to work; she estimated that the 15-minute drive to her child's daycare alone would take more than an hour using public transportation.

So without my car it would be really, really difficult to try to take my kid to daycare and then try to go from daycare and get to work and repeat [at the end of the day]... it would be so impossible.

In this case, the DASH grant enabled the survivor to avoid a utility shut-off, and keep her car – which resulted in her keeping her job and retaining housing. The grant did not pay all of the survivor's overdue bills and at the time of the 30-day interview she reported that she was still struggling to continue to pay down the balances on her heat, electric and credit card bill. "...Everything still isn't paid, but it helped somewhat." The survivor was also trying to find a better-paying job.

Another survivor received a grant for about \$400 to avoid an electric shut-off. Her partner began abusing drugs, assaulted her and did substantial damage to her home. Following this assault – for which she required medical treatment and still reported physical symptoms – she lost her job and fell behind on her utility bills.

I lost my job [because] of this – because he would come to my job and he was, like, real dangerous to my job, and I couldn't put my other employees and my supervisor in danger, so I was laid... I was let go.

For this survivor, being able to keep the lights on meant that she could cook and her school-age child could study at night and feel safe at home. "Everything in my house is

electronic - so, my lights is off, my stove is. I wouldn't be able to cook. My refrigerator ... my food would be spoiled."

The importance of grants being flexible. There were three survivors in this sample whose grants were for unique needs. One survivor's furniture was damaged in a flood; though she was able to move her family to a new residence, she could not afford to replace their beds. Her grant meant she and her children no longer had to sleep on the floor. Her grant of about \$2,700 allowed her and her children to recover from a traumatic event more quickly.

Another survivor moved her family's belongings – legal papers, extra clothing, etc. - into a storage unit as they went into hiding from an abuser. The survivor was forced to quit her job and fell behind on payments for the storage unit; late fees and penalties piled up. The DASH grant – though small (a little more than \$400) – saved the family's belongings from the auction block. Replacing the legal documents, birth certificates, etc. would have been costly and time consuming. However, the survivor felt the loss of her family pictures would have been the greatest loss, "I think I would have been devastated. Really just for my children's pictures - things that you can't replace."

Finally, one survivor received a grant to transport her children out-of-state to relatives for the summer. This single mother was unable to afford childcare and had been taking her children to work with her during the summer. Her job informed her that this could not continue and she was in imminent danger of being fired. The DASH grant paid for transportation for her and the children – but essentially enabled the survivor to keep her job. "I would've lost my job and everything else... It would have been devastating."

Survivors' Perceptions of the Grant Process

The second question for this project regarded the survivors' perceptions of the grant process itself. Did survivors feel well-treated by DASH and what aspects of their experience engendered that impression? First, the DASH process is examined in more depth and then key survivor-identified properties of the process are explored individually. Then, negative aspects of the DASH process are discussed, followed by some comparison examples of survivor interactions with other government or nonprofit agencies.

The DASH process. For two and half hours once a week, DASH and their partners set up a temporary housing clinic in a church in the DC area. Survivors are asked to sign in for whichever service they are interested in meeting. In the small waiting area – a bench – there is a table with personal care/hygiene products, snacks and a cooler of water and other drinks. In one corner, there is a box of toys for children. Meeting spaces are created around folding chairs and tables by using rolling room dividers; white noise machines are deployed between meeting spaces in an attempt to provide more privacy.

Several themes emerged from an analysis of survivors' comments regarding their experience of the DASH process. Survivors spoke about the speed of the DASH process, the personal treatment/consideration they received, feeling understood, and how low-barrier the DASH process was.

DASH speed/responsiveness. More than half of survivors (13 of 25; 52%) indicated they found the DASH process to be fast, both in terms of the time spent in the

housing clinic and in DASH's internal turnaround time (how fast DASH was able to cut checks).

- *It was pretty fast... I think I only waited about maybe 10 minutes, because there was people that were before me? So I think I may have waited maybe like 10, 15 minutes. And I sat with them for maybe like 30 minutes; so it went pretty fast.*
- *I expected to be there for hours. I was actually preparing myself to be in there for hours! And I thought that I had brought as much information that I possibly could find - because I just assumed that it would be, you know, a long day there and it would be a million and one questions - but it was totally the opposite. It was totally the opposite and it was very refreshing.*
- *I was just shocked cause it wasn't even five days [before payment was made].*

In one case where a survivor had been served a writ of eviction, DASH staff were able to cut a check the next day.

Before I left they was tryin' to see what they could do with the writ. They was like with the writ we didn't have many days so they didn't even want to wait for the next day. They wanted to try to have it being handled the next day; so they assured me right at that time.

Survivors contrasted the speed of the DASH process with that of other organizations – indicating that the responsiveness of DASH was important.

I've had, you know, other places help me with other things and it's always a long process. It always takes months before you get, before you get the funding or, they give you some type of promissory note that you show to whoever that you have to pay and then they kinda like, they know that the money is coming. But

with DASH, but with DASH, it don't... it took less than a week. And I was able to get the funding and pay the bill before, and pay it before anything happened. So that's, that's the different between DASH... they work immediately instead of just taking your information and sticking it in the pile with the rest of the applications.

Three survivors had a different experience – with their grant process taking far longer than the typical 3-5 days. Weather, communication and personnel absences seemed to play a role in these delays.

The only issue was that, like I said, [the process] took a little while because of, you know, storms and she was out of the office and it took awhile for us to get in contact. We was playing phone tag for like maybe a week or so. But other than that - once we were able to finally speak it went pretty quick. She really helped me out and she was on the ball with everything - so it was good.

The most extreme case – which took two months from start to finish – occurred in a period in which DASH was constrained on funding and limiting grants to rental assistance only. In this case, the grant amount was lowered and the survivor had to take out a payday loan to cover her rental debt.

DASH's personal approach. Seeking help can be a very frightening and difficult experience for survivors. Some have never spoken of the violence in their lives. Survivors bring the trauma of the violence with them and the secondary trauma they may have experienced in prior help-seeking experiences. DASH recognizes that this trauma may result in survivors feeling vulnerable and lashing out if triggered by perceived negativity. For these reasons, DASH incorporates a trauma-informed approach to working with survivors. Fourteen of the 25 survivors (56%) spoke positively

about the impact of the treatment they received at DASH. Survivors indicated that finding a receptive audience made them feel more comfortable in a difficult situation.

- *When I went in, my heart was pounding and I was extremely nervous and she was talking to me. She just made me feel a lot comfortable, you know - comfortable.*
- *It was hard [seeking help] and the people were polite when you went there - they weren't nasty or rude or anything like that.*
- *LaToya [DASH staff person] came and, you know, we was talking and her voice was so soothing and she was just, like, '[survivor's name] calm down.' Just, you know. And she said, 'I'm a do all that I can do.'*

Other survivors talked about how the DASH's advocate's behavior impacted them.

- *They were very nice, you know. It was somethin' different and I think they may have saw it in my face, because it was something that I wasn't used to, but they were very pleasant.*
- *Just welcoming. Just the open arms as soon as you... And it wasn't just for me - it was for everyone that walked in the door. The pleasant personalities, the genuine feeling that you get when you come in the door - that these people actually really care and they want to help you.*

One survivor contrasted her treatment at DASH with what she had encountered at another program, and spoke of the DASH's advocate's response to her initial anger and frustration.

Some places, when I called, they was like, 'do you want the help?' You know, with a attitude - and I was hesitant with LaToya. And with LaToya - she didn't even get mad. It was like she boxed herself up. I was hesitant. I cussed at her because I couldn't find the [clinic] on time, you know. I was angry, you know, because I didn't want to go through the steps, but, I mean, like, she really calmed me down and because she didn't give me what I gave her, I allowed her to help and I'm happy that I did. I'm happy that I did.

Survivors also indicated that the follow-up they received from DASH was welcome and made them feel that DASH's concern extended beyond the housing clinic experience.

- They was checking up on it, they was calling, and making sure that I was there through emails and make sure that everything was okay.*
- And also what I like about DASH is that people actually call you. People actually call you, talk to you, and, you know, make sure you got everything you need. Keep you afloat of where's the funding, when is it coming, and this is gonna happen...that's what I liked about DASH. That they definitely paid attention, like it wasn't just 'fill this out and have a seat.'*

The value of feeling understood. Because IPV is a taboo subject that often elicits victim-blaming responses, survivors rarely speak about their experiences and often worry about what kind of reception they will receive when they do. Forty percent (10 of 25) of survivors mentioned feeling that DASH advocates understood their situation and were not judgmental.

- *She helped me understand that [the situation] wasn't my fault. She just took the time to talk to me.*
- *Usually you talk to someone ... you know it's more like, 'oh, you should stop it,' 'I woulda did this,' and 'try to do that.' And, you know, with [DASH] it wasn't like that. ...I didn't have to hear, 'oh, why didn't you leave?' or, you know, like 'you should've done this.' I didn't get that from them.*
- *It's not like somebody's judging you because of your situation. A lot of programs are like that, you know, but ...[DASH] wasn't like that. It's like it doesn't matter what your situation is - just come in and we gonna help you.*

A low-barrier, low-paperwork approach. DASH specifically seeks to eliminate barriers for survivors. They do not require survivors to show ‘proof’ of abuse, bring in extensive documentation or provide DASH with receipts post-grant. DASH also consciously limits paperwork; they have one form they use with visitors to the housing clinic. Called the “inquiry tracking form,” it is two pages long and is used in most, but not all, cases. The only other form survivors were asked to fill out was the “consent to contact” form for the project evaluation, which was optional.

Four (16%) survivors specifically commented on DASH’s low-barrier approach. Prior to contacting DASH, one survivor worried that she had no documentation to prove she had been abused; she had never gone to the police or sought medical treatment for her injuries. Another survivor had experienced abuse in the past, but her current situation merely stemmed from the abuse. Another survivor sought help from a program that required her to seek a protective order against her abuser before she could receive help. It would not be uncommon to find policies in place in a variety of social service

organizations that would have denied services to any or all of these survivors. Three survivors (12%) commented on the fact that DASH did not require a lot of paperwork or documentation.

So when I went to DASH they were more willing to help, listen to my story, ask some questions and say, 'we can help you.' And that was it. It wasn't like, 'okay, we need you to join our program. We need you to sit down. We need you to come in everyday. We need you to come in.' It wasn't like that. I didn't feel like - I didn't feel like somebody was puttin' a gun to my head.

How DASH's responsive, trauma-informed, low-barrier approach translated into survivors' feelings about the help they received. Many survivors spoke about prior negative help-seeking experiences and contrasted those with what they found at DASH; many expected DASH to be another negative help-seeking experience. Instead survivors talked about their relief and amazement in finding 'real' help.

- *It's just the fact that they're concerned and that they're willing to take the time to help you and you're not just a name or a number in a pile of paper... it makes you feel like 'okay, somebody heard me, they're really gonna help me' and, yeah! It just, it kinda just alleviate...you know, once I left I knew that 'okay, they're really gonna help me,' ...the compassion made me feel really good once I left. Like, I really feel like I had done something good.*
- *We do have someone [DASH] out here who's really sincere, who's really concerned and really, you know, feels for women who goes through this. You know, so it really made me feel great. It made me feel wonderful. It really did.*

- *She was actually there to help me - and to help me get out of the situation that I'm in and that was refreshing for me. That was a relief.*
- *I believe that, you know - in not giving somebody that's already, like, to they lowest point, the run-around. That's what a lot of programs - you know, they give you the run-around, which actually makes you not even want to move on with what you are trying to do.*

Negative feelings about DASH's process. The vast majority of survivors interviewed reported no negative impressions of the process or DASH. The only significant factor cited by 24% (6 of 25) of survivors was leaving the clinic without having their grant confirmed. In some cases where grants were unconfirmed, DASH seemed to be in a period of restricted funding, in others key personnel were unavailable and in a few cases the grant was made without a formal confirmation (survivor received a call about a check being dropped off or a rental office confirming payment).

Not knowing whether help was imminent caused additional stress for survivors. Additionally, DASH does not maintain a waiting list; if they do not have grant funds, they simply tell survivors to keep checking in.

- *So I just kept checkin', kept checkin'. And I was starting to get frustrated 'cause I knew my time was becoming close to the writ and I actually wound up getting a writ probably like a couple of days before [DASH] actually told me that they come back and come down and help me. But yeah, it was just very stressful.*
- *In a perfect world I probably would've wished that they could've just took down names and numbers and just been able to just call us when they have something available so that I wouldn't have this like urge every day to feel like, 'Well maybe*

today. Well, maybe tomorrow.' You know, it just was... But I guess it doesn't work like that. Which is understandable too.

- *Walking out of there not knowing [whether I would get a grant or not] was kind of uneasy. It made me panic and I didn't need to be in a panic mode after everything else. ... I did not feel confident when I walked out of there.*

Another negative issue cited by two survivors was privacy. Held in a church, the weekly housing clinic is a one-day temporary construction – with rolling 'walls' set up around folding tables and chairs. DASH and the other co-located services use white noise machines between the segments to try to cut down on echoes and provide survivors with some privacy – but there are no doors or ceilings and the waiting area is communal. Survivors reported seeing people they knew or feeling very emotional and crying – situations that can be exacerbated by a lack of privacy. "Maybe try to find somewhere with a little bigger room 'cause I know everybody don't want everybody to know their business. They had the little file [room divider] things but you could still hear."

One woman felt the lack of privacy might reflect a lack of professionalism and did not initially feel confident of DASH.

The privacy really wasn't there. ...the young lady that was supposed to been in charge walked up, didn't introduce herself, started asking questions and I had to say, 'Who is you?' 'Oh, I'm so-and-so, I'm in charge,' and I'm like, 'who does that?' 'I'm her supervisor, I'm just overseeing, making sure she's doing stuff right,' and I'm like, 'so you're not sure that she can do stuff right? So, why are we here?' You know, so I started second guessing, almost started to get up and leave. It didn't look good. If, even if... I understand everybody had a supervisor,

everybody has somebody they have to report to. It just didn't look good that while we was talking, me and her was talking, that her supervisor walked up, watching again because of the policy. There was no knock at the door, no 'mind if I come in?' None of that - 'cause she didn't have to do it.

Finally, several survivors remarked that DASH clinic hours – typically held one day a week for two to two and a half hours in the afternoon or evening – were difficult to access for employed survivors. In several cases, DASH staff were able to meet with survivors in the community outside regular clinic hours.

Two survivors reported somewhat negative experiences with DASH services. In both cases, the DASH grant amounts were less than what the survivors expected and less than what they felt they needed. In both cases, the survivors complimented many parts of the DASH process, but felt they received inadequate financial help.

Comparison experiences. Most survivors come to DASH with pre-set expectations of social service organizations, developed either through personal experience or second hand from family and friends who have interacted with such agencies in times of need. For many survivors, DASH is not the first place they have sought help; they may first try a government organization, be directed to a church-based service provider through a workplace assistance program or consult with a victims of crime program. Of the survivors interviewed in this sample, very few had had positive experiences with other social service organizations.

Survivors experienced extensive barriers to service (extensive paperwork, long processes, pre-conditions for receiving help, etc.) and denials of service. Pre-conditions for help vary from organization to organization, but in this sample they included

requiring survivors to get a protection order against their abuser prior to receiving help, having children (or children within a certain age range), or having already been served with a writ of eviction. One survivor who made \$14 an hour was turned down by one organization – after completing extensive paperwork and waiting four hours – because she made “too much.”

- *I had got asked a million and one questions. I felt like I was... I don't know this thing, if feeling 'interrogated' is the right word, but I just felt very uncomfortable. And it made me not wanna go back ever again if I needed help. It made me really not wanna go back.*
- *One program I had to go get a stay-away order first - and if I'm telling you I'm scared... I'm scared to get a stay-away order.*
- *Majority of places - they want you to stay on campus [join a residential program], you know - like, give up everything. And that's hard for people to do - especially when I'm already planning on trying to take this big step - and now you're saying I have to move, I have to do this. And that was a lot for me to, you know, take in.*

Survivors also spoke about poor personal treatment at other agencies – including rudeness and a lack of follow-through.

- *Government agencies - 'cause I have been to, like, Social Services - and it's like, they're rude. ...And they're slow and they never answer your question - act like, you know, you're bothering them, and, you know, they are there to give you a service!*
- *Normally what people tell you when you leave the agency - they say, 'I'm gonna call you back in a day.' Or, 'I'll call you back tomorrow.' And you know what that*

means - a week or two, or they never call you back at all. Cause I've had that happen to me and I didn't reach out for help anymore. I just expected my situation would be 'I'll get beat up sometimes, but I have a place for me and my kids to stay. I'll get beat up sometimes, but I'm living in a nice apartment.'

- I've been down to [specific service provider] like 3 or 4 times. I even talked to the supervisor. She took me over staff and things... they didn't do anything. They just sucked. The program sucked for me.*

Funding cycles add complexity to these issues as, toward the end of the fiscal year (July, August and September), many organizations simply run out of emergency funding and are unable to provide assistance.

They all were sayin' the same thing. Like, at that time they didn't have funds. I don't know if it was just time of the year? I don't know what it was, but every place that I tried to reach out to - they give the same answer, so...

The Impact of DASH Grants on Survivors and Their Families

The final question of this thesis involves what survivors perceive to be the impact of the DASH grants on their lives beyond housing. This section begins with a short exploration of how survivors described feeling about their situation before interacting with DASH. Then the concrete impacts of grants are detailed, followed by an examination of additional survivor-perceived impacts, such as stress relief.

Survivors' descriptions of how they felt before getting help. Some of these survivors had been struggling with their housing issues for several months before finding DASH – with the stress increasing as time went by without finding a solution. Survivors used a wide variety of terms for the stress they were experiencing before

finding help. These included terms like “alone,” “at a breaking point,” “mind going haywire,” and “in a hole.” Also common were descriptions of feeling “burdened” or having a “weight” on one’s back or shoulders. Another frequent description was that of feeling “unable to breathe” or as if one were “drowning.” Survivors also described physical manifestations to their stress, such as an inability to sleep, headaches, hair loss, high blood pressure and loss of appetite/weight.

Though some survivors spoke of strictly separating their home stressors from their work environment, not all were able to leave their worries at home. Survivors spoke of the stress impacting them at work; missing work due to the chaos, or not wanting to be seen with bruises and injuries. One survivor admitted that she had been temporarily suspended from her job after snapping at work. Another survivor had a work license suspended after she was arrested for intimate partner violence. Twelve survivors (48%) spoke about their fear of homelessness.

...I would have probably been in the streets and probably living in the shelter and not knowing like the street smarts of that part of the streets I’d probably been dead from that, like, or who knows.

A major theme for parenting survivors was being unable to meet their children’s needs and provide a good home; 23 of 25 survivors had children and 16 (70%) spoke about stress related to being able to provide for their children.

- *Well, actually through the process of the situation it just made me feel some kind of way as a woman, as a mother, like. I just felt like it wasn’t enough for my kids. Even though people are in worse situations than me, but I’ve never had a tragic*

moment like that happen to me. But my home is my everything. So for it to just be taken away, it just took a lot out of me.

- *I do have a daughter, too, as well, so I didn't know with my child – my 13-year-old – [was] we gonna be taken from each other?*

The fear of being homeless with children was a common theme.

- *I was concerned that I wouldn't be able to move into the new apartment and I'd be stuck in the old apartment that I couldn't afford, and then end up having to be evicted from that apartment, and, I was... My biggest fear was being put on the street with my kid.*
- *The main thing for me was... not to get put out of my home with my four-year-old and have absolutely, you know, nowhere to go.*
- *...I had nowhere to live from if I get put outta here. I have four children, and my children they're not gonna understand anything.*
- *I can't see with my kind of kids them being, like, 'okay, well, now we on the streets. What's goin on?' I don't never wanna disappoint my kids. I've never been disappointed by my parents and I'm not gonna show them any of that either.*

From isolation, to parenting, to health issues, to financial worries, to the workplace – there wasn't any part of survivor's lives that were unaffected by the stress of their situation.

At the time of the 30-day interview 100% of these survivors were housed.

The concrete impact of the DASH grants. Ninety-two percent of the grants in the sample directly enabled survivors and their families to achieve safe housing. The average grant amount of these grants was \$2,192. The remaining two grants (8%) were

focused on providing essential needs for children (beds and furniture) and preventing the sale of a survivor's stored belongings (including legal documents, children's pictures/clothing/belongings, etc.); the average amount of these grants was \$1,578.

Table 3 – Grant Impacts that Directly Enabled Survivors to Maintain Housing (n=23).

Grant Impact on Survivor	Grants in Sample (%)	Average \$ amount
Retained housing	52%	\$2,625
Able to move to more affordable, safer, or healthier housing*	20%	\$1,226
Went from homeless to having safe housing	8%	\$2,610
Paid utility bill; maintained basic housing services (electricity, water)	8%	\$1,302
Retained employment (& ability to pay rent)	4%	\$2,340

* Survivors may be prevented from moving if they owe rent or utilities on a previous residence.

Survivor-perceived impacts. Survivors spoke about grant impacts beyond merely the financial impact of the grants. The most common impact theme in the interviews was experiencing a feeling of stress relief. Survivors also spoke about how grants impacted their parenting, allowed them to return to normalcy ('getting back on track') and more personal impacts. Also mentioned by a smaller number of survivors were impacts on mental/physical health and feeling safer. Survivors spoke, too, of the impact of knowing someone cared about their situation. Each of these themes is examined in turn next.

Stress relief. Ninety-two percent of survivors (23 of 25) talked about how the grant provided stress relief. By enabling survivors to address their most pressing issue –

whether it be the looming loss of belongings in a storage facility or a writ of eviction – survivors experienced a reduction in stress. Survivors again described feeling ‘a weight lifted’ and being able to ‘breathe’ again. One survivor said the grant felt like someone had thrown her a life preserver; several said they cried.

Excited and happy. I was smiling from ear to ear and it felt like a weight was just lifted off and I can breathe again, you know, it's a beautiful thing even though I know that that it was coming but to hear them say that, 'it has been paid and you're good to go and you're alright and you're in good standing,' it was pretty good.

The stress relief was the most immediate impact, but survivors also spoke about proximal impacts –consequences of their stress levels being lowered.

Better parenting. Parenting survivors had rarely shared their worries with their children. They repeatedly spoke of wanting their children to be unbothered by adult concerns and more focused on school.

They just knew that I was a little stressed and that mommy was goin' through stuff, but they really didn't understand because I didn't really want to put that stress on them as a kid. You don't want them going to school thinking about like, "Oh we might lose our place" - stuff like that - so I kept it away from them so they didn't know.

A few mothers described direct impacts on their children – such as having new beds to sleep in, a safe apartment to live in, electricity for heat and lights, etc. Survivors also described how the stress relief impacted their ability to parent. They described

having more energy without the weight of worry, and more patience with their children.

“I feel like it’s a good start and I’ll be less stressed and I can enjoy my children.”

Getting ‘back on track.’ The relief of having their biggest worry addressed also left survivors feeling able to move on in their lives – a feeling that 56% (14) of survivors mentioned. Survivors described ‘getting back on track’ as being able to focus on next month’s bills, and get back to normal.

- *Well, I’ve just been living my life, doing the best that I can, trying to you know get back and make up for the lost time. ...Just staying close to the family, working. I’m doing a lot of overtime so I could, you know, just have money and get back on my feet, and, you know, make sure that they [her children] have everything.*
- *I was happy cause I could get things that weren’t done, I could get things done now and move on.*
- *I felt relief - off my back - and I can like, you know, I concentrate on everything, on being on top of my rent and also I can have my girls, and like, to be settled.*

Personal impact. Even at only 30-days post-grant, nearly a quarter of survivors described a bigger impact on their lives that went beyond the grant itself. They described a change in their personal outlook. Two survivors described learning new skills – patience in one case and budgeting in another – that have led them to greater personal peace.

- *Well, I’m happier now. But I learned patience. I didn’t have it at first, but I have patience now. It’s like, it... it made me more mellow. Like I’m more understanding because I’ve done been on both sides... So I kinda understand what it is not to have and I understand what it is to have now.*

- *[Budgeting and having saving account for emergencies] makes me feel great, empowered – that I don't need a man to define me and define what I'm capable of doing.*

Some survivors described gaining more confidence or feeling more like themselves again.

- *My life has been on the same standstill for years; just being dependent. So the impact, you know, has put me ... you know, like through a different level with my life. So it's one transfer and I laugh sometimes thinking, you know, 'who would have thought?'*
- *I feel myself like, you know, becoming who I was again and like I'm just at a happy place now.*

Additional themes. Knowing someone cared (28%), feeling safer (20%) and improvements in health (16%) were also themes talked about by smaller numbers of survivors.

For survivors coming out of a stressful, possibly dangerous, situation encountering someone who displayed care for them was powerful. Survivors spoke of what a difference it made to encounter people who wanted to help.

It's refreshing, it helps them, you know, mentally because already your mind is going haywire that you're already in this situation for I don't know how long, you know. And for this to... for you to possibly be you gettin' put out of your home and to have somebody have your back rather than somebody beating you to a pulp and not having your back is completely refreshing.

Some survivors also felt safer after receiving their grant. Some grants allowed survivors to move to new locations (away from their abusers), or add security features to their homes. “I’m still sometimes, you know, kinda eerie, traumatized, but I’m still grateful that, like, he doesn’t really know where I live at now and I can afford to pay my rent and I don’t have to depend on him.”

For other survivors, being able to stay in their homes and avoid living on the streets or entering the homeless system engendered a sense of security. Four survivors mentioned positive health impacts they attributed to receiving a DASH grant. One felt her blood pressure had fallen after she was no longer stressed regarding her housing stability. Two survivors mentioned health issues they had pre-grant that resolved post-grant – one survivor talked about having a recurring headache when trying to figure out what to do about her housing situation, while another mentioned how pre-grant stress had caused hair loss. Finally, another survivor talked about being able to sleep better post-grant.

Well, it helped me to breathe a little more and it reduced some of the stress. Like, I was able to actually just relax a little bit and I could get a good night’s sleep the first night that it [the grant] came.

DISCUSSION

With 100% of the sample housed at 30-days post-grant, FF appears to have promise as a realistic tool to address the needs of certain IPV survivors and reduce their risk of homelessness. The majority of these survivors (84%; 21) were experiencing housing instability and several were already homeless; the remaining 16% faced non-housing related losses that they felt impacted their wellbeing (loss of personal mementos/family pictures, lack of furniture/beds for children, loss of electricity). When the 21 survivors experiencing or quickly sinking into housing instability were asked what they thought would have happened to them if they had not received a FF grant 17 (81%) said they would have become or remained homeless. Two survivors felt they might have been able to work out a payment plan with their landlord and two others said they would've tried to borrow money to avoid homelessness, plans that might or might not have kept these women from homelessness.

This discussion first explores how FF fills an unmet need for material (financial) resources. Then I turn to the role that advocates and advocacy plays in the process. The combined power of finding the right resources coupled with empowering advocacy can set the stage for healing and possibly contribute to larger, positive gains. Finally, I explore the potential benefits of adopting a standardized lexicon for flexible funding programs to allow for accurate comparisons across different programs.

Importance of Access to Financial Resources

Several studies have noted the mismatch between what many IPV programs offer and what IPV survivors want (Dichter & Rhodes, 2011; Zweig & Burt, 2007; Zweig, Schlichter & Burt, 2002). Other studies have suggested that survivors seeking material

resources (housing, financial aid, etc.) may have a more difficult time accessing such supports (Kulkarni, Bell & Rhodes, 2012). DASH's FF pilot program filled this gap for the survivors in this study and kept a significant number of the sample from falling into homelessness or needing to enter shelter. For others in the sample, the grants made a difference in their quality of life by keeping the lights on for themselves and their families, helping them to purchase needed items (such as beds), or preventing family mementoes and legal documents from being auctioned off. Responses from survivors indicated that finding help tailored to their greatest need was beneficial.

For survivors facing homelessness, such financial grants are far preferable to entering even the best of IPV/homeless shelters; children do not have to be uprooted from schools and neighborhoods and have the stigma of residing at a shelter; belongings do not have to be packed in trash bags or piled on the street; survivors and families do not have to face the stress of living communally with or alongside other families in distress.

FF filled the gap for these survivors, and was also economically advantageous for the IPV program. These grants cost DASH roughly 1/10th of the cost they would have incurred if they were to house survivors in their safe housing facility and five percent of the cost of an average homeless shelter stay of one year (DASH Survivor Resilience Fund Proposal, 2013).

FF grants also allow DASH to offer survivors help earlier in their crisis. Programs without a FF option can offer counseling and support - which should not be minimized – but have fewer material resources to offer until a survivor becomes homeless. Additionally, although offering shelter is undeniably important, by the time a survivor

becomes homeless they have often experienced months of stress trying to avoid homelessness. Receiving a FF grant can help survivors resolve this stress sooner and, once stabilized in housing, begin to recover from IPV-related instability more quickly. The benefits of accelerated recovery are large for survivors and their families.

Impact of Advocacy

Survivors in this sample also received some level of advocacy as part of the DASH grant process. Although the study interview did not specifically ask about the advocacy efforts that accompanied some grants, a number of survivors mentioned these efforts, and the role of the advocate in FF may be as important as the financial aid.

Some survivors met with an advocate only once, while others worked more closely with their advocate – riding with them to different housing locations and receiving help filing housing applications, meeting out in the community to get a check or fill out paperwork and checking in with them post-grant. Often, survivors and advocates engaged in discussions about how to prevent similar crises from happening in the future and together built a plan to strengthen the survivor's capability to be financially independent. Such plans might include returning to school or completing a further job training/certification, as well as actions to help survivors improve and build their financial credit rating. "Like I still have services provided through DASH and it just didn't stop with, like, helping people financially."

Additionally, DASH emphasizes the use of trauma-informed care in interactions with survivors and emphasizes respect for survivors' sovereignty (defined in their governing principles as "having the freedom and responsibility to determine what is right

for yourself and be self-governing.”). Experiencing IPV involves a feeling of powerlessness and the breaking of a fundamental trust – where what is supposed to be a caring relationship turns into an abusive one. An understanding advocate may be one of the first persons to whom a survivor reveals her abuse. Good advocates can alleviate guilt and create a sense of safety that a survivor may not find elsewhere. Such a positive relationship between a survivor and an advocate has been called an “alliance” and can help improve survivor’s mental health by empowering survivors through the domain of safety – that is, helping survivors to increase their feelings of physical, as well as emotional (and perhaps financial) security (Goodman et. al., 2016). Advocate-survivor pairings where both share a similar racial and/or ethnic background can strengthen that sense of alliance. This may have been a factor in this study, as DASH makes it a priority to hire women from the Washington, D.C. community and the majority of their housing clinic staff at the time of this study were African American women. This study did not specifically ask survivors whether this racial/ethnic match was important to their advocate experience.

Survivors in this sample spoke about how interactions with advocates were helpful in helping them understand the dynamics of IPV, without making them feel judged for being in an abusive relationship. “It was good to be with, you know, somebody morally supportive. Made me feel a lot better, you know? ...I knew when I walked out of there from walking in there I felt a lot better.”

One-hundred percent of the survivors in this sample had positive comments about their DASH interactions, whether regarding the speed of transactions, the lack of judgment or the respect and care they felt they received. Survivors receiving FF after a

long, drawn-out, demeaning interaction with an untrained and unresponsive bureaucrat might not experience the same ‘boost’ as survivors who receive both financial aid and strong advocacy.

Impacts Beyond Financial Aid

Survivors indicated that FF had impacts beyond stabilizing housing, such as stress relief, positive health impacts and better parenting. Fredrickson (2013) posited that the experience of positive emotions can increase “personal resources” such as positive coping mechanisms, and improved person-to-person relationship behaviors. If a person experiences repeated positive experiences and amasses more personal resources, Frederickson theorizes this may result in an “upward spiral” of personal growth. Given this small preliminary study and the paucity of other research on FF use with IPV survivors, it is not yet possible to know whether FF could be part of a survivor’s “upward spiral” toward healing. However, even in these interviews, only 30 days post-grant, several survivors spoke about grants as one of several positive things that had contributed to their feeling better.

...stuff’s moving forward. You know, like, stuff has been moving in the right direction. I was offered a different job at my job, so I make a little bit more money now. And, you know, maybe, you know, that’s what I needed to move outside of that bad situation so that I can really grow from before.

Other survivors spoke about feeling happier, better able to cope with day-to-day life and some spoke about feeling more positive about tasks they were working on, like finding a new job. “You can tell on my face the complete difference. You know my emotions; everything is a complete difference. I’m much happier now. Much happier.”

Removing a survivor's biggest stress, often the possibility of being homeless, is not a small action; that a FF grant might have positive 'ripple effects' that touch other parts of survivor's lives is an area deserving of much more attention.

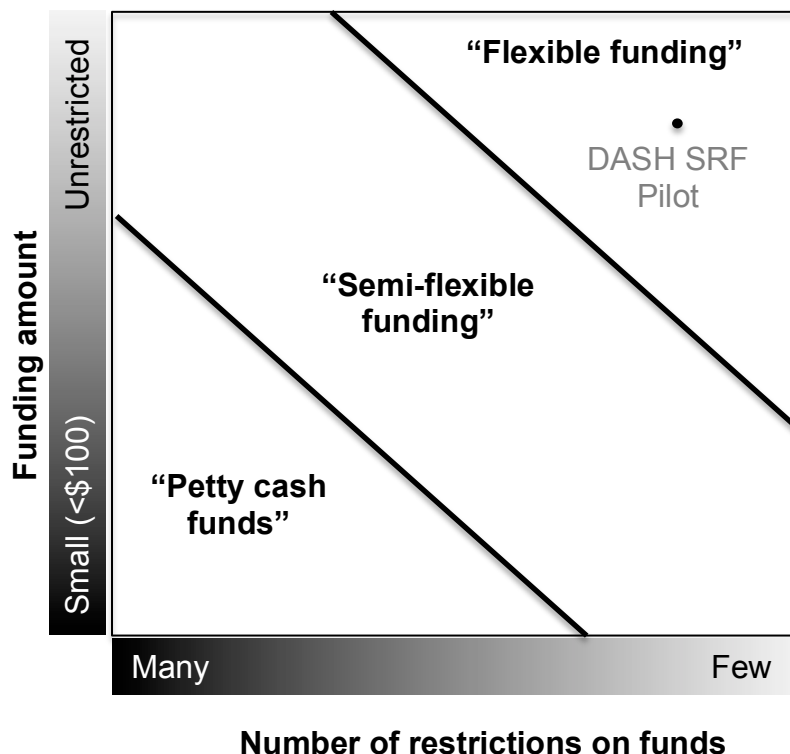
A Need to Clearly Define Flexible Funding

There is not yet a well-established linguistic convention to distinguish between FF programs accurately. As research continues to investigate the utility of FF use for IPV survivors it will become increasingly important to develop a precise lexicon to ensure equivalency from program to program. FF programs vary widely across the world (Haushofer & Shapiro, 2013; Akuyu et al., 2014; DFID report, 2011) and even the few programs within the IPV community (Economic Stability Working Group, 2002; Mbilinyi & Kreiter, 2013a; Mbilinyi & Kreiter, 2013b) have differed in the restrictions they place on funding. Programs tend to differ in two respects: the amount of funding available to survivors and the amount of restrictions on how funding can be used. A FF Matrix could serve to begin to define differences among programs, making it easier to group programs and effectively study what mix of funding and rules is optimal in varying situations. The proposed matrix (see Figure 1 on following page) separates programs based on the amount they award to survivors and the rules they apply to awards.

This study focused on the DASH program, which would be defined as a true 'flexible funding' program according to this matrix; that is, a program that does not limit the amounts it will award and has few rules restricting how funds may be used as long as awards support program goals. The lower left third of the matrix encompasses programs with far greater restrictions as to size of award and number of rules defining appropriate use. These programs are more accurately labeled as 'petty cash funding'

and include efforts by IPV programs around the country that help survivors with small needs, such as bus passes, a pair of work boots necessary to start a new job, etc. Typically these programs have a funding limit they cannot exceed (perhaps \$100) and strict funder-imposed guidelines that govern what expenses may be covered by the program. In the middle of the matrix are programs that fall somewhere between the two anchor points. They may have more flexibility around funding limits or higher funding limits and they may vary as to the level of restrictions they impose on funds. One could also find hybrid programs that may have few funding limits, but highly restrictive rules or programs with tight spending limits, but few rules; both of these permutations would impact program utility for survivors.

Figure 3 – Flexible Funding Matrix



DASH clearly defines their program as falling more toward the truly flexible end of the continuum. However, for a short period of time – before DASH decided to

separate the public and private funding – they used public funds to provide grants. During this period, the program only provided rental assistance because of the governmental restrictions on how the money could be spent and what documentation was needed to justify expenses. During this time period, the DASH program would have fallen under the label of semi-flexible funding. Because DASH leadership felt that this placed too many restrictions on survivors, they adjusted how they deployed their funding sources; focusing public funds on staffing costs and reserving private funding for grants.

Study Limitations

These findings should be considered in the context of this study's limitations. First, this was a small sample of survivors from one location. Survivors also self-selected into the study. Some grant recipients declined to participate, and a small number were not invited into the study (if the staff member thought they were in crisis or was too busy to ask them). We have some information on grant recipients who declined to participate that shows their basic demographics do not tend to differ markedly from those survivors who chose to participate in the study. The only dimension where participants differed from non-participants in a significant way was that on average, non-participants received slightly larger grants (\$2,685 compared to \$2,143 for survivors in this sample) than survivors who chose to participate. We have only minimal data on why some chose not to participate; among the reasons given by DASH staff were a lack of comfort with research, worry about the impact a study could have on their job and security clearance and lack of time or resources (e.g. some survivors did not have phones or worked so many hours they did not feel able to commit to being contacted).

This sample is limited to one geographic area and one program, which limits its generalizability. A program in a rural area might have a different impact or require a different process. The DASH program serves predominantly African American women in the Metro Washington, D.C. area; it might require significant service and process changes to effectively serve women from a different racial/cultural/ethnic background.

This program evaluation had no comparison group of survivors that did not receive a grant in their time of need. Randomly selecting survivors to receive a grant or be waitlisted for help would have been ethically irresponsible and is highly contrary to DASH values. Even in periods when DASH lacked SRF funding it would have been unacceptable to deny a survivor's request for help and yet ask them to participate in a study of how it felt to be denied a grant. Still, the lack of a control/comparison group means that it is impossible to examine the effects of not receiving a grant; this study cannot speak to the experience of survivors who did not receive a grant.

DASH is built around several strong paradigms regarding trauma-informed care and low-barrier services. Anecdotally from interviews, survivors indicated that how they received services was, in some cases, almost as important as the funding itself. Without comparison programs with differing service philosophies, it is impossible to accurately assess the relationship between the funding and how it is delivered. It is not possible to quantify or separate the impact of these practices over and above the funding provided to survivors. DASH clearly represents one segment of the flexible funding matrix. This study cannot compare or contrast it with FF programs from different sections of the matrix.

This study examined FF impact 30 days post-grant. Though all participants were still housed, this is a brief time period to examine success. It is also important to note that 16% of grants in this sample were not used for housing, but rather for things deemed important to well-being by survivors (electricity, transportation, beds for a family, etc.). Additional studies should be undertaken to follow participants for a longer amount of time to understand grant impact on housing stability across a more significant span of time.

Additionally, this is a qualitative study which can give voice to participants and allow for exploration of new programs, but which lacks hard, quantitative data that can be statistically explored.

Implications for Practitioners

Initial indications from this study show that FF can be a useful tool for survivors who have safe housing that they are able to sustain if their short-term crisis is averted with a one-time infusion of cash assistance. Such short-term financial assistance – in sufficient amounts – appeared to be lacking across all the services that survivors in this study attempted to access for help prior to finding or being referred to DASH.

Survivors also indicated that the many barriers they encountered from other service providers – lengthy, intrusive interviews, detailed paperwork and documentation requirements and pre-requirements (such as securing a protective order) – discouraged them from seeking help. Some survivors also indicated that they experienced rude, and judgmental practices in other organizations – which made seeking help an aversive experience. Practitioners might find it useful to evaluate their own organizational

practices in light of these findings – to understand if some changes in their own policies might encourage more survivors to seek help.

Practitioners considering a FF program should make a conscious decision as to where they would like to be in the FF matrix. DASH chose to give relatively large and fairly unrestricted grants. Some programs may choose a narrower target – such as offering only rental assistance. Helping a survivor replace slashed tires may not appear directly applicable to housing; however, a wider view of the issue can help an organization – and its funders – see that a car can be a lifeline to childcare, school and work, and through these mediators, eventually impact housing stability. In making a decision to pursue a more narrowly-defined FF program, practitioners should acknowledge the loss of service to survivors who may fall into homelessness because their needs do not fit more narrow guidelines.

Finally, DASH funded this program through a public-private partnership that gave them stability in regards to staffing and grant making. Funds were generally disbursed directly to landlords or utility companies, but in some cases directly to survivors. Having a private funder who was willing to be less restrictive allowed DASH to forgo receipts, putting trust in their survivors and limiting onerous paperwork. Practitioners considering adding a FF program should seriously consider diversifying their funding sources to allow them some similar level of flexibility.

Implications for Future Research

This initial qualitative work has laid the groundwork for a quantitative or mixed method longitudinal examination of FF. Such an addition to the literature would strengthen the data on FF programs and their use with survivors of intimate partner

violence. This kind of quantitative data could provide the kind of proof that policy makers and funders are most comfortable with – and allow for the wider use of FF with survivors.

Additionally, this study should be replicated in different geographical locations, with different survivor populations. Ideally, the entire FF matrix should be studied. The impact of petty cash funding programs – that may pay for a bus ticket or a set of work clothes – should be examined alongside semi-flexible funding and flexible funding programs to better understand which programs work under what conditions. Such additional studies in these areas will help to build practitioners and policy makers understanding of FF use in the intimate partner violence field.

The role of advocacy in FF programs should be examined to determine what additional benefits it may provide over and above the financial aid. Survivors in this study indicated that the way they were treated during the grant process gave them hope and made them feel understood. Researchers should seek to better understand the impact of a sense of advocate-survivor alliance for survivors from minority communities. Research should also attempt to disaggregate aspects of advocacy and funding, to better understand which contribute positively to survivor healing; DASH's organizational values might have played a role, but their focus on trauma-informed care might be equally important.

Conclusion

IPV survivors face higher rates of homelessness due to the chaos that all too often accompanies the violence in their lives. Some survivors require the safety, and supportive atmosphere of an IPV shelter, and some require long-term supportive

services – but some survivors do not. This study showed that there are survivors who have safe housing that they can sustain at 30 days post grant if they receive a one-time grant of cash assistance to address the issue threatening their housing stability. In the past, these survivors have had few resources within the IPV field to draw on – traditional IPV services often cannot help survivors until they become homeless; few resources have been focused on preventing a survivor's slide into homelessness. FF can repair one of the holes in the survivor support net and prevent these survivors and their families from entering the homeless system. In one 12-city study, only 4% of attempted and completed femicide victims had reached out to an intimate partner violence organization (Campbell, 2004). Offering new, more flexible forms of assistance to survivors who just need help with one roadblock, may draw new survivors into the IPV system and make both the possibility of escape from violence and sustainable housing achievable for a wider array of survivors.

APPENDICES

APPENDIX A – Study Packet

An invitation to give feedback on the program you just received a grant from...

Congratulations, you just received a grant from DASH's Survivor Resilience Fund. This is a new program for DASH and they are working with some women from Michigan State University (MSU) to help them understand how effective the program is in helping survivors – what works and what doesn't.

COMPLETELY CONFIDENTIAL – you'll talk to researchers from Michigan State University; your identity will not be shared with DASH – but your ideas will! No matter what you say – it will not impact your ability to come back to DASH.

What *YOU* get out of it...

- For *each* completed phone interview we send you a **\$50 gift card (a total of \$150 if you complete all three interviews)**
- You get to help shape this program by telling us what worked and didn't work for you

What the time commitment is...

Three telephone interviews, each lasting 15 to 30 minutes:

- One interview about 30-days after you receive your grant
- A second interview 3 months after you get your grant
- A final interview six months after you get your grant

What kinds of questions will you be asked in an interview?

- What you experienced at DASH – what was the process like, how were you treated, how long things took, what could have been done differently?
- What happened after you got your grant money from DASH – what kind of a difference did it make for you and your family?
- *If you're uncomfortable with a question, we can skip it.*

These interviews are completely voluntary – you choose whether you'd like to participate or not.

If you **want to participate** please fill in the next pages as fully as you can. **THANK YOU!** Your thoughts are very important and we look forward to talking to you soon about your DASH experience.

If you **do NOT want to participate** – please flip to page 6 of this packet and fill just that page in; we wish you all the best and appreciate your help with this paperwork.

DASH SRF Evaluation Study Contact Form

Your Name: _____

Address: _____ City: _____ Zip: _____

Email: _____

Alternate email: _____

Please list best/preferred phone first.

Phone 1: _____ ☐ cell ☐ voicemail ☐ home ☐ work

Phone 2: _____ ☐ cell ☐ voicemail ☐ home ☐ work

Phone 3: _____ ☐ cell ☐ voicemail ☐ home ☐ work

Can the women from MSU send you text messages? ☐ Yes ☐ No

If no phone currently, are you planning on getting a phone soon?

☐ Yes ☐ No

What are the best times to reach you? ☐ Weekdays ☐ Weekends

☐ Mornings ☐ Afternoons ☐ Evenings

Are there times the evaluator should NOT call you? ☐ Yes ☐ No

If yes, please add notes: _____

The women from Michigan State University want to make sure their phone calls will not jeopardize your safety – would you like them to (check all that apply):

☐ Block caller ID ☐ Not leave a message ☐ No preference/not at risk

If you do not answer the phone when we call – is there anything else you would like the evaluators to do or say to whoever answers the phone?

Age: _____

Gender: _____

Race/ethnicity: _____

Ages of children (check all boxes that apply):

☐ 0-5

in this age range: _____

☐ 6-10

in this age range: _____

☐ 11-15

in this age range: _____

☐ 15-18

in this age range: _____

☐ 19 or older but still living with parent

in this age range: _____

Where do you plan on living three months from now?

Address: _____

Phone: _____

Anything else you want the women at MSU to know:

Alternate Contacts

If you were to move or otherwise be difficult to reach, who would be most likely to know how we could contact you? This could be a relative, close friend, case worker – someone you trust who always knows how to get a hold of you. **We ONLY use these alternative contacts if we call, text and email and everything is disconnected.**

1. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone 1: _____ ☐ cell ☐ voicemail ☐ home

Phone 2: _____ ☐ cell ☐ voicemail ☐ home

Email: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone 1: _____ ☐ cell ☐ voicemail ☐ home

Phone 2: _____ ☐ cell ☐ voicemail ☐ home

Email: _____

3. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone 1: _____ ☐ cell ☐ voicemail ☐ home

Phone 2: _____ ☐ cell ☐ voicemail ☐ home

Email: _____

4. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone 1: _____ ☐ cell ☐ voicemail ☐ home

Phone 2: _____ ☐ cell ☐ voicemail ☐ home

Email: _____

If all of your contact methods were disconnected (phone not working, email bounced back, alternate contacts not able to help researchers contact you, etc.) would it be OK if a member of the evaluation team came to your home to try to contact you and make sure we get your feedback on this program? Being able to knock on your door gives us one more way to reach you – but *we would only use it if we had tried everything else*. You can say ‘no’ to this and still participate.

☐ Yes

☐ No

Please fill in your name and sign the next page – this is a form letter we use to let your alternate contacts (friends and family) know that you are OK with them helping us to get in touch with you. We ONLY use this letter if all your contact information is disconnected! Thank you again so much. A woman named Heather will contact you in about 30 days. And if you move or change phone numbers you can reach her at **(202) 810-5676**.

MICHIGAN STATE
UNIVERSITY

Dear _____,

I'm involved with a research study through Michigan State University on health that involves them interviewing me over time.

You have my permission to help them locate me for interviews by sharing my address, phone number, email, or anything else that would help them get in touch with me. This permission goes through [date] _____, when my part in the research study ends.



College of
Social Science

Department of
Psychology

Psychology Building
East Lansing, MI 48824-1116

Phone: 517-355-0562
Fax: 517-432-2476
Website: psychology.msu.edu

Signed,

Signature

Printed Name

Date

MSU is an affirmative-action,
equal-opportunity employer.

If you do not wish to participate – please fill in this page as completely as possible.

DASH SRF – Survivor Does Not Wish to Participate

Please tell us a little bit about yourself – so we understand more about the people who choose not to participate.

Age: _____

Gender: _____

Race/ethnicity: _____

Ages of children (check all boxes that apply):

- ☐ 0-5
- ☐ 6-10
- ☐ 11-15
- ☐ 15-18
- ☐ 19 or older but still living with parent

in this age range: _____
in this age range: _____
in this age range: _____
in this age range: _____
in this age range: _____

Amount of SRF grant received: \$_____

Survivor is using SRF grant for:

Reason why you (the survivor) declined to participate:

____ Survivor filled this form out and/or told staff this is why they declined to participate
____ This is my professional opinion of why the survivor may have declined

Additional notes:

APPENDIX B – Interview Guide

Time 1 Interview Guide

Interview script/outline for MSU researchers

1. Review DASH SRF Evaluation Study Contact form for survivor's safety/call preferences. Determine appropriate time to contact survivor.
2. Call survivor's primary contact number.
"Hello, this is Heather from Michigan State University. I'm trying to get in touch with [survivor's name] for an interview. Is she available?"
3. If survivor answers the call, then:
"I'm calling about the follow-up interview you offered to do after you received your grant money from DASH's Survivor Resilience Fund. The interview should take between 15 and 30 minutes and in appreciation for your help we will send you a \$50 gift card after the interview."
4. If survivor is willing to participate:
"Is this a good time to talk uninterrupted for 20 minutes or so?"
5. At the start of the interview:
"I apologize if some of this is stuff you've already heard, but there are a couple of things to get out of the way before we start the interview. First, I'm going to tell you a little bit more about the study, then we'll talk about confidentiality and review your contact information. After that we'll get started with the interview."

We are a group of women from Michigan State University, working to help DASH understand the impact of grants like the one you received, so they can keep improving this program. What you have to say is really important to organizations thinking about having this type of program. We would really appreciate hearing your thoughts about what is helpful or unhelpful about it, how it might be improved, that type of thing. I'll interview you today and send a gift card, and then call you again in about two months and after six months. For each completed interview you'll receive a \$50 gift card for your time.

And just to remind you, anything you tell us will be kept confidential. No one at DASH will know what you said. When we write up our results we will make sure no woman is identified by what she said. Your information will be used to help DASH improve this program and also might be used in publications to communicate to other people working with survivors of domestic violence. If you ever decide you don't want to do these

interviews anymore – just let me know – I don’t want to bug people. We really need to record these interviews because I am not a fast writer. After we finish the interview I will use the recording to type up transcripts and then the recording will be destroyed. Is it OK with you if I record our conversation?

Now let’s quickly review your contact information and alternate contacts.

Are text messages OK? I may try to text you next time to set up a good time to call you for our next interview.

Finally, I want to let you know that if a question makes you uncomfortable we can skip it. Do you have any questions for me about the study or the interview before we begin?”

6. After all questions are answered, begin interview. Use the questions below as a guide, but do not feel that they have to be asked in a certain order and skip questions the survivor has already answered. Mandatory information/questions are in bold – make sure these questions are answered at some point in the interview:
 - **Tell me about why you went to DASH this last time, about a month ago – what was going on in your life?**
 - **Could you describe the process for me that you went through to get this grant from DASH? Whatever you can remember is fine, I know this was a month ago.**
 - Try to get a sense for the process to get the SRF grant
 - How was the survivor treated?
 - What were the positive aspects of the encounter? Did she have any negative feelings or reactions about the interactions at DASH?
 - **Tell me about the conversation you had with DASH about how much you could contribute. Who did you talk to? What do you remember about that conversation? How did it make you feel? Did you like DASH’s approach to that conversation? If you could design that program would you do anything differently, or not?**
 - **Do you remember about how much the grant was for? What did you use the grant for?**
 - How did you feel when your advocate handed you a check (or called to tell you your debts had been paid)?
 - **What could DASH have done differently that would be more helpful to you or other people in your similar situation?**
 - **What happened after you received the grant? What immediate impact, if any, did it have on your life?**
 - **What kinds of impacts, if any, has the grant had on your life over the last month?**
 - **How many kids do you have and how old are they?**

- **Tell me about your work (what do you do? How does that pay – I’ve heard life in DC is expensive – how do you do it?)**
 - Try to get a sense of what survivor does – is it part-time, full-time, how long they’ve been there, do they make ends meet or have they been struggling for a while, did the abuse impair their ability to work?
 - **Was this the first time you received assistance through DASH? Was this the first SRF grant you’ve received?**
 - If no, get details about timing and details of earlier services/assistance received
 - **Are you receiving other forms of assistance?**
 - **How important or helpful, if at all, has the grant been to you? (GET DETAILS)**
 - **Are you still living in the same place as when you got the grant from DASH? Why or why not?**
 - **What is your housing situation right now?**
 - Has she gone back to DASH (had any further contact)? Why or why not?
 - If her situation is not good, ask her about what she feels would help her get through this.
 - You can offer her DASH’s phone number or say, “We won’t share what you have told us with DASH, but we could let them know that you would like them to get in touch with you.”
 - **Do you think you will be living at this address two months from now? (if not, update)**
 - **A main reason DASH provides these grants is to help people stay in stable housing. Sometimes that works and sometimes it doesn’t, for all kinds of reasons. Was this grant helpful to you in staying in or getting stable housing? (GET DETAILS)**
 - **Was it helpful to you in OTHER ways?**
7. Ask survivor for additional ways to contact her:
- Are texts OK? ☐ Yes ☐ No
8. Thank survivor for her time & input. Remind her again how important it is and that we will use the information to make changes in communities.
9. Ask survivor if she is willing to participate in another interview in two months – basically to check in and see how she is. Remind her that she would again be compensated with \$50.

Best phone number to reach survivor: _____

10. What kind of gift card would you like? We have Target and Visa gift cards, or we can send you money via Western Union. Target cards never expire or lose value, but Visa

gift cards have to be spent in one year or they start to lose value. What would work best for you?

- [If gift card] **Address to send gift card:** _____
I'll be sending the gift card on _____ day – so look for it in the mail three to four days later. It will come in a white envelope that has Michigan State University as the return address. I can only send one gift card – so if it gets lost or stolen I don't have a way to replace it. [If this seems to be an issue – ask if she wants to pick it up at DASH.]
- [If Western Union – look up nearby/convenient pick-up spots online]

11. Alright! I look forward to catching up with you in about two months. I'm going to send you a reminder card in the mail – so look for that, too. In the meantime, if you need to get a hold of me – you can always give me a call at 202-810-5676. Talk to you in _____ [insert month].

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