

# American Rescue Plan Act (ARPA): Office of Women's Health, Domestic Violence (DV) Shelter and Supportive Services Project

## EVALUATION REPORT

### Executive Summary

The American Rescue Plan Act (ARPA) invested in Domestic Violence (DV) Shelter and Supportive services across Los Angeles County; this funding (1) extended DV services to survivors not enrolled in CalWORKs, (2) provided supplemental funding that enabled agencies to provide shelter or hoteling to more survivors, (3) allowed for more flexible funding to cover transportation costs and provide gift cards to survivors to purchase necessities, and (4) afforded an opportunity to assess the impact of DV services on survivor outcomes during a period of heightened risk and vulnerability, with a focus on survivor safety-related empowerment and economic stability. Using a standardized survey that included the validated Measure of Victim Empowerment Related to Safety (MOVERS)<sup>1</sup> assessment and a measure of monthly income, outcomes were assessed among survivors receiving ARPA-funded services between August 2022 and June 2024. Of the 3,811 adult survivors served, 1,240 provided sufficient data to evaluate changes in empowerment and monthly income at approximately 60- and 120-days following intake. Engagement in DV services was associated with meaningful improvements in survivors' perceptions of safety, confidence in pursuing safety-related goals, and access to supportive resources, and survivors also experienced significant increases in monthly income, including uptake of public benefits and employment-related earnings. Improvements following DV service engagement, however, were not uniform: Latino/e and Black survivors experienced smaller increases in monthly income. Overall, the evaluation demonstrates that flexible, survivor-centered DV services strengthened survivor stability and well-being during a period of heightened vulnerability. Results highlight both the effectiveness of community-based DV programs and the ongoing influence of structural inequities on recovery outcomes.

### Key Findings and Recommendations:

- Survivors reported improvements in safety and financial stability within weeks of receiving support, demonstrating the rapid and stabilizing impact of additional DV services across the County.
- Most requested services were gift cards (41%) and legal services (41%) highlighting the value of flexible funding and legal aid in helping survivors achieve safety and stability.
- Agencies were highly successful in collecting follow-up data from survivors of color, who are often underrepresented in quantitative research, reflecting the deep trust survivors place in community-based organizations and underscoring the critical role of DV agencies in engaging and supporting diverse communities who face disproportionate barriers to safety and economic stability.
- Overall, findings highlight the essential role of trusted community agencies in helping survivors from a wide range of backgrounds achieve safety, autonomy, and stability, even in the face of ongoing economic inequities.
- **Recommendation 1:** Prioritize maintaining and stabilizing long-term funding commitments for DV agencies that include flexible funding options to help survivors stabilize quickly and prevent high-cost crises such as hospitalizations, homelessness, and law-enforcement involvement.
- **Recommendation 2:** Protect access to legal services for all individuals, including migrant and immigrant populations (e.g., family law, restraining orders, housing, custody, immigration services, translator/translation services, benefits advocacy).
- **Recommendation 3:** Ensure continued support for culturally and linguistically responsive services, which are essential for equitable outcomes and effective engagement across diverse communities.
- **Recommendation 4:** Strengthen coordinated data collection efforts and evaluation capacity.

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## Background

The American Rescue Plan (ARP) Act, signed in March 2021, was a major federal relief package aimed at helping the nation recover from the COVID-19 pandemic's economic and health impacts. Los Angeles County received approximately \$1.95 billion for local recovery efforts, with the Department of Public Health's Office of Women's Health allocated approximately \$8 million in ARP funding for the Office of Women's Health, Domestic Violence (DV) Shelter and Supportive Services Project (see [Appendix A](#)), which provided additional funding to DV agencies to improve their ability to meet survivor needs related to the COVID-19 pandemic and track survivor outcomes. The project's evaluation aimed to determine whether expanded DV services, including broadened eligibility criteria and more flexible funding options, increased survivors' "safety-related empowerment" and income. Safety-related empowerment refers to a survivor's internal capacity to work toward safety, access support, and believe that pursuing safety will not create equal or more difficult challenges.<sup>1</sup> Prior research illustrates that when survivors experience increases in safety and stability (i.e., secure housing, income) they are more likely to pursue employment and education, contributing to improved economic security.<sup>2</sup>

Accordingly, this evaluation examined whether an expansion of DV supportive services with ARP funding resulted in changes in (1) safety-related empowerment and (2) income, including government benefits such as CalWORKs and General Relief. Demographic data were also collected to assess whether improvements were equitable across racial and ethnic groups. To measure for such improvement, the validated Measure of Victim Empowerment Related to Safety (MOVERS) questionnaire was selected. MOVERS provides reliable and valid questions to assess survivors' (1) safety-related goals and beliefs in their ability to accomplish them, (2) perception of having the support needed to move toward safety, and (3) sense that their actions toward safety will not cause new problems.<sup>1</sup> Given the diversity of individuals across LA County, this evaluation provided a valuable opportunity to assess equitable impacts of DV services on survivor outcomes during a period of heightened risk and vulnerability.<sup>3</sup>

## Program Description

The Los Angeles County Department of Public Health Office of Women's Health operates with a goal of preventing and mitigating the harms of DV through Domestic Violence Supportive Services (DVSS) and Domestic Violence Shelter Based Programs (DVSBP) contracts. DVSS utilizes Temporary Aid for Needy Families (TANF) funding received from the federal government, which passes through the California Department of Social Services to Los Angeles County Department of Public Social Services, to Department of Public Health. DVSBP is funded by California marriage license fees and court and Probation fees, in addition to Los Angeles County funds. During the project period, these existing contracts were supplemented with 33 ARP-funded, local community-based organizations that provided services to DV survivors. Prior to the initiation of ARP funding, DV agencies could only provide supportive services for DV survivors enrolled in CalWORKs. Survivor-centered services, which place a priority on empowerment, include 24-hour crisis hotlines, emergency shelter, drop-in centers, advocacy, counseling, case management, education, and life skills. ARP funding extended these DV services to survivors not enrolled in CalWORKs and provided supplemental funding that enabled agencies to provide shelter or hoteling to more survivors. Additionally, this funding allowed for more flexible funding to cover transportation costs and provide gift cards to survivors to purchase basic necessities.

## Evaluation Methods

OWH developed a standardized, fillable PDF survey that was available in English (see [Appendix B](#)) and held a training session for DV agencies in September 2022 to explain the project. ARP-Funded DV Agencies were asked to administer the survey to their survivors at intake (baseline) as well as 60- and 120-days following intake (i.e., 1<sup>st</sup> and 2<sup>nd</sup> follow-ups respectively). The PDF survey included questions on survivors' demographic and social characteristics, including whether the survivor had children in their care, as well as on the two primary outcome measures for the evaluation:

- *Measure of Victim Empowerment Related to Safety* (MOVERS) was used to assess empowerment and safety.<sup>1</sup> Scores range from 13-65 with higher scores indicating greater feelings of empowerment, safety, and healing.
- *Monthly Income* was measured by summing the survivor's reports of income from the following sources: SSI/Disability/Worker's Comp, SSI, Child Support/Alimony, General Relief/CalWORKs, Unemployment Insurance, Retirement/pension/investment income, Employment/Self-employment, and Other. If all income sources were blank, income was recorded as missing.

[Appendix A](#) provides additional details regarding study design, data cleaning, and statistical analyses.

## Respondents

From August 2022 to June 2024, 3,811 adult survivors received ARP-funded DV services from one of the 33 county-contracted agencies. OWH received an intake from 3,331 survivors and 2,805 survivors consented to providing data. Survivors could request and receive multiple services, with the most requested services being Gift Cards (41%) for food, transportation, or personal care items, legal services (41%), case management and housing (29%), and counseling

(29%). Majority of survivors were female (89%) and aged 25–44 years (66%). The largest racial/ethnic groups were Latino/e (57%), Black/African American (20%), and Non-Hispanic White (13%). Approximately 54% of survivors had at least one dependent in their care. Survivors with children had a range of 1 to 9 dependents, with most survivors reporting 1 dependent. The most common primary languages spoken by survivors were English (69%) and Spanish (29%). Those reporting other primary languages made up less than 2% of the sample. Approximately 64% of survivors were permanently housed, 20% were non-permanently housed (i.e., sheltered), and 15% were experiencing homelessness.

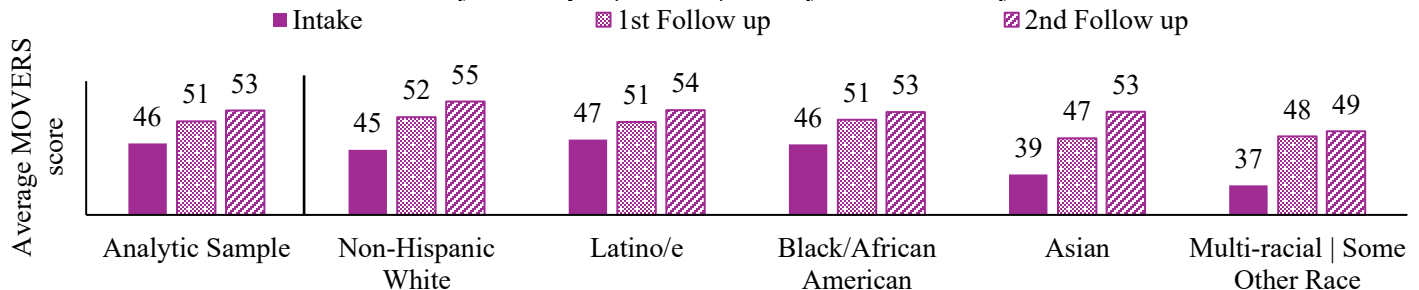
There was considerable variation in when surveys were administered to survivors. To ensure that the evaluation reflected meaningful change over time while also being mindful of sample inclusivity (e.g., changes to sample size across race and ethnicity based on inclusion criteria), analyses were limited to survivors who had provided an in-take assessment and at least 1 follow-up assessment, with a minimum of 30 days between intake and 1<sup>st</sup> follow-up survey. After applying this criterion, there were 1,240 survivors (i.e., analytic sample) who consented and provided at least two surveys with outcome data. Most survivors completed their 1<sup>st</sup> follow-up survey 61 days after intake (average = 78 days), and the 2<sup>nd</sup> follow-up survey 122 days after DV service intake (average=186 days).

Analyses were performed to assess differences between respondents who provided follow-up responses as compared to those that did not. Non-White survivors, compared to White survivors, were significantly more likely to have provided follow-up surveys, and thus be included in the analytic sample (i.e., 1,240 survivors with at least 2 surveys).<sup>a</sup> Compared to individuals who reported primary languages other than English, native English speakers were significantly less likely to have provided follow-up surveys.<sup>b</sup> Native Spanish speakers, however, were significantly more likely to provide follow-up data, compared to survivors who reported speaking another primary language in the home.<sup>c</sup> Compared to survivors who were permanently housed, survivors who reported residing in shelters were significantly less likely to provide follow-up surveys.<sup>d</sup> Additionally, MOVERS scores at intake were significantly higher for full sample compared to the analytic sample,<sup>e</sup> yet average monthly income at intake was similar across samples.<sup>f</sup> [Supplementary Table 1](#) provides detailed demographic and baseline characteristics of the full and analytic samples.

## Results: Changes in Safety-Related Empowerment (MOVERS)

Across all follow-up periods, survivors reported significant improvements in their perceptions of safety-related empowerment after receiving DV supportive or shelter-based services (see Figure 1).

**Figure 1: Average Empowerment Related to Safety (MOVERS) Scores Over the Study Period for the Analytic Sample (N=1240) and by Race/Ethnicity\***



Note. MOVERS scores range from 13–65, with higher scores reflecting greater feelings of safety related empowerment.

\*Average MOVERS scores for Native Hawaiian or Pacific Islander and American Indian or Alaskan Native survivors are not shown due to small sample sizes.

- From intake to approximately 60 days, survivors showed a significant increase in their safety perceptions (~11% increase on average),<sup>g</sup> with 62% of survivors reporting positive change.
- Between approximately 60 and 120 days, safety perceptions continued to significantly increase (~4% increase on average),<sup>h</sup> with 59% of survivors reporting improvements.
- Across the full ~120-day period, survivors' scores significantly increased by approximately 15% on average,<sup>i</sup> with 64% of survivors reporting a positive change.

These results show consistent and meaningful gains in survivors' sense of safety and empowerment within weeks of DV service engagement.

<sup>a</sup>  $\chi^2=8.81, p=0.0030$

<sup>b</sup>  $\chi^2 = 78.12, p<0.0001$

<sup>c</sup>  $\chi^2 = 73.68, p<0.0001$

<sup>d</sup>  $\chi^2 = 16.51, p=0.0003$

<sup>e</sup>  $t(2478)= 3.18, p=0.015$

<sup>f</sup>  $t(2412)=0.80, p=0.42$

<sup>g</sup>  $t(1048)=16.86, p<0.0001$

<sup>h</sup>  $t(605)=12.33, p<0.0001$

<sup>i</sup>  $t(749)=17.25, p<0.0001$

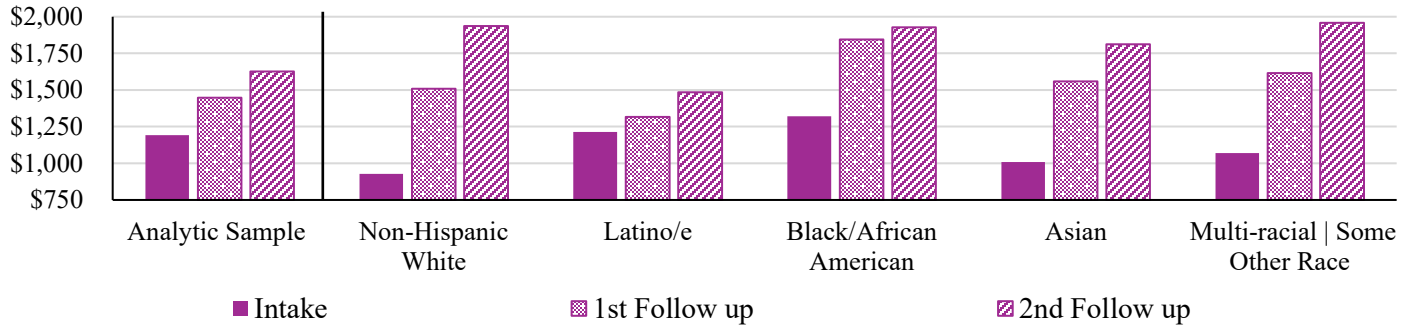
### Differences in Changes in Safety and Empowerment (MOVERS) by Race and Ethnicity

After controlling for survivors' perceptions of safety and empowerment at intake, there were not significant racial-ethnic differences in safety and empowerment changes at approximately 60 days<sup>j</sup> or 120 days<sup>k</sup> post intake.

### Results: Changes in Income

After receiving DV services, survivors reported significant increases in average monthly income (see Figure 2).

**Figure 2: Average Monthly Income Over the Study Period for the Analytic Sample (N=1240) and by Race/Ethnicity\***



Note. \*Data for Native Hawaiian or Pacific Islander and American Indian or Alaskan Native survivors are not shown due to small sample sizes.

- From intake to 60 days, survivors showed a 22% increase in income,<sup>l</sup> with 31% of survivors reporting an increase.
- Between 60 and 120 days, income continued to significantly increase by an additional 26% on average,<sup>m</sup> with 36% of survivors reporting increased income.
- Across the full 120-day period, survivors' incomes significantly increased by approximately 40% on average,<sup>n</sup> with 42% of survivors reporting positive change.

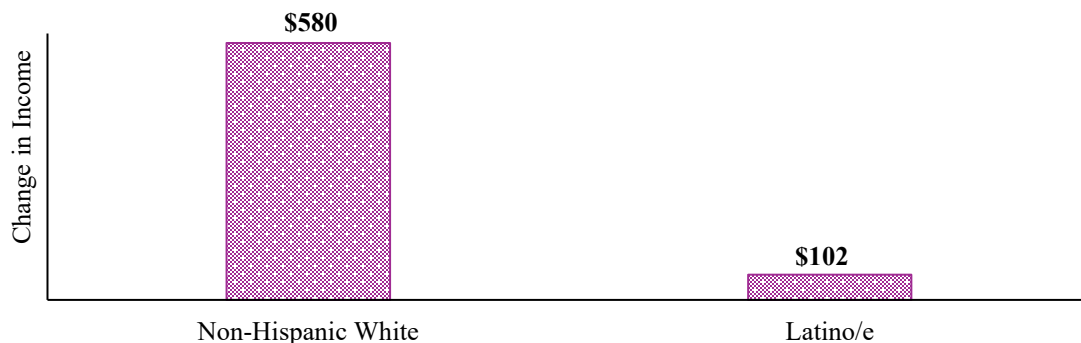
These results indicate that DV engagement was associated with meaningful gains in survivors' income within a relatively short period.

### Differences in Changes in Income by Race and Ethnicity

After controlling for survivors' monthly income at intake, there were significant racial-ethnic differences in survivors' monthly income at both approximately 60-days<sup>o</sup> and 120-days<sup>p</sup> following intake.

- At approximately 60 days,<sup>q</sup> Latino/e-identifying survivors showed significantly smaller monthly income increases, on average, compared to White survivors (see Figure 3).

**Figure 3: Significant Differences in Changes to Average Monthly Income by Race and Ethnicity\* at ~60 Days After Intake**



\* $t(783) = -3.52, p < 0.0001$

<sup>j</sup>  $F(4, 1022) = 1.83, p = 0.1207$

<sup>k</sup>  $F(4, 727) = 2.36, p = 0.0508$

<sup>l</sup>  $t(1048) = 8.68, p < 0.0001$

<sup>m</sup>  $t(619) = 9.77, p < 0.0001$

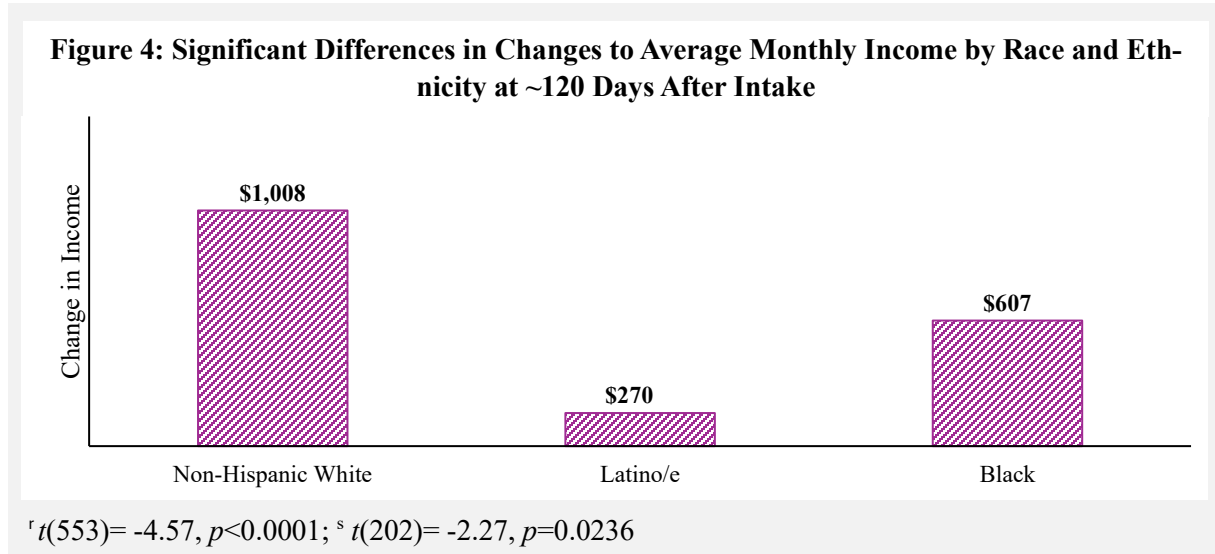
<sup>n</sup>  $t(733) = 10.78, p < 0.0001$

<sup>o</sup>  $F(4, 1021) = 11.51, p < 0.0001$

<sup>p</sup>  $F(4, 712) = 6.68, p < 0.0001$

<sup>q</sup>  $t(783) = -3.65, p = 0.0003$

- Approximately 120 days after intake, Latino/e survivors<sup>r</sup> and Black or African American survivors<sup>s</sup> showed significantly smaller increases in monthly income, on average, compared to White survivors (see Figure 4).



## Findings in Context: Interpretations and Implications

ARP funding provided a novel way to evaluate the impact of LA County DV agencies in meeting survivor needs related to the COVID-19 pandemic. Overall, DV service engagement was associated with meaningful improvements in survivors' safety-related empowerment and monthly income at both 60- and 120-day follow-ups. Legal aid and gift cards were the most frequently unitized benefits, highlighting the importance of flexible, survivor-centered resources in promoting positive psychosocial and economic outcomes. At the same time, there were notable differences in survivors' outcomes based on their race and ethnicity. Namely, Latino/e and Black or African American survivors reported smaller increases in monthly income across the study period.

Importantly, legal aid was one of the most requested DV services and ARPA funding played a critical role in expanding access to legal support for survivors facing the greatest structural barriers. For immigrant survivors who were ineligible for CalWORKs, ARPA-funding provided access to legal services including family law, evictions, U-Visa/VAWA petitions, I-130 applications, and translation services, which are critical to achieving safety and economic stability. Improvements in survivor's safety-related empowerment and income help prevent continued abuse and reduce the risk of harm escalation,<sup>7,8,9</sup> which is linked with fewer emergency department visits, hospitalizations, instances of housing instability, and law enforcement involvement.<sup>11,12</sup> Taken together, results from the present evaluation suggest that expanded access to legal aid and other DV services promote survivors' perceptions of safety-related empowerment and economic stability that may help reduce future higher-cost County system involvement (e.g., emergency care).

Despite overall increases in safety-related empowerment and monthly income, income gains were not experienced uniformly across survivors. Although Latino/e and Black or African American survivors reported levels of safety-related empowerment comparable to non-Hispanic White survivors, they experienced smaller gains in monthly income over time. This points to the ways in which historical racism alongside compounding and cumulative structural burdens<sup>4</sup> continue to shape survivors' opportunities for recovery beyond service engagement alone and further illustrates the critical role of trusted, community-driven, and culturally responsive DV services in helping survivors feel safe, supported, and empowered, even amid persistent economic inequalities and uncertainty. Taken together, these results underscore the need for policies that address economic inequities alongside DV service provision, such as the recent implementation of [Domestic Violence Services for All](#) program that expands access to DV services across LA County to any survivor not eligible for the CalWORKs program, regardless of economic or citizenship eligibility.

## Limitations

Several limitations should be considered when interpreting findings. First, the evaluation relied on a convenience sample of survivors receiving services from participating agencies, and there was no comparison group of survivors who

<sup>r</sup>  $t(553) = -4.57, p < 0.0001$

<sup>s</sup>  $t(202) = -2.27, p = 0.0236$

did not receive expanded DV services, which limits causal interpretations. Additionally, this convenience sample may not be representative of DV survivors more broadly, limiting generalizability of these findings. Second, survivors often cycle in and out of services, as leaving an abusive relationship frequently requires multiple attempts.<sup>5, 6</sup> The available data do not allow for tracking service use prior to the study period or across agencies. As such, some survivors may have (a) received DV services from an ARP-funded agency prior to the study period or (b) received services from multiple agencies during the study period and been counted as a new survivor at each agency. Third, participation varied across agencies (e.g., legal service agencies were initially reluctant to take part), and agencies did not receive dedicated funding for data collection. As a result, data submission was often delayed or incomplete, leading to substantial missing information that was not evenly distributed across survivors. For example, follow-up data were more likely to be provided by non-White survivors, Spanish-speaking survivors, and those who were permanently housed. The present analyses do not adjust for patterns of missingness, which may lead to over- or under-estimation of effects. Finally, the evaluation covers a relatively short timeframe, which limits generalizations about longer-term survivor outcomes.

Despite these limitations and operational challenges, findings from this evaluation offer valuable insights into survivors' safety, empowerment, and economic well-being following engagement with DV supportive and shelter-based services. This evaluation bridges the gap between controlled research studies and real-world service delivery and strengthens the evidence base for scalable, equitable, and resource-responsive DV service systems, providing an unmistakable core message: DV agencies are front-line prevention and intervention partners whose services reduce harm, protect survivors, and support a safer and more stable LA County.

## APPENDIX A: Conceptual Models of DV Supportive Services and Supporting Empirical Work, Study Design, Data Cleaning, and Statistical Analyses

### Conceptual Models of DV Supportive Services and Supporting Empirical Work

This evaluation was grounded in Sullivan's (2018) conceptual model, which explains how DV program activities promote survivor well-being by countering the losses associated with abuse (i.e., safety, housing stability, income, social supports, and autonomy).<sup>7</sup> The model highlights how DV services create resource gains that strengthen survivors' stability and emotional well-being over time.<sup>8</sup> Additionally, because abuse erodes survivors' control and decision-making power, DV programs intentionally aim to employ an empowerment-based, trauma-informed, and culturally responsive approach that centers survivors' expertise, goals, and identities. Integrating Sullivan's model with this empowerment lens ensured that outcomes were interpreted within a holistic, survivor-centered, and equity-informed framework.

When ARP funding came to LAC, there were few peer-reviewed, published studies demonstrating the impact of DV services on survivor well-being. Notable exceptions supported the notion that survivor-centered advocacy improves emotional well-being and perceived control,<sup>9,10</sup> yet a longstanding issue in establishing replicable effects was a lack of validated measures of survivor specific outcomes. The Measure of Victim Empowerment Related to Safety (MOVERS) was developed to help overcome this limitation and provides reliable and valid questions to assess survivors' (1) safety-related goals and beliefs in their ability to accomplish them, (2) perception of having the support needed to move toward safety, and (3) sense that their actions toward safety will not cause new problems.<sup>1</sup>

A sizeable and growing body of empirical work now supports Sullivan's conceptual model by showing that DV services meaningfully improve survivors' safety, stability, and well-being. These recent findings provide support for the role of DV services in restoring safety, autonomy, and material resources eroded by abuse, thereby improving survivors' empowerment and long-term stability.<sup>11,12,13</sup> Despite evidence of the benefits of DV services, structural and systemic inequities also strongly shape survivors' ability to maintain safety and stability. In particular, Black, Latino/e, immigrant, LGBTQ+, disabled, and formerly incarcerated survivors show heightened risk of (a) delayed help-seeking,<sup>14</sup> (b) cycling between unsafe housing and homelessness due to DV,<sup>15,16</sup> and (c) experiencing severe abuse and DV-related homicide.<sup>10</sup> The COVID-19 pandemic magnified these preexisting inequities, with research findings illustrating how (1) violence escalation, biases and discrimination, economic hardship, and service-system strain are tightly interconnected,<sup>3,17</sup> and (2) survivors' outcomes are shaped not only by interpersonal abuse but also by broader structural conditions that limit access to safety and stable supports.<sup>11,12</sup> Given the diversity of individuals across LA County, this evaluation provided a valuable opportunity to assess the impact of DV services on survivor outcomes during a period of heightened risk and vulnerability.

### Study Design

The ARPA Office of Women's Health, DV Shelter and Supportive Services Project evaluation aimed to measure the impact of ARP funding on LA County communities during the 2 years of funding. OWH developed an evaluation protocol in partnership with DPH's Chief Science Office and the County CEO's Anti-racism, Diversity, and Inclusion Initiative. The goals of the evaluation were to examine if ARP funding through County-contracted agencies improved (1) survivor income, including government benefits such as CalWORKs and General Relief, and (2) survivors' self-reported sense of safety-related empowerment. Demographic data were also collected to assess whether improvements were equitable across racial and ethnic groups.

OWH held an educational training session for DV agencies in September 2022 to explain the project and walk them through the processes. The DV Contracts team was also available to answer questions and provide guidance on an as-needed basis. OWH developed a standardized, fillable survey, delivered as a PDF, for use by all contracted agencies. The survey included questions on survivor demographic and social characteristics, including whether they had children in their care, income, and the MOVERS scale. The survey was made available in both English and Spanish.

Agencies implemented a convenience sampling approach in which every survivor presenting for services was intended to be invited to participate, pending informed consent. ARP agencies administered the baseline survey at intake. The protocol specified administration of the follow-up surveys every 60 days, and at exit (or upon early exit if at least six weeks had elapsed), yet real-world implementation required more flexibility. On average, the first follow-up occurred 78 days after intake (mode = 61 days), and the second at 186 days (mode = 122 days), reflecting typical variation in community-based service delivery. To ensure both rigor and inclusivity, analyses were limited to survivors who completed an intake and at least one follow-up assessment, with a minimum 30-day interval between intake and the first follow-up. Agencies scanned completed surveys and submitted them to OWH via encrypted email. All procedures and measures were approved by DPH's Institutional Review Board.

## Data Cleaning and Statistical Analyses

After receiving survivors' scanned PDF surveys through encrypted email, trained research assistants then entered the survey responses into SurveyMonkey, with 20% of surveys double-entered to conduct consistency checks and ensure data quality. Monthly income and MOVERS both showed a high level of inter-rater reliability (ICC=0.99 and 0.97, respectively), indicating a very small amount of data entry errors. Consistent with other empirical work validating the MOVERS scale, items with the MOVERS scale showed a high level of internal consistency in the sample (Cronbach's alphas = 0.91, 0.90, and 0.88 respectively at intake, 1<sup>st</sup> follow-up, and 2<sup>nd</sup> follow-up), supporting the reliability of the MOVERS scale for use with this population.

To evaluate changes in safety, empowerment, and income, OWH used paired-samples t-tests to test for change in MOVERS scores and monthly household income from intake to the second (~60 days) and third (~120 days) follow-up surveys. We also calculated the percentage of survivors who showed improvement at each follow-up. To test for racial ethnic differences, Native Hawaiian or Other Pacific Islander (NHPI) and American Indian or Alaska Native (AIAN) groups were excluded due to insufficient sample sizes, and Multiracial and "Some other racial ethnic group" were combined due to small sample sizes. Linear regression models were conducted at each follow-up, using Non-Hispanic White survivors as the reference group and adjusting for baseline differences in outcomes (i.e., safety-related empowerment [MOVERS] scores and monthly income at intake). Non-Hispanic White survivors were selected as the reference group to provide a consistent benchmark for identifying potential disparities, while also limiting the number of statistical comparisons to reduce the likelihood of spurious findings.

**Supplemental Table 1: Survivor Characteristics for the Analytic and Full Sample at Intake**

Sample Characteristics	Analytic Sample	Full Sample *
N (Sample Size)	1240	2889
Gender		
Male	9.47%	9.43%
Female	89.57%	88.92%
Transgender or Gender Non-conforming	0.96%	1.39%
Age		
18-24	8.80%	8.15%
25-44	62.56%	68.49%
45-64	24.80%	20.86%
65+	3.84%	2.50%
Race		
Latino/e	63.54%	52.27%
Black/African American	17.99%	22.85%
Non-Hispanic White	10.19%	13.59%
Asian	4.14%	3.89%
Multi-Racial	1.99%	1.21%
NHPI	-	0.26%
AIAN	-	1.02%
Some Other Race	-	1.85%
Primary Language		
English	60.00%	75.31%
Spanish	38.11%	23.46%
Armenian	-	-
Russian	-	-
Chinese	-	-
Tagalog	-	-
Farsi	-	-
Vietnamese	-	-
Khmer	-	-
Korean	-	-
Other	-	-
Native English Speaker		
Native English Speaker	60.00%	75.31%
Non-Native English Speaker	40.00%	24.17%
Housing Status		
Permanently Housed	66.23%	58.53%
Sheltered	18.54%	24.17%
Homeless	15.22%	17.30%
MOVERS Baseline (maximum score =65)	45.97	47.38
Monthly Household Income Baseline	\$1191.82	\$1230.29

*Note.* \*Full sample includes clients who provided consent and any demographic data across the evaluation period. This includes participants who did not provide income or MOVERS data.

## APPENDIX B: Survey sent to DV Service Agencies

FIRST/INTAKE ASSESSMENT (USE FOLLOW-UP FORM FOR REASSESSMENT)  SURVIVOR DECLINED MOVERS SURVEY

SURVIVOR ID: \_\_\_\_\_ INTAKE DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ SUPERVISORIAL DISTRICT: \_\_\_\_\_ STAFF

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### SERVICE ACCESS:

Please indicate the services survivor currently needs: (check all that apply)

- Shelter/Hotel  Case Management  Legal Services  Counseling/Mental  Life Skills  
 Health  Gift cards  Other: \_\_\_\_\_

### DEMOGRAPHICS FOR PRIMARY SURVIVOR:

**AGE GROUP: (check one)**

- 12-17  18-24  25-44  45-64  65+

**RACE/ETHNICITY: (check all that apply)**

- White  Hispanic, Latino or Spanish Origin  Black or of African Descent  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  
 Some other race/ethnicity: \_\_\_\_\_  Refuse or Prefer not to state

**PRIMARY LANGUAGE: (check one)**

- English  Spanish  Chinese  Arabic  Armenian  Farsi  Khmer (Cambodian)  
 Korean  Russian  Tagalog  Vietnamese  American Sign Language  Other language:  
 \_\_\_\_\_

**CURRENT GENDER IDENTITY: (check one)**

- Male  Female  Transgender male/Trans man  Transgender female/Trans woman  
 Gender non-binary, Gender non-conforming  Another gender category or another identity:  
 \_\_\_\_\_  Prefer not to state

**SEX AT BIRTH: (check one)**

Male  Female  Non-binary or X  Other: \_\_\_\_\_  Prefer not to answer

**SEXUAL ORIENTATION: (check one)**

Straight or Heterosexual  Bisexual  Gay or Lesbian  Other: \_\_\_\_\_  
 Prefer not to answer

**HOUSEHOLD INFORMATION:**

**HOUSING STATUS OF THE SURVIVOR: (check one)**

Permanently Housed  Non-Permanently Housed (Sheltered)  Homeless

**DOES SURVIVOR HAVE DEPENDENT CHILDREN (0-17) IN THEIR CARE?**

Yes  No (No children, or not in care)

If yes, mark the gender and age group of each child, one line per child:

Children	Gender					Age (Years)	
	Male	Female	Transgender Male / Trans Boy	Transgender Female / Trans Girl	Unknown / Other	0-9	10-17
1							
2							
3							
4							
5							
6							
7							

**INCOME:**

Type of Income	Monthly Amount
Social Security Disability Insurance (SSDI) / Disability Income / Worker's Comp	\$
Supplemental Security Income (SSI)	\$
Child Support and / or Alimony	\$
CalWORKS (TANF)*	\$
General Relief (GR)/ GROW	\$
Unemployment Insurance (UI)	\$
Retirement / Pension / Investment Income	\$
Employment / Self-Employment Income	\$
Other	\$
<b>Total Monthly Household Income</b>	<b>\$</b>

\*CalWORKS survivors are not eligible and may not participate in ARP.

You may be facing a variety of different challenges to safety. When we use the word safety in the next set of questions, we mean safety from physical or emotional harm by another person.

*Please indicate the number that best describes how you think about your and your family's safety right now by marking a check or an "x" in the box that best fits how you feel. When you are responding to these questions it is fine to think about your family's safety along with your own if that is what you usually do.*

	<b>Never True (1)</b>	<b>Some- times True (2)</b>	<b>Half the Time True (3)</b>	<b>Mostly True (4)</b>	<b>Always True (5)</b>
1. I can cope with whatever challenges come at me as I work to keep safe.					
2. I have to give up too much to keep safe.					
3. I know what to do in response to threats to my safety.					
4. I have a good idea about what kinds of support for safety I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).					
5. I know what my next steps are on the path to keeping safe.					
6. Working to keep safe creates (or will create) new problems for me.					
7. When something doesn't work to keep safe, I can try something else.					
8. I feel comfortable asking for help to keep safe.					
9. When I think about keeping safe, I have a clear sense of my goals for the next few years.					
10. Working to keep safe creates (or will create) new problems for people I care about.					
11. I feel confident in the decisions I make to keep safe.					
12. I have a good idea about what kinds of support for safety I can get from community programs and services.					
13. Community programs and services provide support I need to keep safe.					

## References

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- <sup>1</sup> Goodman LA, Cattaneo LB, Thomas K, Woulfe J, Chong SK, Smyth KF. Advancing domestic violence program evaluation: development and validation of the Measure of Victim Empowerment Related to Safety (MOVERS). *Psychol Violence*. 2015;5(4):355–366. doi:10.1037/a0038318.
- <sup>2</sup> Yakubovich AR, Bartsch A, Metheny N, O’Campo P, Gesink D. Housing interventions for women experiencing intimate partner violence: a systematic review. *Lancet Public Health*. 2022;7(6):e491–e500. doi:10.1016/S2468-2667(21)00234-6
- <sup>3</sup> Garcia R, Henderson C, Randell K, et al. The impact of the COVID-19 pandemic on intimate partner violence agency operations and survivors’ experiences. *J Fam Violence*. 2021;37(6):893–906. doi:10.1007/s10896-021-00337-7
- <sup>4</sup> Ruvalcaba Y, Ruíz E, Berenstain N. Economic stressors during the COVID-19 pandemic among intimate partner and sexual violence survivors in the United States. *J Racial Ethn Health Disparities*. 2024;12(4):2795–2806. doi:10.1007/s40615-024-02090-1
- <sup>5</sup> Anderson DK, Saunders DG. Leaving an abusive partner: an empirical review of predictors, the process of leaving, and psychological well-being. *Trauma Violence Abuse*. 2003;4(2):163–191. doi:10.1177/1524838002250769
- <sup>6</sup> Burke JG, Gielen AC, McDonnell KA, O’Campo P, Maman S. The process of ending abuse in intimate relationships: a qualitative exploration of the transtheoretical model. *Violence Against Women*. 2001;7(10):1144–1163. doi:10.1177/10778010122183784
- <sup>7</sup> Sullivan, C.M. (2018). Understanding how domestic violence support services promote survivor well-being: A Conceptual Model. *Journal Family Violence*; 2018; 33:123–131 DOI 10.1007/s10896-017-9931-6.
- <sup>8</sup> Hobfoll, S. E. (2011). Conservation of resources theory: Its implication for stress, health, and resilience. *The Oxford Handbook of Stress, Health, and Coping* (pp. 127–147). Oxford University Press.
- <sup>9</sup> Rivas C, Ramsay J, Sadowski L, et al. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database Syst Rev*. 2015;12:CD005043. doi:10.1002/14651858.CD005043.pub3.
- <sup>10</sup> Ragavan MI, Thomas K, Medzhitova J, Brewer NQ, Goodman LA, Bair-Merritt MH. A systematic review of community-based research interventions for domestic violence survivors. *Psychol Violence*. 2018;9(2):139–155. doi:10.1037/vio0000183
- <sup>11</sup> Carlisle S, Bunce A, Prina AM, McManus S, Barbosa E, Feder G, Lewis NV. Effectiveness of UK-based support interventions and services aimed at adults who have experienced or used domestic and sexual violence and abuse: a systematic review and meta-analysis. *BMC Public Health*. 2025;25(1):1003. doi:10.1186/s12889-025-21891-5
- <sup>12</sup> Sullivan CM, Simmons C, Guerrero M, Farero A, López-Zerón G, Ayeni OO, Chiamonte D, Sprecher M, Fernandez AI. Domestic Violence Housing First Model and Association With Survivors’ Housing Stability, Safety, and Well-being Over 2 Years. *JAMA Netw Open*. 2023;6(6):e2320213.
- <sup>13</sup> Wood L, Backes B, Baumler ER, McGiffert M. Examining the Impact of Duration, Connection, and Dosage of Domestic Violence Services on Survivor Well-Being. *J Fam Violence*. 2022;37(9):1003–1015. doi:10.1007/s10896-021-00298-x
- <sup>14</sup> Harper SB. “I’m just like, you know what, it’s now or never”: Exploring how women of color experiencing severe abuse and homicide risk journey toward formal help-seeking. *J Interpers Violence*. 2022;37(15-16):NP13729–NP13765. doi:10.1177/08862605211005150
- <sup>15</sup> Hargrave AS, Knight KR, Dhatt ZK, Taylor G, Martinez D, Kushel M. The impact of intimate partner violence on homelessness and returns to housing: A qualitative analysis from the California Statewide Study of People Experiencing Homelessness. *J Interpers Violence*. 2025;40(5-6):1248–1270. doi:10.1177/08862605241259006
- <sup>16</sup> Kulkarni SJ, Notario H. Trapped in housing insecurity: Socioecological barriers to housing access experienced by intimate partner violence survivors from marginalized communities. *J Community Psychol*. 2024;52(3):439–458. doi:10.1002/jcop.23052
- <sup>17</sup> Wood L, Baumler E, Hairston D, Brashear B, Temple JR. Intimate partner violence during COVID-19: Demographic and economic correlates of survivor experiences. *Psychol Violence*. 2023;13(4):308–?. doi:10.1037/vio000XXXXX