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# **MEETING SURVIVORS' NEEDS: A MULTI-STATE STUDY OF DOMESTIC VIOLENCE SHELTER EXPERIENCES**

**Original Report Title:  
Domestic Violence Shelters: Survivors' Experiences**

***Final Report***

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## Abstract

This study of domestic violence shelters in eight states was designed to help fill a gap in current knowledge about the range of services provided, the needs and experiences of survivors who have turned to shelters for help, and the types of help they received. Research goals included obtaining a large and diverse sample of survivors and shelter programs, so that meaningful comparisons of services, immediate outcomes, and experiences could be conducted by presence of children, age, education, race/ethnicity and other characteristics of survivors, while also taking shelter program capacity into account.

Data were collected during a six-month period from 3,410 residents of 215 domestic violence shelters—81% of the shelters in the eight states. The states were chosen to maximize geographical, population, rural/ urban and economic diversity. Programs provided information about their capacity (number of beds and staff) and the services they offered; Census data were also collected about the region served by the shelter. Shelter residents were asked to complete a written survey at or near entrance (Shelter 1), and again at or near exit (Shelter 2). All study materials were translated into eleven languages to increase accessibility. Both surveys asked about 38 different possible needs; Shelter 1 also addressed initial impressions and concerns, while Shelter 2 also addressed immediate outcomes, difficulties experienced during the stay, and the respect and support survivors had received from shelter staff.

Data from programs showed that they ranged greatly in capacity: a range of 4 to 102 beds, 1.25 to 99 FTE staff, and had sheltered 2 to 2,300 adults and 1 to 1,242 children in the past year. The median maximum length of stay was two months. Across shelters staff could

speak 37 different languages; 72% had staff who were bi-lingual in Spanish. Ninety-eight percent could accommodate at least one type of disability.

Respondents reported that if the shelter did not exist the consequences for them would be dire: homelessness, serious losses including children, continued abuse or death, or actions taken in desperation. Their primary needs at entry were safety, housing, information, emotional support, and help for their children. At exit, after a median length of stay of 22 days (27 for mothers) respondents reported a larger number of needs than they had identified at entry. They also indicated that their needs had largely been met. Although over half reported some kind of difficulty during their stay, such as conflicts with others or problems with rules, most of the problems were resolved. At least two-thirds strongly agreed with every rating of staff respect and support, and 95% or more agreed. Neither difficulties nor ratings of staff respect and support differed significantly among respondents, based on demographic characteristics.

Detailed findings showed specific differences in particular needs across race/ethnicity, age, education, presence of children, and language in which surveys were completed (Hispanics who filled out English and Spanish surveys were compared). Differences in survivors' experiences were also found related to shelter capacity.

The study shows that domestic violence shelters address compelling needs that survivors cannot meet elsewhere. Shelter programs provide a complex array of services to victims of abuse and their children; most prominent are safety, information, help with children and help with emotional distress. Most needs are met for most residents, and most problems are resolved. Implications for policy and programming are discussed, and include expanding

diversity of shelter staff, expanding conflict resolution training for staff (and perhaps offering it to residents), re-consideration of time limits and eligibility requirements for shelters that have them, and further research on the full array of services (including non-shelter services) provided by domestic violence programs.

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## Executive Summary

**Introduction.** The present study addresses a large gap in current knowledge. While there are currently an estimated 1,949 domestic violence programs across the United States, the literature lacks a multi-state study with a large enough sample size to be able to describe the shelter experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine shelter residents with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

1. Obtain information from a diverse sample of domestic violence survivors about their experiences in residential shelter programs.
2. Learn more about what domestic violence survivors want when they come to shelter programs.
3. Learn more about the extent to which survivors have had their expectations met during their shelter stay.
4. Learn more about survivors' assessment of immediate outcomes associated with their shelter stay.
5. Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and shelter program characteristics.
6. Develop recommendations for shelter programs across the country for how they might improve their services.

**Background.** Today's community-based domestic violence programs provide emergency shelter, 24-hour crisis lines, support groups, counseling services, advocacy, and programs for children. Shelters can be invaluable resources for people who experience domestic abuse, especially when time in shelter is combined with intensive advocacy following exit. The limited research on particular services suggests that supportive counseling improves clinical measures of life functioning and coping ability; that post-exit advocacy contributes to community connections, enhanced well-being, and reduced likelihood of further abuse; and that social support interventions provide beneficial health effects. However, the existing research fails to fully reflect the variety of services that are now available to respond to the complexity of survivors' needs, such as transportation, medical, mental, and emotional health services, TANF (welfare) advocacy, financial help, advocacy for survivors facing issues related to their immigration status, services for children, and accommodations for survivors with physical and other disabilities.

**Methodology.** This study sampled the experiences of 3,410 residents of 215 domestic violence shelter programs in eight states: Connecticut, Florida, Illinois, Michigan, New Mexico, Oklahoma, Tennessee, and Washington. Programs in the eight participating states were recruited through contact with the domestic violence coalitions in each identified state, and constituted 81% of all programs in those states.

Coalition staff members from each state were trained during a national in-person meeting in July of 2007 and then recruited and trained participating programs. Subsequently, training and study materials were posted to a password protected area of VAWnet.org, where they could be accessed by coalition staff and program staff as needed. Coalition staff members

used these materials as resources in training the staff of each participating shelter in their state between August and October of 2007. The coalition staff members coordinated all aspects of the research with programs in their state. Data collection took place between September 2007 and March 2008.

Participating programs offered the survey instruments to all incoming and exiting shelter residents for up to six months. Measures put in place to ensure safety and confidentiality included assigning code numbers to each program; the creation of a personal ID number by each participant, using no personally identifying information; and the provision of pre-addressed stamped envelopes to participants.

The two primary study instruments were based on forms developed and tested over a period of nine years through the “Documenting Our Work” project, and piloting of outcomes for the Family Violence Prevention and Services Administration office. Shelters were asked to offer the entrance survey (Shelter 1) within 48 hours of entry, but to delay giving the survey to residents in crisis. Shelter 1 includes questions about demographic information and survivors’ experiences before and immediately upon entry into shelter. The exit survey (Shelter 2) was provided when a resident showed signs of leaving or at the time when most residents usually left. Shelter 2 asks about the number of days the survivor had spent in shelter, demographics, and experiences during and outcomes from the shelter stay. Both instruments ask about an array of services—desired and obtained. Shelter residents received an information sheet about their rights as a research participant along with both Shelter 1 and Shelter 2 forms. Each form was translated into ten languages. To ensure that the survey would also be accessible to those who were not literate in any of the languages the survey was written in, or who needed

additional assistance in completing the survey, the National Domestic Violence Hotline was available to help survivors to work with their Language Line interpreters in order to complete the survey.

Each participating program also completed a brief two-page information sheet that included information about their staff, capacity, and services. In addition, participating coalitions provided Census-based information about the population and demographic characteristics of the counties served by each shelter.

**Key Program-Level Findings.** A total of 215 programs participated in the eight states.

These programs averaged 16.5 full-time equivalent (FTE) staff each, and averaged an additional 15 volunteers per month to assist the staff in providing services. These staff are diverse.

Nonetheless, the distribution of program staff race/ethnicity overall differs from that of the survivors served: 65% of staff are White, compared to 52% of the sampled survivors.

The average capacity of participating shelters was 25 beds. In the last year, each had sheltered an average of 130 adults and 114 children. As expected, the greater the population in the area served by the shelter, the more beds and staff it had. Shelters with more beds also generally had more staff members. The median limit for length of stay for shelters participating in this study was 60 days, although 18% reported 30-day limits. Shelters allowed stays of up to two years and many shelters noted that their time limits could include extensions depending on circumstances. The maximum length of stay reported by participating programs was not significantly related to staff size or to the number of shelter beds.

Ninety-eight percent of participating shelters reported that they had the capacity to accommodate residents with at least one of the following types of disabilities: physical/

mobility, cognitive, visual impairment, hearing impairment, or other health needs. Physical disability accommodations were the most common (93%), followed by hearing impairment (66%), health needs (55%), visual impairment (47%), and cognitive disabilities (46%). Thirty-five percent of participating programs had the facilities to assist survivors who had any of the above needs

Participating shelters offered a variety of services and advocacy, as displayed in Table 1 on the next page. Services are also offered in a very wide range of languages. Eighty-two percent of programs had staff who spoke at least one language other than English. Seventy-two percent of the overall total had staff who spoke Spanish. Shelters with greater bed capacity and larger staff size and those located in more urban areas were most likely to have staff who spoke languages other than English. The sampled programs, in size, capacity and services, reflect the range of shelter programs found across the United States.

**Table 1: Services and Advocacy Offered at Participating Shelters**

	<b>% Offering</b>
<b>Service</b>	
Support groups	97%
Crisis counseling	96
Individual counseling	92
Parenting classes	55
Counseling for children	54
Child care	50
<b>Advocacy</b>	
Housing	95
Civil court	82
Criminal court	81
Health care	81
TANF	80

Shelters served regions that varied widely. Compared to the United States population as a whole, poverty rates in the sampled regions were identical, at ten percent. The sampled shelter residents were more likely than the regional populations as a whole to be people of color, however.

**Key Findings: Shelter Residents.** A total of 3,410 individual survivors participated in this study: 1,881 of them filled out only Shelter 1; 964 completed only Shelter 2; and 565 filled out Shelter 1 and Shelter 2 forms that could be matched with one another. Although all residents were encouraged to complete both surveys when possible, Shelter 2 was less likely to be completed because of all the matters individual survivors must attend to at that time, and because some had been only recently admitted at the time data collection ended. Other self-selection factors may also be involved, although data show both positive and highly critical comments; this enhances the credibility of the overall findings.

Ninety-six percent of the respondents completed the forms in English; 4% used the Spanish forms. Vietnamese, Korean and Russian versions were also used. Just over half of survey respondents (52%) identified themselves as White, while 22% identified as African American/Black, 12% as Hispanic/Latina, 5% as Native American, 1% as Asian/Pacific Islander, 6% as multiracial, and 2% as other.

The majority of respondents were between 25 and 50 years of age. Of the 74% who answered questions related to children, 22% did not have children and 32% had no children with them in shelter. Most (99.6%) were female, but 13 (0.4%) were men (most men receive services other than emergency shelter from domestic violence programs, or obtain housing

assistance through motel vouchers or safe homes, so would not be included in this study of shelters). Ninety-three percent of the total reported that they were heterosexual or straight.

Twenty-seven percent of respondents had not received a high school diploma. At the time they completed Shelter 2, the mean length of time participants had stayed in shelter was 33 days, and the median was 22 days (27 days for mothers); four had stayed for a year or longer.

The most common places survivors heard about the shelter were domestic violence advocates (28%), police (23%), and friends (22%). Informal sources, such as friends and family, were also prominent. Twenty-five percent had first heard of the shelter within a day or two of arriving, a clear reflection of the immediate crisis many of them face before they go to shelter. Twenty-six percent had heard of the shelter more than two days ago, but less than a month ago; 21% had heard of it between a month and a year ago; 27% had first become aware of the shelter more than a year prior to entry, and of these, 46% had never stayed at the shelter. Twenty-four percent had stayed at the shelter before their current stay, primarily (58%) more than a year previously. This is compatible with studies that have shown that women who eventually leave their abusive relationships have often left several times before departing permanently. Thirteen percent of all the survivors who completed Shelter 1 had first heard about the shelter more than a year before and had not previously stayed there, a likely reflection of safety planning. Survivors often gather information about their options before taking such a dramatic step.

Nine percent of the participating survivors had tried to stay at the shelter before without success. The most common reason for this was that the shelter had no room when they called. Twenty-five percent also reported that they had had “concerns” before coming to shelter; these were primarily related to fear of the unknown. Survivors were asked to describe what they would have done if the shelter had not existed. Ninety-five percent wrote descriptions that were often poignant and extended; they fell into five general categories: being homeless, losing everything (including their children), a desperate action, uncertainty, and continued abuse/risk of death. Combined with the concerns expressed, these responses indicate that survivors do not go to shelters as a first resort.

Respondents were asked about their first impressions of the shelter. Options addressed whether the staff had made them feel welcome (95% said yes), staff had treated them with respect (91%), the space felt comfortable (83%), it seemed like a place for women like them (78%), and whether other residents made them feel welcome (71%). Only two percent indicated that none of the possible responses were true for them when they arrived. The most highly educated were less positive on some items, as were Asian/Pacific Islanders (although their numbers were small).

Survivors could choose from a list of 38 potential needs at the time of shelter entry. Their most common needs were safety (85%), affordable housing (83%), and learning about their options and choices (80%). Expressed needs differed somewhat for the 60% of the sample who identified themselves as mothers when they entered shelter. Of the 10 needs relating to children, mothers were most likely to choose safety for children (71%) and “paying attention to my children’s wants and needs” (70%). A factor analysis indicated that needs fell into eight



categories: parenting/children’s needs, support needs, economic needs, criminal justice system needs, health/disability/benefit needs, child welfare/child protection, legal needs, and safety needs. In total, these factors explain 53% of the variance in the original measures.

At or near exit, survivors were asked to choose from the same list of needs provided in Shelter 1. For each need, they were asked if they had wanted assistance with it and, if so, if they had gotten all the help they needed, some of the help they needed, or none of the help they needed. Table 2 below shows the results for the 10 most frequently expressed needs.

**Table 2: Report at Exit of Extent to Which Needs Were Met**

<b>Need</b>	<b># who wanted</b>	<b>% who wanted</b>	<b>% who got all of help wanted</b>	<b>% who got some of help wanted</b>	<b>% who got none of help wanted</b>
Safety for myself	1423	98%	91%	8%	1%
Learn about options	1410	98%	70%	26%	4%
Understanding domestic violence	1394	97%	78%	18%	4%
Paying attention to own needs	1390	97%	70%	25%	5%
Safety planning	1359	96%	76%	19%	5%
Connections to other people	1336	95%	69%	21%	9%
Emotional support	1310	93%	68%	21%	11%
Dealing w/ feelings that upset me	1272	92%	63%	23%	14%
Dealing w/ stress	1299	92%	60%	25%	15%
Support from other women	1271	90%	66%	22%	12%

The 10 child-related needs were again analyzed only for survivors who indicated they were mothers. The three most commonly requested items were safety for children (83% wanted help, 98% of those got help), paying attention to children’s needs (83% wanted, 95%

got help), and responding to children when they are upset or causing trouble (71% wanted, 90% got help).

Again, a factor analysis indicated that needs fell into eight categories, although they were slightly different than those found at entry: needs related to children, community/economic/ health needs, support needs, criminal justice system/legal system needs, safety needs/domestic violence education, housing/benefit needs, leaving needs, and transportation/work needs. These factors explained 60% of the variance. Although the eight factors shown for the two surveys do not contain identical items, they are very similar conceptually and specifically. This is promising for thinking about creating new measures with fewer items, or for creating indices or scale measures from individual factors for other, more specific, studies.

For the 565 residents who filled out both a Shelter 1 and a Shelter 2 survey, their needs at entrance and exit could be compared. The average number of needs checked (out of 38) on Shelter 1 was 14. That number increased to 21 on Shelter 2. Percentages indicating needs increased for every item—a likely result of residents learning more about available options and increasing the steps they wanted to take. The majority of the most common needs were related to immediate safety, information, help with emotional issues, and housing. Substantial portions, however, had more specific needs related to particular issues or systems.

Shelter residents were also asked about broader outcomes during their shelter stay. They were asked about whether they agreed that their shelter experience had made an impact on feeling they could achieve goals for themselves (93% agreed), feel more hopeful about the future (92%), do things on their own (92%), plan for their safety (91%), know more about their

options (91%), feel confident in their decision-making (90%), feel comfortable asking for help (89%), feel comfortable talking about things that bothered them (86%), and know more about community resources (85%). The only variable significantly associated with differences in these outcomes was length of stay in the shelter: the longer a survivor had been in shelter, the more likely s/he was to report these outcomes.

Outcomes for the children of survivors were also assessed, via their parents. Survivors with children were asked whether their children felt more supported (84% agreed), had more understanding about what had been happening (78%), and were better able to express their feelings without violence as a result of their shelter stay (77%). The majority of those who responded agreed with those statements, although many noted that they had infants or children “too young to understand.”

Shelter residents often face a variety of problems and challenges while staying at the shelter, from finding privacy to responding to shelter rules and structure. Respondents to this survey were asked about a variety of problems that the literature and the experience of advocates suggest are possible in shelters. They were also asked whether the problem had been resolved or not.

The most common problem encountered by the respondents in this study was conflict with other residents in the shelter (32%). 73% of those who had this problem reported that it was resolved. The next most common area of problems encountered was transportation (24% experienced the problem, 54% resolved), including needing help with public transportation such as bus passes, gas money, and community rides. Sixteen percent of residents reported problems with finding privacy in the shelter (47% resolved). Problems with shelter rules

included issues with time limits (16% experienced, 50% resolved), curfew (14% experienced, 61% resolved), child discipline and monitoring (13% experienced, 66% resolved), and chores (13% experienced, 59% resolved).

Overall, the problems that were the most likely to be resolved were conflicts with other women (73%), issues with contacting their partner (67%), issues with child discipline and monitoring (66%), issues with curfew (61%), and problems with language/communication (61%). The problems that were the least likely to be resolved were feeling their customs were not respected (5% experienced, 39% resolved), limits on sheltering teen boys (4% experienced, 43% resolved), issues with the available food (13% experienced, 44% resolved), using the telephone (8% reported, 47% resolved), and getting privacy (16% reported, 47% resolved).

Residents were also asked a variety of questions about the respect they were shown by shelter staff. Table 3 below shows the results.

**Table 3: Respect and Support Shown by Shelter Staff**  
(in percent)

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Shelter staff treated me with respect	73	23	3	1
Shelter staff were supportive	72	23	3	2
Shelter staff talked enough about safety	66	26	5	3
Shelter staff talked enough about children’s safety	69	25	4	2
Shelter staff addressed needs of disability	69	23	5	3
My religious views were respected	74	22	1	2
Sexual orientation was respected	77	20	1	1
Racial background was respected	76	20	2	2
Shelter staff addressed needs related to youth or age	68	24	4	3

Further analysis showed that 97% of those who identified as lesbian/gay, bisexual, or 'other' sexuality agreed or strongly agreed that their sexual orientation was respected. Ninety-five percent of those who identified as people of color agreed or strongly agreed that their racial background was respected. Ninety-one percent of those over 50 agreed or strongly agreed that the shelter staff had addressed needs related to their youth or age. Responses to this item were associated with having received help with health issues.

Seventy-four percent of respondents rated the help they had received overall while they were in the shelter as very helpful; 18% rated it helpful; 7% rated it a little helpful. Just 1% (19 individuals) rated it as not at all helpful. ..When asked if they would recommend a friend to come to the shelter, 77% said they would strongly recommend she come, 20% would recommend she come, 2% would recommend she not come, and less than 1% would strongly recommend she not come. These are very positive responses, especially from people in crisis in their lives.

Separate analyses were conducted for the 13 male respondents. In most respects, the men and women survivors were quite similar. However, the men were more likely to be White (62% vs. 52%), to have at least some college education (62% vs. 44%), and less likely to have children with them in shelter (just two did). At entry, all wanted emotional support and connections to people who could help; 89% were seeking safety. At exit, all 6 of the men who responded indicated they had wanted 10 items on the list of needs, and all reported they had received help with 8 of those items (one did not get help with connections with other people, and one did not get help with upsetting feelings). All of the men responded affirmatively to 7 of the 9 outcomes, and all endorsed all of the questions about support and respect.

Separate analyses by geographic region indicated that characteristics of responding survivors varied in expected ways. Comparative analyses across shelter size found differences in length of stay, problems encountered by residents, the types of needs met, and overall ratings. Survivors at the smallest shelters reported most help with transportation; those at medium sized shelters reported most help with TANF benefits. The larger the shelter the more likely residents were to report some problems during their stay, as well as their children's increased understanding of what had been happening at home. Residents of the smallest shelters (1 – 10 beds) had the highest ratings in the staff respect and support items.

A comparison of survivors who identified as Hispanic/Latino and completed the surveys either in English or in Spanish showed several significant differences. Those who completed the surveys in Spanish were from programs with a higher percentage of Hispanic/Latino staff members, had less formal education, were more likely to have children with them and to report child-related needs, averaged a greater number of needs, had more concerns about contacting shelter, stayed in shelter longer, and rated the help they had received more highly.

**Implications and Recommendations.** This study provided a wealth of information about shelters for people who have experienced domestic violence: the services they offer, the people they serve, and residents' experiences coming to and living in them. The large sample size, the inclusion of shelter programs from eight states, and the variety of circumstances in which the shelters are located contribute to seeing it as a reasonable reflection of shelters across the nation.

The first and clearest implication of this study is that domestic violence shelters serve a critical need for people who have experienced abuse, which many of the survivors described as

life-saving. The results also demonstrate that shelters provide a wide variety of educational, emotional, psychological, attitudinal and concrete benefits to residents, including changing their perceptions of what resources they need in order to live safer and more fulfilling lives. The study also shows that the services provided to residents (as well as non-residential program clients) have become complex and comprehensive. In light of the positive outcomes reported, these efforts to respond to this broader array of needs and concerns should continue.

Strategies to address survivors' emotional/ mental health needs, physical health issues, housing, educational and economic issues, as well as substance abuse seem particularly important. These were the most prominent needs that were identified and reported as not being fully met. Survivors' concerns about their children were also a prominent theme.

The study also shows that many survivors struggle with some shelter rules related to eligibility for admission, what they must do while they are in residence, and how long they may stay. Staff training in conflict resolution, while common in programs across the country, might be offered more frequently or widely. Given the frequency of reports of conflicts with other residents, training or other approaches with shelter residents might also be worth program consideration.

Diversity issues were common in the dimensions of shelter experience addressed in this study. Some differences in needs by race/ethnicity were documented (and detailed in the full report), and problems with lack of respect for customs were among the least likely to be resolved. Some differences in survivors' experiences by race/ethnicity in first impressions were found, as well. Certainly, efforts to expand staff diversity and to create working environments supportive to all staff should be continued.

Finally, further and continued research efforts should be pursued, both on shelter programs and on other domestic violence program services, such as support groups and advocacy. Several recommendations for other researchers have emerged from this study. First, services related to substance abuse should be more deeply examined. Second, measurement issues include adding “internet” as a source of information about the shelter, and changing some of the language to be more gender-neutral. Details of survivors’ abuse histories or other background variables were also not included in order to control the length of these surveys. Drawing on the factor analyses, some of the items on the checklists could be eliminated to allow other items to be added.

Although substantial efforts were made to be inclusive, with eleven translations and arrangements made with the National Domestic Violence Hotline, so that literacy barriers in other languages could be overcome, they were not as productive as hoped. It is likely that pressures and limitations faced by bilingual and bicultural program staff contributed to the underutilization of these alternatives. The comparison between Hispanic/Latino survivors who completed the surveys in English and Spanish underscores the importance of translated materials in research on domestic violence program services.

Some advocates have suggested that the length of the checklists was daunting, particularly for survivors with the least education, although survivors with the least education were more likely than others to complete both surveys. Additional steps might be taken with staff training in study implementation to increase responses from those with literacy, language, and cultural issues. These efforts are particularly important in the context of turnover experienced in coalition and program staff, which occurred during this study and are inevitable.



This study shows the diversity of the survivors of domestic violence who come to shelters, the range of their needs, and gives voice to their experiences. Shelters clearly provide crucial services to this vulnerable population. Much more can be learned to improve shelter and other services, and thereby the lives of the domestic violence survivors and their children who need them.

## Introduction

## **Problem Statement and Rationale**

The present study addresses a significant gap in current knowledge. While there are currently an estimated 1,949 domestic violence programs across the United States,<sup>1</sup> the literature lacks a recent multi-state study with a large enough sample size to be able to describe the shelter experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine survivors with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

- 1) Obtain information from a diverse sample of domestic violence survivors about their experiences in residential shelter programs.
- 2) Learn more about what domestic violence survivors want when they come to shelter programs.
- 3) Learn more about the extent to which survivors have had their expectations met during their shelter stay.
- 4) Learn more about survivors' assessment of immediate outcomes associated with their shelter stay.
- 5) Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and shelter program characteristics.
- 6) Develop recommendations for shelter programs across the country for how they might improve their services.

## Review of Relevant Literature

Domestic violence shelters were among the first specialized support services available to survivors of abuse by an intimate partner.<sup>2</sup> As awareness of domestic violence and its impact increased over the years, available resources expanded. The earliest shelter programs offered little more than beds and short-term support; today, however, community-based domestic violence programs are likely to provide emergency shelter (approximately three-quarters do)<sup>3</sup>, 24-hour crisis lines, support groups, counseling services, advocacy of various kinds, and programs for children. Early studies of shelter programs found them to be one of the most supportive, effective resources for women with abusive partners<sup>a</sup>, according to the residents themselves.<sup>4</sup> For example, Berk, Newton, and Berk (1986)<sup>5</sup> reported that, for women who were actively attempting other strategies at the same time, a stay at a shelter dramatically reduced the likelihood of further violence. Subsequent literature has continued to indicate that shelters in the United States and Canada are invaluable resources for women who experience abuse,<sup>6</sup> especially when time in shelter is combined with intensive advocacy following exit.<sup>7</sup> A study of survivors' safety planning efforts also found that contacting a domestic violence program and staying at a domestic violence shelter were the two strategies that were most likely to make their situation better.<sup>8</sup>

Examinations of particular services within shelters are uncommon. However, one study of supportive counseling found that “women who received [tailored short-term therapy] for

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<sup>a</sup> The first emergency domestic violence shelters were created for women and their children. Since then, domestic violence programs have offered an array of services to men, and have developed strategies for emergency housing, largely through motel vouchers. Nonetheless, the literature has addressed services for “battered women”. The terms “survivors” and “battered women” will be used in this report because they are commonly used and understood, and because they more accurately describe the vast majority of respondents in this study of shelters.

partner abuse at a domestic violence shelter significantly improved on clinical measures of life functioning, coping ability, and feeling helped and satisfied with these services”.<sup>9</sup> Another small study, measuring outcomes in psychological stress symptoms in 24 sheltered women after social support interventions, found significant differences between experimental and control groups. That study concluded that “social support interventions can be provided to women experiencing IPV [intimate partner violence] while in shelters in small groups with beneficial health effects”.<sup>10</sup>

Nonetheless, most of the recent literature on interventions for battered women has focused on the legal system, counseling, and services provided in non-shelter settings, such as health care and welfare offices.<sup>11</sup> Further, the literature on survivors’ experiences in shelter has not fully reflected the current increasing variety of services available, created in an effort to respond to the complexity of survivors’ needs. Many shelters now offer an array of services including transportation, medical, mental, and emotional health services, TANF (welfare) advocacy, financial help, and advocacy for survivors facing issues related to their immigration status.<sup>12</sup> Specialized services for children have become more widespread in shelter programs, but to an unknown degree. Shelter programs have also made more efforts to accommodate the needs of survivors with physical and other disabilities. However, documentation of these efforts is sparse. In one of the few studies, researchers reported that “one third [of participating shelters] noted that their shelter facilities were not accessible to [people who use] wheelchairs. Slightly fewer were at least partially able to offer transportation to women with physical disabilities and to communicate with women with hearing or speech disabilities.”<sup>13</sup> The literature has also not adequately addressed differences in access to services. Shelters are

less likely to be available to women in rural areas, for example, and many struggle continually for enough money to stay open.<sup>14</sup>

Additionally, there is some evidence that not all victims/survivors feel that shelters are options for them, and that some are distrustful of the experiences they might have there. Lesbian women, for example, have been found to be more likely to have negative shelter experiences and/or to believe that shelters are for heterosexual women only.<sup>15</sup> Male victims of either male or female partner abuse may also hesitate to reach out to shelters for assistance. Some women of color, regardless of sexual orientation, also hesitate to use shelters for various reasons. Many shelters have been staffed primarily by white women, who, without adequate training and supervision, may be insensitive to needs and issues within cultures other than their own. Even if insensitivity is not an issue, some women of color simply prefer being with other women from their own culture and background, and this may not be provided by their local shelter program. Limits in the diversity and language capacities of shelter staff can reduce the helpfulness of shelter for some women, as can shelter policies that are more comfortable to those from the majority culture (e.g., chores needing to be done at specific times and the ways that children can be disciplined). Immigrant women, in particular, may face language, cultural, and sometimes legal (e.g., documented status) barriers to accessing services.<sup>16</sup> Domestic violence victim services programs themselves have identified these issues and are working to address them as they seek to design and provide culturally competent services.<sup>17</sup>

Gaps related to these and other issues in the available literature on shelters have been increasingly recognized by advocates and researchers alike. For example, the National Network to End Domestic Violence has recently conducted two “National Census on Domestic Violence

Services” surveys to document the numbers of survivors receiving services from domestic violence programs and the array of services they received (both surveys were conducted in the fall, in 2006 and 2007).<sup>18</sup> Advocates have also engaged in a national effort to document the impact of shelter rules and admissions criteria through the “Open Doors” project. Further, advocates and state administrators have been working with researchers since 1998 to develop viable strategies to record survivors’ needs, services, and immediate outcomes through the “Documenting Our Work” project.

In addition, researchers such as Goodman and Epstein (2005)<sup>19</sup> have highlighted the need for renewed research and policy focus on the complexity of survivors’ needs, and the importance of flexible services that address the particular combinations of needs experienced by individual women. Similarly, Yoshioka and Choi (2005)<sup>20</sup> have argued that services need to be enhanced to recognize the full range of survivors’ cultural backgrounds, and the fact that not all are seeking to leave their abusive partners.<sup>21</sup> Newer services, such as longer-term housing and employment assistance, have also been advocated.<sup>22</sup>

Although domestic violence survivors seek and obtain support and services from many different types of organizations, and most are served in non-residential parts of domestic violence programs,<sup>23</sup> current information about their shelter experiences is vital for several reasons. Shelters are the resources that help-seeking survivors who have experienced the most severe or chronic abuse, and who have the most limited alternative resources, turn to for support. It is especially critical that shelters recognize and help to address (either directly or in collaboration with other community resources) survivors’ complex needs; to do this, the array of needs must be clearly documented. Second, shelter services are the most resource-intensive

assistance offered to women with abusive partners. It is therefore important to programs, policy-makers and funders to examine the immediate (as well as longer-term) impact they are having on survivors of abuse. Third, shelter programs are currently expanding the array of services they offer. Information about priority needs and their distribution across geographic regions and population size is crucial for effective program planning and support. Although two previous studies<sup>24</sup> involved data from large samples of shelter residents in single states, this is the first study to collect information from diverse survivors in multiple states about a broad range of their experiences and perceptions while they were in shelter. It responds to a compelling need for more, and more current, information from survivors.



## Methods

This study sampled the experiences of over 3,400 residents of 215 domestic violence shelter programs in eight states: Connecticut, Florida, Illinois, Michigan, New Mexico, Oklahoma, Tennessee, and Washington. Information was gathered about the geographic areas served by the shelters, the services and capacities of the shelters, and the experiences and needs of individual survivors at entrance to and exit from the shelter programs.

## **Sampling**

The eight participating states were selected by the principal investigators specifically to maximize the diversity of programs and survivors included in the study. Programs in these eight states serve survivors from many different racial and ethnic backgrounds and a variety of cultures and countries of origin. The shelters vary widely in staff size, capacity, services offered, and specialization. The selected states are from all major geographic regions of the country (two each from the east, west, south central, and north central states) and include diverse types of local economies. They include major urban centers as well as vast rural areas. Finally, the states that were chosen had coalition staff who were enthusiastic about the study and willing to devote the time, energy, and resources necessary to implement and monitor the necessary research protocols. Recruitment of states to participate in this study was accomplished collaboratively by the principal investigators, primary consultant, and advisors. Recruitment occurred through contact with the domestic violence coalitions in each identified state.

The domestic violence coalition in each state that agreed to participate was asked to identify a minimum of two staff members in the coalition office who would have primary responsibility for their state's participation in the study. Those staff members attended a national in-person training meeting in July of 2007, where procedures for recruiting programs

to participate and encouraging participation by programs were discussed. Those staff members then contacted each program in their state via phone, email, or in person during statewide meetings to strongly request their participation. A total of 215 programs agreed to participate (see Table 1 below for the distribution of programs by state). This represents 81% of the 266 member shelter programs in these states.

**Table 1**

<b>State</b>	<b>Number of participating programs</b>
Connecticut	15
Florida	34
Illinois	32
Michigan	32
New Mexico	11
Oklahoma	26
Tennessee	35
Washington	30

The coalition staff members assigned to the Shelter Study coordinated all aspects of the research with programs in their state. The coalition staff provided training to the programs and relayed communication between the research team and the participating programs. Each participating coalition received a small stipend in appreciation of their efforts. They were also promised a set of results for their state, as well as the report for the study as a whole when it is completed.

Within each state, all shelter programs were asked to participate in the study. Those that agreed administered the survey instruments to all incoming and exiting shelter residents for an original four month period of time, although the beginning and end of their participation varied slightly, depending on their own needs and training schedules. This time period was later extended an additional two months to maximize the number of residents surveyed. The

need to survey all residents, no matter their level of satisfaction with their experiences, was emphasized through training, materials, and reminders conveyed electronically and in conference calls.

Shelter staff members were given information about the measures in place to protect safety and confidentiality that could be shared with their residents. To facilitate shelters to provide surveys to all residents, regardless of their level of satisfaction, each participating program was given a code number to be recorded on their program information form and shelter surveys. Only the coalition staff members had a list of which program corresponded to which code number. The research staff did not have access to that information. The shelter level information, by advance agreement, is reported to the coalitions in aggregate only, so they cannot identify individual program responses. This level of confidentiality for programs was designed to insure that neither residents nor shelter staff would be concerned that negative reports from residents would have an impact on the future resources offered to them through their state coalition or state administrator. It also adds an additional level of protection for the identities of individual residents who participated in the study.

In order to encourage shelter residents to participate, each shelter was asked to design a system to provide survey materials to residents that worked with their own existing intake and exit procedures. Many shelters included the entrance survey (Shelter 1) in their usual intake paperwork. They were asked to delay giving the survey to any residents in crisis, but to ensure that each resident received the survey within 48 hours of entry. Every program was provided with written guidelines for staff on how residents should be invited to participate, so that this would be done consistently. Residents were provided with an information sheet that

described the study purpose, assured anonymity of responses, and clearly stated that their participation was voluntary, but strongly encouraged. Shelters were asked to provide the exit survey (Shelter 2) when a resident showed signs of leaving or at the time when most residents usually left. In an additional effort toward recruitment, shelters were asked to post information about the study in public, visible areas. Many posted reminder flyers to encourage their residents to participate in this research. All recruitment materials, including the information sheet, were approved by the University of Connecticut's Institutional Review Board (IRB).

Finally, in order to ensure that the residents would know their responses were not being read by the shelter staff who provided their services, each resident was given a pre-stamped envelope addressed to the Shelter Study research staff at the University of Connecticut with each survey form. Each resident was asked to place the completed survey into the envelope, seal it, and either mail it individually or place it in a designated area within the shelter, where it would be mailed, still sealed, to the research staff.

## **Measurement**

### ***Survivor instruments***

Shelter residents were asked to complete two brief surveys—one at the time of admission (Shelter 1) and a different one as close as possible to shelter exit (Shelter 2). The two surveys are based on instruments developed and piloted as part of the “Documenting Our Work” (DOW) project in 2003, and again as part of the Family Violence Prevention and Services Administration's (FVPSA) outcomes initiative in 2007. Each of these initiatives included national, state, and local advocates, experienced researchers, and state administrators as advisors.

Earlier versions of these instruments were pilot tested with 75 shelter residents in four states in 2003. As part of that DOW pilot, survivors were asked for feedback on the instruments to assess clarity, completeness, and ease of use. All respondents reported that the items were easy to understand, and that they captured the range of their shelter experiences. Minor revisions were made based on their responses. Feedback from shelter staff in another four states that piloted the FVPSA outcomes versions (N = 236) also indicated that the forms were clear, comprehensive, and easily completed by most residents. Additional minor revisions were made prior to the beginning of the Shelter Study to include new issues and services at the suggestion of shelter-based advocates and the coalition staff members who attended the shelter study training in July of 2007.

The results of the two pilot tests using these instruments have been provided to advocates at several National Coalition Against Domestic Violence and FVPSA conferences and other national gatherings of domestic violence program advocates and staff. These presentations have been met with recognition and feedback that the instruments measure important dimensions of services offered, use terminology understood by residents and staff, and that the results are consistent with what they have seen in their programs. Analyses have suggested some differences in survivors' experiences of services and problems across race and ethnicity. Outcomes have varied in expected ways in relation to length of stay (i.e. the longer the shelter stay, the more complete and comprehensive the report of services received). Although formal testing for reliability and validity has not been conducted for these instruments, they include services (for example, information and safety planning), immediate outcomes (changes in perceived self-efficacy and goal setting) and staff support and respect

items that have been used in other studies of shelter residents.<sup>25</sup> The pilots and the resulting feedback, input from advocates across the country, and use of similar items in other studies confirm that these instruments have strong face validity and are well-suited to a large-scale survey of shelter residents.

The first survey, Shelter 1 (see Appendix A), was administered anonymously as close to the point of shelter admission as possible. It was often given to the survivor during or after an intake meeting with a shelter advocate. This two-page survey asks how the survivor heard about the shelter, her expectations,<sup>26</sup> concerns she had, what she would have done if the shelter did not exist, her shelter entry experience, the types of help she wants (from a list of 38 items), and demographic information (race/ethnicity, age, number of children and number with her in shelter, sexual orientation, and completed education).

The second survey, Shelter 2 (see Appendix B), was administered as close to shelter exit as possible. Program staff were asked to distribute it when a survivor made a planned or announced departure. Since many shelter residents leave without announcing their intention, program staff were also asked to distribute Shelter 2 to residents when they had reached the average length of stay for that program, or once each month—whichever time frame occurred most frequently. Since this method allows for the possibility that multiple Shelter 2 forms could be completed by one survivor, the research staff chose to use the most recent Shelter 2 of those received from the same resident, in order to get the most complete picture of her shelter experience.

Shelter 2 is a three-page instrument that asks for the number of days the survivor had spent in shelter. It asks residents to respond to the same items describing types of help that

were included in Shelter 1. In this instrument, their responses indicate whether or not they wanted that particular type of help, and if they wanted it, the degree to which they received it (all they wanted, some of what they wanted, or none at all). In addition, residents are asked which of nine outcomes for themselves they attribute to their shelter stay (such as “I know more ways to plan for my safety,” “I know more about community resources,” and “I can do more things on my own”). They are also asked about their perceptions of three outcomes for any children they had with them in shelter. Shelter 2 also contains nine items regarding respectful treatment by shelter staff and special areas of service (e.g. “shelter staff helped address any needs related to my disability”) that can be responded to on a Likert-type scale (strongly agree, agree, disagree, strongly disagree, or doesn’t apply). Another series of items asks about specific problems related to shelter rules and other issues or concerns, and asks for comments on each relevant item. Survivors are asked to provide an overall rating of the help they received, and to respond to questions about their demographic characteristics.

In addition to closed-ended and scaled questions, both surveys include opportunities for survivors to write comments about their time in shelter, their reasons for entering shelter, and any other areas of their experiences that they would like to share with researchers. Finally, shelter residents were asked to provide a code consisting of letters from their mother’s maiden name and their recent street address, or any other four digit code of letters and/or numbers they would remember on both forms. In this way, Shelter 1 and 2 could be linked without compromising the survivor’s identity. In this survey, over 82% of respondents provided this code, and researchers were able to match Shelter 1 and Shelter 2 forms together for 565 respondents.



Shelter residents received an information sheet about the study and their rights as a research participant along with both Shelter 1 and Shelter 2 forms. This sheet, along with the study protocol and instruments, was approved by the University of Connecticut's Institutional Review Board (IRB). Because requiring signatures on consent forms and maintaining them in files would be the only written connection between a survivor and her results, highlighting concerns about both safety and confidentiality, the requirement for signed consent was waived by the IRB. This decision was consistent with IRB protocols and the primary goal of "protecting human subjects".

Shelter instruments (Shelter 1, Shelter 2, and the IRB information sheet) were translated into Bosnian, Haitian Creole, Hmong, Korean, Kurdish, Mandarin Chinese (simplified and traditional), Polish, Russian, Spanish, and Vietnamese. These languages were identified by staff members from the domestic violence coalitions in the eight participating states as those most commonly used by survivors seeking services in their states. All translations were completed by native speakers who were fluent in the target language and English, and were back translated by an additional professional translator. In addition, whenever possible, forms were translated by a person who was familiar with the language and concepts of domestic violence. All translated surveys and information sheets were reviewed and approved by the University of Connecticut IRB before their use.

To ensure that the survey would also be accessible to those who were not literate in any of the languages the survey was written in, or who needed additional assistance in completing the survey, the National Resource Center on Domestic Violence (NRC DV) entered into a contract with the National Domestic Violence Hotline that would allow local program staff to

call the Hotline and arrange for the survivors to work with their Language Line interpreters in order to complete the survey.

### ***Program-level information***

Each participating program completed a brief two-page information sheet, developed collaboratively with advisors at the national training, that included questions about the number of shelter staff, the services provided to residents, the shelter bed capacity, staff language capacity, the maximum length of stay, accessibility for various disabilities, and any specialization the shelter had. Shelter staff were asked to complete this instrument at the beginning of their participation in the study. Each participating program was assigned a unique identification number, which appeared on their program information sheet and all Shelter 1 and Shelter 2 forms completed by survivors from that program. As already noted, only the coalition staff could connect the program's identification number with the program name and location, but coalition staff did not receive the individual program information.

In addition to the program data, participating coalitions provided Census-based information about the population and demographic characteristics of the counties served by each shelter. The two sets of data, one describing individual residents' experiences and the other, programmatic environment, provided information about all of the issues identified as goals for this study.

### **Training**

The training used for the National Shelter Study followed a "Train the Trainers" model. At least two staff members from each participating coalition gathered at a national training meeting in July of 2007. They were provided with an overview of the study's proposed

methodology, including draft copies of instruments, suggested protocols, safety and confidentiality measures, and results from the previous pilots of these instruments.

Study instruments and protocols were modified based on the feedback in that meeting. Examples of those changes include the use of the National Domestic Violence Hotline to reach residents who had literacy challenges, changes to the program information sheets to more completely and accurately reflect services offered by programs, and collection of Census data by the coalition staff rather than by program level staff.

Subsequent to that meeting, a sample training PowerPoint, finalized survey instrumentation, survey materials in all languages, and study protocols were posted to VAWnet.org, the National Online Resource Center on Violence Against Women maintained by the National Resource Center on Domestic Violence. The materials were located in a password protected area of the website, where they could be accessed by coalition staff and program staff as needed. Coalition staff members used these materials as resources in training the staff of each participating shelter in their state between August and October of 2007. Each state coalition used a combination of face-to-face training at statewide or regional meetings, online “webinars”, conference calls, and individual meetings to ensure that the executive directors and frontline staff in each participating shelter were aware of the goals, protocols, and protections for safety and confidentiality embedded in this study.

## **Technical Assistance**

Conference calls were held bi-weekly through the month preceding data collection and the first two months of data collection, and monthly through December. These calls included representatives from each of the participating coalitions as well as National Shelter Study staff

members from the NRCDV and the University of Connecticut. Calls were primarily designed as a method of disseminating information and providing assistance with any issues or questions. These calls were also an opportunity to provide encouragement for participating coalitions. They allowed coalitions to share best practices with each other on topics such as training, recruitment, and data collection challenges.

A listserv was set up and hosted by the NRCDV to allow information about updates or answers to questions to be communicated immediately to all coalition staff members. Study staff members were also available via email and telephone to provide technical assistance to coalition staff and program staff. Study staff conducted intensive follow-up with coalition staff throughout the course of data collection to ensure that questions were answered, protocols were being followed, and programs were continuing to participate.

Coalitions were also provided electronically with a bi-weekly report that gave them several updates. It included the number of responses to each form that had been received from their state and the number of forms that had been received since the last update. Both of those numbers were also broken down by program, so that coalition staff could see whether there had been any significant decrease in participation by an individual program and contact that program to troubleshoot any potential problems. The bi-weekly report also included updates on the numbers of surveys that had been received in each language and any other state-specific information that needed to be addressed. These updates were sent via email to the identified staff members from each state coalition who were working on the Shelter Study.

Many of the issues that were identified during technical assistance related to staff turnover. Due to the turnover that is common in the domestic violence field at both the

program and coalition level, attention had to be paid to ongoing training of new program staff and new coalition staff, and continued efforts to engage staff at both levels. Other issues that were identified and addressed quickly included uneven fidelity to study protocols by some programs and confusion between this study and other ongoing research. All of these issues were resolved through continuing technical assistance and support from both study staff and coalition staff.

### **Data Collection and Entry**

Data collection began for some states in mid-September, and continued to start on a rolling basis in each state as their training of participating program staff was accomplished. The completed Census forms, program information sheets, Shelter 1 surveys, and Shelter 2 surveys were sent in sealed envelopes to the Shelter Study staff at the University of Connecticut. There, the surveys were coded and entered into SPSS by masters-level students from the School of Social Work. The data entry of every survey was checked and standard data cleaning methods were used in order to ensure accuracy. All open-ended answers in English were recorded into SPSS exactly as written; responses in other languages (primarily Spanish) were first translated, then checked, and finally recorded in English.

In order to ensure that an individual survivor's responses were only counted once, returned surveys were monitored to see if there were multiple responses from the same individual (an individual from the same shelter with the same ID code and matching demographic data). During the survey collection there were ten cases in which an individual returned more than one Shelter 1 form or more than one Shelter 2 form during one shelter stay. The duplicates of Shelter 1 forms were primarily due to a miscommunication between

staff and survey respondents, so that respondents did not realize they only needed to complete one form. The multiple copies of Shelter 2 forms were caused by the survey instructions—program personnel were asked to hand out surveys at the time that was the average length of stay for their program, and then to provide another Shelter 2 form to the respondents upon their exit. This design was intended to ensure that individuals who left without warning would still be able to complete a Shelter 2, but that when possible, the latest information was collected. When a duplicate was received, the open-ended information on the two forms was combined. For Shelter 1 forms, the closed-ended information from the first form received was used. For Shelter 2 forms, the closed-ended information from the last form received was used.

In two cases, an individual stayed in a shelter twice during the time period of the study. The first individual submitted a Shelter 1 and Shelter 2 from both their first shelter stay and their second shelter stay. In that case, only the second Shelter 1 and Shelter 2 were used in analysis. The second individual submitted both Shelter 1 and Shelter 2 during their first stay and a Shelter 1 form from their second stay. For this individual, the first set was used and the second Shelter 1 was removed from analysis.

## **Analysis**

The analysis of the Shelter Study data focuses on descriptions of survivors and their needs, their experiences in shelter, and immediate outcomes. Analysis also examines the ways in which survivors' demographic characteristics and local program and community variables may be related to service receipt, perceived treatment, and outcomes. The data generated from these measures permit a wide range of useful descriptive analyses to address all of the issues outlined as study goals.

### ***Quantitative analysis***

First, basic frequencies provide descriptions of the survivors, the help they wanted, the type and extent of the help they feel they received, their assessment of staff respect and attention to their needs, and the problems they experienced while they were in the shelter. Cross-tabular analyses show the extent to which survivors' needs, concerns, outcomes and other experiences differed across a number of variables, including race/ethnicity, age, sexual orientation, whether the survivor has children, whether the survivor has children with her in shelter, number of children, gender, education, and length of stay. Cross-tabular analyses also address potential variations in these areas across shelter and staff size and capacity, range of services, local population size, local population demographics, and geographic region. Factor analyses of service needs show the extent of relationships among specific needs, and the ones that are most closely associated with each other.

### ***Qualitative analysis***

Responses to the open-ended items were also analyzed and coded thematically where appropriate. Non-English open-ended survey responses were translated into English by a native speaker of the language in which they were written before including them in the analysis. Open-ended analysis was done independently by two study staff members to ensure reliability of response coding.

## Detailed Findings



## Information about Participating Programs

A total of 215 programs participated in the eight states, averaging 27 programs per state. This number reflects 81% of the total 266 programs that included residential shelter services in the eight participating states. The specific number of programs for each state is shown again in Table 2, below.

**Table 2**

<b>State</b>	<b>Number of participating programs</b>
Connecticut	15
Florida	34
Illinois	32
Michigan	32
New Mexico	11
Oklahoma	26
Tennessee	35
Washington	30
<b>Total</b>	<b>215</b>

These programs averaged 16.5 full-time equivalent (FTE) staff each (with a range of 1.25 to 99), and averaged an additional 15 volunteers per month to assist the staff in providing services. These staff and volunteers provided services to shelter residents as well as community members who wanted services but did not stay in shelter (but, again, this study gathered data only from shelter residents). The average capacity of participating shelters was 25 beds. The smallest participating shelter had four beds; the largest had 102 beds. Over half (54%) of the shelters had between four and 20 beds. The average number of adults each had sheltered in the last year was 130, and the average number of sheltered children was 114. Again, the range across shelters was substantial: from two to 2300 adults, and one to 1242 children. The greater the population in the area served by the shelter, the more beds and staff it had. Staff size and bed capacity were also related.

The median limit for length of stay for shelters participating in this study was 60 days. Shelters allowed stays of up to two years. Eighteen percent required residents to leave in 30 days or less. Forty-eight percent allowed residents to stay from 31 to 60 days. Many shelters noted that their time limits could include extensions depending on circumstances. Most (75%) felt that they could set their own time limits based on program policy, rather than having them determined by outside forces such as funders, although 21% reported that funders established the limits. Notably, the maximum length of stay reported by participating programs was not significantly related to staff size, the number of shelter beds, or whether policy or funders established the limits.

Ninety-eight percent of participating shelters reported that they had the capacity to accommodate residents with at least one of the following disabilities: physical/mobility, cognitive, visual impairment, hearing impairment, or other health needs. Physical disability accommodations were the most common (93%); 82% of these programs provided a written description, which most commonly stated that the shelter was ADA compliant or that specific rooms were wheelchair accessible. Accommodations for hearing impairment were next most common (66%); 68% of these programs offered descriptions. Most commonly, these included TTY/TDD equipment, ASL staff or professionals under contract, flashing emergency lights, and specialized computer software. Accommodations for special health needs (55%) were described by 71%, and most frequently noted dietary support; arrangements with visiting nurses and outside health services were also common, and a few cited acceptance of assistance staff or animals. Accommodations for visual impairment (47%) was next most common, and 63% of these programs offered descriptions. Braille signage and materials were most common;

acceptance of guide animals, sound warnings, specialized computer software and referrals to other agencies were also noted. Accommodations for cognitive disabilities, were reported by 46% of the study programs, of which 63% offered a description. Most common accommodations were extra attention by staff and referrals to local agencies as needed. Thirty-five percent of participating programs had the facilities to assist survivors who had any of the above needs. Forty-five percent did not know what percentage of their residents had any disability. Of those who estimated the percentage of their residents who had a disability, the estimate ranged from 0 to 100%, with an average of 18%.

Each shelter offered a variety of services, based on their capacity and the needs of the survivors they served. In addition to the services listed below, many also performed the vital service of connecting their residents with resources in the community to address needs that could not be served in-house. All of the shelters surveyed offered some form of advocacy services to their residents. Table 3 shows the percentages of shelter programs that offered each type of advocacy.

**Table 3**

<b>Type of advocacy</b>	<b>Percent of shelters offering</b>
housing	95
civil court	82
criminal court	81
health	81
TANF	80
child protection/welfare	79
job/job training	78
immigration issues	76
divorce/custody/visitation	73

In addition to advocacy, the majority of shelters also offered other services, as shown in Table 4 on the next page. Individual and group services for adult survivors were available in nearly all shelter programs, while half or more offered services that focused on children.

**Table 4**

<b>Type of service</b>	<b>Percent of shelters offering</b>
support groups	97
crisis counseling	96
individual counseling	92
parenting classes	55
counseling for children	54
child care	50

While these list the most common services offered, shelters also offered a wide range of other services to a variety of specialized groups of survivors. Some examples of these include substance abuse treatment, assistance with education, money for emergency room visits, life skills, hospital advocacy, assistance in working with landlords, mediation, a variety of types of transportation, hotlines, art therapy, clothing, transitional housing, replacing documentation, mental health, and treatment for Post Traumatic Stress Disorder. Special populations served include seniors, teens, those living in rural areas, those who speak Spanish, Korean, or other languages, women who have been arrested in dual arrests, the LGBT populations, chronically homeless, women of color, women without children, the hearing impaired, those who are immigrants, survivors of human trafficking, those who have been imprisoned, sexual assault victims, and migrant workers. Many shelters also noted that they offer some form of batterer treatment.

Services are also offered in a very wide range of languages. Eighty-two percent of the shelter programs had staff who spoke at least one language other than English and 49% had volunteers who could assist clients in languages other than English. Seventy-two percent of the overall total had staff who spoke Spanish. Other languages spoken included Afrikaans, Arabic, American Sign Language, Bengali, Cambodian, Dutch, Farsi, Flemish, Filipino, French, German, Gujarati, Hebrew, Hindi, Hungarian, Italian, Japanese, Korean, Lithuanian, Malay, Chinese, Nepali, Navajo, Polish, Portuguese, Russian, Samoan, Serbian, Swedish, Tagalog, Telugo, Ukrainian, Vietnamese, and Zuni. Shelters with greater bed capacity and larger staff size were more likely to have staff who spoke languages other than English. Staff who speak other languages are also more likely to be found in shelters located in areas with large populations.

There are positive correlations among the number of beds in a shelter, the number of staff employed in a shelter, and the size of the geographic area served by the shelter. This means that larger areas are more likely to have shelters with greater capacities, both in terms of numbers of available beds and numbers of staff operating the shelter.<sup>b</sup>

### ***Shelters with Spanish-speaking staff***

Several differences were found between programs that had at least one Spanish-speaking staff member and those which reported no Spanish-speaking staff. Programs with Spanish-speaking staff were larger than the others on average, with an average of 19 staff members (compared to 11), 27 beds (compared to 18); and had served an average of 153 women and 139 children in the past year, compared to non-Spanish-speaking shelters which

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<sup>b</sup> The correlation between number of staff employed and number of beds in a shelter was .505; the correlation between number of beds and size of population served was .183, and the correlation between the number of staff employed and the population served was .333. All were statistically significant ( $p < .05$ ).

had served an average of 76 women and 69 children. The ethnic breakdown of staff differed, with the Spanish-speaking shelters having the expected larger number of Hispanic staff (3.1 compared to .2), but also with a larger number of African American staff (3.3 compared to 1.2) and Caucasian staff (11.6 compared to 8.5). They also were more likely to have staff members who spoke Haitian (16% compared to 0 of the non-Spanish-speaking shelters), likely reflecting the large number of shelters in Florida that serve both Haitian and Hispanic clients.

Programs with Spanish-speaking staff were more likely than the others to offer counseling for children (89% compared to 69%), TANF advocacy (84% compared to 67%), and immigration-related advocacy (80% compared to 61%). They were also more likely to be able to accommodate cognitive disabilities, with 51% having the capacity to serve survivors with cognitive disabilities, while 33% of shelters without Spanish-speaking staff able to serve those survivors.

### **Census-based Information about the Program Service Area**

Each shelter in this study served between one and twelve discrete cities, towns, or counties. The shelters served regions with populations as small as 2,731 persons and as large as 5,376,741. The median size of the areas served was 123,135. These communities varied widely in many respects. While all were between 45% and 55% female, they varied greatly in age. The youngest region had a median age of 24, while the oldest had a median age of 54. The mix of racial/ethnic groups in each region was diverse, as well, as shown in Table 5. Overall, the “White” group was the largest in most regions, but many regions had a majority population of Hispanic or Native American residents.

**Table 5**

<b>Racial/ethnic group in region</b>	<b>Mean %</b>	<b>Minimum %</b>	<b>Maximum %</b>
White	82	16	99
African American	8	0	41
Hispanic/Latino	8	0.5	63
American Indian/Alaskan Native	3	0	75
Other	3	0	25
Asian	2	0.1	13
Multiracial	2	0.4	10
Hawaiian	0	0	1

The average household size in these communities was 2.5, and the average family size was 3.0. Eighty-two percent of adults in the covered areas had graduated from high school, while 22% had graduated from college. Twenty percent reported they had some sort of disability. Seven percent were born outside of the United States, and 12% did not speak English. Sixty-one percent were in the paid labor force. The median household income was \$41,454 and the mean per capita income was \$21,082. This is somewhat lower than the national median household income of \$49,568 and the average median income for these eight states of \$49,320. Ten percent of families and 14% of individuals lived below the federal poverty level. This is similar to the national poverty rate of 10.6% for families, and the average 12.3% for individuals in the eight states.<sup>27</sup> These data suggest that the regions covered by the shelters included in this study are similar to other regions in the states involved, and to the nation as a whole: they have slightly lower rates of poverty, as well as somewhat lower median household incomes.

### **Survey Respondents by State**

A total of 3,410 individual survivors participated in this study. 1,881 of them filled out only Shelter 1. 964 filled out only Shelter 2. 565 filled out Shelter 1 and Shelter 2 forms that

could be matched with one another. Table 6 shows the breakdown of types of surveys completed, by state.

**Table 6**

<b>State</b>	<b>Shelter 1 received</b>	<b>Shelter 2 received</b>	<b>Both surveys received</b>	<b>Total</b>
<b>Connecticut</b>	77	24	18	119
<b>Florida</b>	503	216	107	826
<b>Illinois</b>	356	226	96	678
<b>Michigan</b>	266	88	74	428
<b>New Mexico</b>	72	58	30	160
<b>Oklahoma</b>	149	83	39	271
<b>Tennessee</b>	216	133	125	474
<b>Washington</b>	194	103	69	366
<b>State not given</b>	48	33	7	88
<b>Total</b>	<b>1881</b>	<b>964</b>	<b>565</b>	<b>3410</b>

### **Shelter Residents: Demographic Characteristics**

Of the individuals who participated in this study, just over half (52%) identified themselves as White, while 22% identified as African American/Black, 12% as Hispanic/Latina, 5% as Native American, 1% as Asian/Pacific Islander, 6% as multiracial, and 2% as other. Survivors from the least populous areas (less than 62,000) were most likely to be White and least likely to be African American/Black. Those from the largest areas (population of 485,000 or more) were more likely to be African American/Black and Hispanic/Latino. Compared to Census data for the regions, the shelter residents, on average, were more likely to be people of color. Ninety-six percent of the respondents completed the forms in English; 4% used the Spanish forms. Vietnamese, Korean and Russian versions were also used.

The majority of respondents were between 25 and 50 years of age, as shown in Table 7.



**Table 7**

<b>Age</b>	<b>Number of respondents</b>	<b>Percent of respondents</b>
17 and under	9	< 1%
18-24	645	20
25-34	1105	34
35-49	1144	36
50-64	291	9
65 and over	22	< 1
<b>Total</b>	<b>3216</b>	<b>100%</b>

Only 74% chose to answer the questions related to children. Of those who answered the question, 22% of the total reported that they did not have children, but 32% had no children with them in shelter. Those who did have children were most likely to have one (28%) or two (27%). The largest number of children reported was 18.

While most (99.6%) of those who responded were women, there were 13 men (0.4%) in the sample. It is important to remember that men who seek emergency shelter are most likely to obtain housing through safe homes or motel vouchers, and these facilities were not included in this study of shelter residents. Most programs also offer men a wide range of advocacy and other supportive services. Results for men are included throughout the findings, and any significant differences between men and women are highlighted. Detailed findings for men are also described beginning on page 100.

Ninety-three percent of the total reported that they were heterosexual or straight; 3% indicated they were bisexual, 1% were lesbian or gay, and 2% reported “other” sexuality. Many comments in relation to sexuality included a feeling of being non-sexual as a result of the abuse. One woman wrote, for example: “Due to the abuse, I have lost my sexual desire and am mostly repulsed by it. I don’t identify with my sexual side—I don’t have a sexual side anymore—

when before it was a large part of my joy and identity even, now it simply no longer exists, which makes me pretty sad to know that.” A number of survivors offered responses related to their religious beliefs, including “blessed,” “Christian,” and “God’s servant.” Others used labels specific to their culture. For example, one Native American respondent referred to herself as “two spirit.”

Twenty-seven percent of respondents had not received a high school diploma, as shown in Table 8 below. This figure compares to 18% found for Census data on education level in the area served by the shelter, suggesting that shelters disproportionately serve people with more limited resources.

**Table 8**

<b>Level of education</b>	<b>Number of respondents</b>	<b>Percent of respondents</b>
Less than 8 <sup>th</sup> grade	170	5%
9 <sup>th</sup> to 11 <sup>th</sup> grade	708	22
High school	947	29
Some college	1064	33
College graduate	276	9
Advanced degree	63	2
<b>Total</b>	<b>3228</b>	<b>100%</b>

## **Experience Before Entering Shelter**

Survivors were asked upon their entrance into shelter to provide information about where they had heard about the shelter. They were given a list of 13 options of where they might have heard about the shelter, plus an “other” category. 66% chose one of those options, while 21% chose two options, and 13% chose more than two. The most common options were domestic violence advocate, police, and friends, as shown in Table 9 below. In addition to these responses, 6% had heard from a mental health provider, 6% from a health care

provider, 6% from a flyer, 5% had heard about shelter from someone at church, 5% from someone at court, 4% from a child protection (CPS) staff member, and 2% had heard from a TANF (welfare) worker (percentages total more than 100% because more than one item could be selected).

**Table 9**

<b>Where the survivor heard about the shelter</b>	<b>Number of respondents</b>	<b>Percent of respondents</b>
Domestic violence advocate	691	28%
Police	568	23%
Friend(s)	534	22%
Social services agency staff	341	14%
Family member	293	12%
Phone book	288	12%

Those who added more information also suggested they had heard about the shelter by being residents before, including one who said she had “been here with mother when younger”, from an internet research, and from their local thrift store. Others noted that they heard from strangers, such as a “girl at Walmart,” a cab driver, a Greyhound passenger, or “looking for shelter, a Chinese restaurant guy helped me out.” They also heard about the shelter from school-related resources, ranging from a middle school guidance counselor to a doctoral program director. Some knew from being on the other side of services, such as United Way pledge drives in the workplace or their previous work in the shelter as volunteer.

Survivors were also asked when they had first heard of the shelter. Twenty-five percent had first heard of the shelter within a day or two of arriving. Twenty-six percent had heard of the shelter more than two days ago, but less than a month ago. Twenty-one percent had heard of it between a month and a year ago, and 27% had first become aware of the shelter more

than a year prior to entry; 46% of these had never stayed at the shelter. Twenty-four percent had stayed at the shelter before their current stay. Of those previous stays, 25% had been within the previous six months, 17% between six months and one year prior, and 58% had been more than a year ago.

Nine percent of the participating survivors had tried to stay at the shelter before without success. By far, the most common reason for this was that the shelter had not had room. As one commented, she could not stay because of “no openings. Went back to my abuser because of no place to go.” Another said there was “no bed space at the time, then [I] decided to stay in relationship.”

Other reasons for not being able to stay were that they didn’t know where to find the shelter, they did not have transportation to get there, they had already stayed the maximum allowed time, or they had health problems. Another group of women who had trouble finding shelter had one or more teenage sons who could not stay at the shelter. One said the problem was that “because I have a 15 year old male son, they could not decide what to do about that.”<sup>c</sup>

Some survivors said they did not fit the qualifications of the shelter because of their situation or things they had done in desperation. For example, one was ineligible because “after years of abuse, I finally hit my husband back and got arrested.” Another was “only homeless at the time and there was no room.” A third had to leave because she “started drinking—went to rehab and came back.” A fourth was told “there was no room available for a

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<sup>c</sup> Children are often affected by the violence they witness in their homes, especially when the violence and abuse have lasted a long time. Some children respond in part by using violence themselves. Because adolescent boys may be physically strong, some look much like adult men, and shelters have experienced incidents where teen boys have become violent toward other residents or made them fearful, many shelters have adopted policies of not accepting teen boys into shelter. Staff usually make efforts to help the survivor find other housing for the boys affected.

single woman without children. There just isn't enough help for women without children."

Finally, "I was told that because I wasn't 'unsafe', I had to stay somewhere else, which wouldn't take me because they had a 6 month minimum stay. I was 'safe' because I had a restraining order, but I still had nowhere to live and was unemployed."

Others were kept away by fear. Those fears included fear of the unknown: "Afraid to do it, even call. I don't know how it was like." There was also fear of the abuser: "He and his family always find a way to find me;" "Didn't have police reports and was scared to leave and try to survive by myself;" "I am homeless and my husband threatens my life when I don't give him money;" "I had to leave because my abuser found me there;" and fear for their children: "I was afraid. I was afraid of losing my children". ..A final group had more trouble putting an exact definition to their barriers. "I ended up going back to him (stupid);" "I got to the door and just couldn't do it."

When they were asked, 25% reported that they had had "concerns" before coming to shelter, and 95% of these provided descriptions. The most common concern was being unsure of what to expect or fear of the unknown. One respondent noted, "I didn't know what to expect because I've never been to a shelter." Another said she "felt ashamed, scared of other people that may be there. Didn't know anything about shelters." Many others were afraid their abuser would find them or thought the shelter was unsafe. "That by coming to this place my husband would be able to find me and do me a lot of harm but he has not found me and this place is very secure and very necessary for us. Thank you." "I was scared of giving my perp's info because if the police go after him it would make him worse."

There were also concerns expressed about living in a small space with strangers and concerns about a new environment. Many reported concern for their children. One noted she was afraid “that they would be able to take away my daughters or that they would deport me to my country.” Another said she was “concerned it would be too restrictive to work with and may not look good in [a] custody trial.”

Many reported that their concern was feeling ashamed. One commented, “My concern was that people would judge me and tell me I’m wrong for all decisions I have made and seem to make.” Another said she was “afraid of rejection and/or disapproval because I had been here previously.” A third noted, “This is a small town and I know that there are people that know this location and I was afraid of the privacy I would [not] be afforded.” Others were afraid they would be turned away and not accepted at the shelter. They were concerned about what might happen to their pets or that they would not be able to continue at their jobs.

Other comments about fears included “fear of getting hurt due to past experience of people in positions of power using it to cause further damage in my life.” One resident reported that her concern was “feeling bad that I ‘all of a sudden’ decided to leave, that he’d cheat on me.” A third reported that her “concern was: how will I be able to go to work, my pet, how am I going to get my things from my house.” Finally, one said she “did not believe my problems were severe enough to live in a shelter.”

## **What Survivors Would Have Done Without Shelter**

Survivors were asked to describe what they would have done if the shelter had not existed. Ninety-five percent (2,333) responded in their own words. Their responses fell into five

general categories: being homeless, losing everything, acting out of desperation, uncertainty, and continued abuse/risk of death.

**Be homeless.** Those who described being homeless included those who believed their other options were to stay in car, stay in a homeless shelter, tried to find a friend or family member to stay with, or be on the streets. The following excerpts illustrate these responses:

- Be homeless and scared and confused.
- Homelessness/would've gone back because of co-dependence financially.
- Be at a homeless shelter or begging friends to stay with them, and putting them at risk of abuse by my ex-boyfriend.
- Continue to run and move from place to place and constantly watching my every move. Wondering if he is around and not give him anymore then need be
- Slept in my vehicle in sub-freezing weather w/o food or drink or warm blankets, pillow, shower, soap, clean clothes etc..
- Don't know, maybe be living on the street.

**Lose everything.** Those who were worried about losing things spoke of losing valuables, jobs, and, most commonly, children. “I would have to give my baby to [children’s services] and live on the street.” “I don't know, I probably would have lost my children;” “have to find alternative living for my kids;” “went to jail because I would've went back to retrieve my belongings and into another fight;” “I'll be sleeping in my car, lose my children and my job.”

**Desperate actions/uncertainty.** Other actions these survivors considered ranged in severity from looking for another, more distant, shelter “Checked out other shelter in other counties”) to calling in the authorities (“called the police to get him removed from the home”)to resorting to violence themselves (“kill my boy friend that abuse me”). Others

expressed more uncertainty: “I honestly can't tell u what I would do because I honestly don't know.”

**Continued abuse.** The final category included women who believed they would have had to remain with their abusive partner and continued to be abused. The following comments illustrate the responses in this category:

- Perhaps I would continue putting up with the bad life I had with my abuser, in a few words ‘resign to live like this’.
- Stayed with my abuser and continued to get beat everyday.
- Feel helpless and hopeless and still being there. Not moving forward.
- My situation would of escalated to very serious injuries, possible death if not interceded.
- Probably I would have been killed. Cause I had nowhere else to go. If I would have stayed with my other half, I would have been killed most likely.
- I would be dead I think.

## Shelter Entry

Respondents were asked to indicate which of five choices had been true for them when they arrived at the shelter. Options addressed their first experiences of the shelter, its space, staff, and other residents. They could also indicate that none of the possible responses were true for them when they arrived. Results are shown in Table 10 below.

**Table 10**

<b>When you first arrived...</b>	<b># who said “yes”</b>	<b>% who said “yes”</b>
Staff made me feel welcome	2255	95%
Staff treated me with respect	2141	91%
The space felt comfortable	1950	83%
It seemed like a place for women like me	1814	77%
Other women made me feel welcome	1668	71%
None of the above were true for me	56	2%



These first impressions were examined for survivors of different genders, sexualities, racial/ethnic backgrounds, ages, educations, and maternal status. The first impressions did not differ by whether or not the survivor had children or based on the number of children.<sup>d</sup> There were differences in first impressions based on race/ethnicity, however. Asian/Pacific Islander survivors were least likely to say *staff made them feel welcome* (although this should be interpreted with caution since it is based on just 23 people). Only 84% of Asian survivors responded positively to that question, while all other groups responded above 90%. In addition, 68% of Asian/Pacific Islander respondents reported that the space felt comfortable, in comparison to 80% of African Americans, 81% of Native Americans, 82% of multiracial women, 85% of Hispanic/Latina women, and 85% of White women.

Responses to the item about *staff respect* showed that the biggest disparity was between Asian/Pacific Islander women (76% said yes) and White women (92% said yes). Asian/Pacific Islander and Native American women were least likely to say the shelter seemed to be *a place for women like them* (72% and 73%, respectively, indicated that was true), while Hispanic women (81%) and White women (78%) were somewhat more likely to respond affirmatively. White women (73%) and multiracial women (72%) were the most positive about how other residents welcomed them, followed by Native American (70%), Asian/Pacific Islander (68%), Hispanic (67%), and African American (65%) women. (Clearly, it is not the responsibility of shelter residents to make newcomers feel welcome, although such welcome can profoundly

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<sup>d</sup> In this and all analyses that follow, “differences” are reported only if they are significant statistically at the .05 level or better.

affect early experiences.) The only group to answer “yes” to “none of these choices were true for me” at a level higher than 2% was Asian/Pacific Islander women at 8%.

Those under 18 (83%) and over 64 (92%) were most likely to feel welcomed by other women, although, again, these responses are based on very small numbers (9 under 18 and 22 over 64) and should be interpreted with caution. Straight women felt most welcomed by other women (71%); lesbian and bisexual women were in the middle (65%), and women who identified as “other” felt least welcomed (56%). Men (33%) felt less welcomed by “other women” than did women (71%). Only 71% of those over 65 thought the space felt comfortable (at least 80% of all others did). Only 67% of men felt the staff treated them with respect, but 91% of women did.

Feeling welcomed by other women decreased as education increased, from 80% for those with less than 8th grade to 65% for those with advanced degrees. Feeling respected by staff also went down with education, from 93% for those with less than 8th grade to 81% for those with advanced degrees.

**Differences in first impressions for shelters of different sizes.** Overall, 83% of survivors agreed when asked if the space made them feel comfortable. However, as shelter size and bed capacity increased, the percentage of respondents agreeing with this item decreased. Ninety-two percent of survivors in shelters with only one to five staff members felt comfortable whereas 77% of those in shelters with more than 50 members of staff felt the same. Similarly, 93% of respondents staying in shelters with the least number of beds (one to ten) said that they felt comfortable, as compared to 74% of those in shelters with 41 or more

beds. This may suggest that shelter residents are most comfortable in spaces that feel more “home-like”.

In all, 70% of survivors reported that the other women residing in their shelters made them feel welcome. Respondents in smaller shelter settings were more likely to report feeling welcomed by other women than respondents in larger shelters. The largest percentages of survivors reporting they felt welcomed by the other women were from shelters with a bed capacity of 11-20 (80%) and lowest in shelters with over 41 beds (59%). Notably, agreement with this item fell off sharply among survivors in shelters employing between 31 and 50 staff members; less than 60% in these shelters agreed.

The vast majority of shelter residents (91%) agreed that staff treated them with respect at entry. In fact, among survivors in shelters with one to ten staff members and 31 to 40 staff members 93% agreed. Eighty-six percent of residents in shelters with over 41 staff felt treated with respect.

When asked if the shelter in which they were living seemed like a place for women like them, 77% of survivors overall agreed that it did. Satisfaction on this item decreased linearly as the bed capacity of shelters increased. When examined in comparison to staff size, 81% of respondents in shelters with one to ten staff felt the shelter seemed like a place for them, 73% of survivors in shelters with 16 to 20 staff agreed, and only 66% in shelters employing 31 to 40 staff members agreed; however, 74% of the respondents in shelters with more than 51 staff agreed.

Although satisfaction in survivors’ first impressions of shelter was overwhelmingly high, 1.5% of total respondents reported that none of the above choices were true for them. The

highest percentages of survivors who felt that none of the choices were true were staying at shelters with 31 to 40 staff members (6.5%) and having a bed capacity of 31 to 40 (3.4%).

## Residents' Needs at Entry

**Needs for all survivors.** Survivors were asked to choose from a list of 38 potential needs at the time of shelter entry. As shown in Table 11 below and on the next page, their most common needs were safety (86%), housing (84%), and learning about their options and choices (80%). The remaining responses are shown in descending order.

**Table 11**

Need	Number who chose	Percent who chose
Safety for myself	2047	85%
Finding housing I can afford	1997	83%
Learning about my options and choices	1916	80%
Paying attention to my own wants and needs	1811	75%
Ideas for handling the stress in my life	1802	75%
Emotional support	1763	73%
Counseling for myself	1731	72%
Connections to other people who can	1698	71%
Understanding about domestic violence	1673	70%
Safety planning	1587	66%
A job or job training	1367	57%
Budgeting and handling my money	1293	54%
Transportation	1255	52%
Support from other women	1236	52%
Safety for my children	1208	50%
Paying attention to my children's wants and needs	1203	50%
Leaving my relationship	1175	49%
Education/school for myself	1169	49%

**Table 11, continued**

<b>Need</b>	<b>Number who chose</b>	<b>Percent who chose</b>
Health issues for myself	1102	46%
Other government benefits	941	39%
Reconnecting with my community	859	36%
Responding to my children when they are upset or causing trouble	869	36%
Counseling for my children	773	32%
Education/school for my children	770	32%
TANF (welfare) benefits	732	30%
Child care	688	29%
My abuse-related injuries	634	27%
Protective/restraining order	594	25%
Health issues for my children	519	22%
Divorce-related issues	485	21%
Disability-related needs	445	19%
Child protection systems issues	477	20%
Custody or visitation issues	437	18%
Child welfare systems issues	420	18%
My abuser's arrest	386	16%
Immigration issues	161	7%
My own arrest	71	3%

**Demographic variables associated with service needs.<sup>e</sup>** To better understand the complexity of survivors' needs, each item was further examined for relationships between needs and residents' demographic characteristics. The following significant associations were found:

- **Safety for myself.** 86% wanted this overall, but all 9 of those under 18 and 81% of those between 18 and 24 (it was 87% of all other age groups).

<sup>e</sup> The needs of respondents at entry were examined for any differences between different groups based on racial/ethnic background, age, sexual orientation, gender, or educational level. Again, all differences reported in this section were significant statistically at the .05 level or better.

- ***Finding affordable housing.*** 84% wanted help with this overall, but African American/Black and multiracial survivors wanted it most (89%) and Asian/Pacific Islanders wanted this help least (56%). Residents with advanced degrees were least likely to want this help (62% did); at least 80% of those with all other educational levels wanted help with housing.
- ***Paying attention to own wants and needs.*** 75% wanted this overall, but African American/Black survivors wanted this help most (79%), and Native American women identified it least (67%).
- ***Handling stress.*** 75% wanted this overall: 81% of those between 50 and 64, but 57% of those under 18 and 53% of those over 65.
- ***Counseling for themselves.*** 73% overall wanted this, but 85% of those under age 18 and 53% of those age 65 or older. Residents age 18-24 were next least likely to identify counseling: 64% did. The remaining age groups were in the 70% range.
- ***Emotional support.*** 74% overall, but 86% of the 9 residents under age 18 and 60% of the 22 survivors over age 65.
- ***Connections to other people who can help.*** 71% wanted this overall. Those under 18 checked this most (86%), and those 18-24 did so least (59%). All of the men checked this item, but 71% of the women checked it. 76% of college graduates and those with 8<sup>th</sup> grade education or less wanted this help, and those with 8 to 11 years of schooling were least likely to check it (66%).
- ***Understanding domestic violence.*** 70% checked that they wanted help with this, but 84% of Asian/Pacific Islanders did, followed by Hispanic/Latinas (74%), African American/Blacks (74%), Native Americans (69%), Whites (68%), and people who identified as multiracial (64%). There were also differences by age; all of those under 18 checked it, followed by those 65 and over (80%), 50-64 (73%), 25-49 (71%), and 18-24 (63%).
- ***Job or job training.*** 57% wanted this help: 62% of those under 35, declining consistently to just 14% of those 65 and older. Education level was also associated: 62% of those with 8<sup>th</sup> grade or less wanted this help, declining to 39% of those with advanced degrees.
- ***Budgeting or handling money.*** 54% checked this item. Responses varied by race/ethnicity (68% of African American/Black survivors wanted it most of any group, and Whites did least of any group, with 51%), age (58% for those under 35 and 27% for

those over 65), and education (from 61% of those with an 8<sup>th</sup> grade education or less to 32% of those with an advanced degree).

- **Transportation.** 53% wanted help with this: 62% of those who had less than a high school degree, 50% of those with a high school degree or some college, and 44% of those with a college or advanced degree.
- **Support from other women.** 52% checked this item, ranging from 54% of whites to 28% of Asian/Pacific Islanders. Age was also a factor: 67% of those over age 65 checked it, but just 42% of those age 18 to 24.
- **Education/school for themselves.** 48% wanted this kind of help: 66% of those with less than 8<sup>th</sup> grade, declining to 27% of those with an advanced degree. African American/Black and Hispanic/Latina residents were more likely than others to check it (56%), and Whites were least likely (43% did).
- **Health issues.** 46% overall checked this, ranging from 59% of those age 50 to 64 to 33% of those age 65 and older. Survivors with 8<sup>th</sup> grade education or less also checked this substantially more (at 61%) than did all other educational groups.
- **TANF (welfare) benefits.** 30% wanted this help. These included Hispanic/Latina (38%), multiracial (33%), White (31%), Asian/Pacific Islander (28%), African American/Black (27%), and Native American (24%); as well as 33% of those 18-34, and 23% of those 50 or older. This need decreased with education levels, with 37% of those with 8<sup>th</sup> grade education or less asking for it, but only 23% of those with college degrees and 27% of those with advanced degrees.
- **Abuse-related injuries.** 27% wanted this help. Hispanic/Latina respondents (42%) were followed by African American/Blacks (33%), multiracial (26%), Whites (22%), Native Americans (21%), and Asian/Pacific Islanders (20%). It was most asked for by those with 8<sup>th</sup> grade education or less (43%) and advanced degrees (33%).
- **Restraining order.** 25% checked this item. Asian/Pacific Islanders and Hispanic/Latinas checked it most (32%), followed by multiracial respondents (27%), Whites (25%), African American/Blacks (23%), and Native Americans (15%). Those who wanted this help were also more likely to be under 18 (57%) than 25-64 (27%), 18-24 (18%), or 65+ (14%).
- **Divorce.** 21% wanted this help. It was selected most by Asian/Pacific Islanders (36%), Hispanic/Latinas (28%), and Whites (23%), and least often by Native Americans (16%), multiracial respondents (16%), and African American/Blacks (14%). It was more likely to be selected by those older than 35 (24%) than younger than 35 (18%).
- **Disability-related issues.** 19% checked this item. They were more likely to be over 35 (26%) than under 35 (13%). Heterosexuals were less likely to want this help (19%) than

those with other sexual orientations (29%). Those with an 8<sup>th</sup> grade education or less (33%) wanted this help the most, then for those with an advanced degree (26%), while the other educational levels were around the average.

- **Immigration issues.** 7% wanted this help. Asian/Pacific Islanders were most likely to check it (66%), followed by Hispanic/Latinas (30%), with much lower indications for African American/Blacks (4%), Native Americans (3%), and White and multiracial respondents (2%). It was also most common among 25-34 year olds (9%) and least common among the youngest (17 and younger 0%). Those with 8<sup>th</sup> grade or less education (23%) and advanced degrees (19%) had the most need for this, and those with high school degrees (5%) and some college (4%) had the least. It was less needed by those who identified as heterosexual (6%) than those with other sexual orientations (10%).

**Needs for mothers.** The needs differed somewhat for the 60% of the sample who identified themselves as mothers when they entered shelter. Of the 10 needs relating to children, mothers were most likely to choose “safety for children” and “paying attention to my children’s wants and needs” as items that were their priorities for assistance. Table 12 below shows mothers’ child-related needs.

**Table 12**

<b>Need</b>	<b>Number of mothers who chose</b>	<b>Percent of mothers who chose</b>
Safety for children	1051	71%
Paying attention to children’s wants and needs	1045	70
Responding to children when they are upset or causing trouble	750	51
Counseling for children	678	46
Education/ school for children	660	45
Child care	600	41
Health issues for children	448	30
Dealing with child protective services	398	27
Custody issues	391	27
Dealing with the child welfare system	353	24



## Demographic variables associated with mothers' child-related service needs.<sup>f</sup>

To better understand the complexity of mothers' child-related needs, each item was further examined for relationships between needs and residents' demographic characteristics. In general, survivors aged 50 to 64 were most likely to identify needs related to their children, as were survivors who completed forms in Spanish. The following specific significant associations were found:

- **Safety for my children.** Overall, 70% of mothers checked they wanted help with this. Those between 18 and 34 were most likely (74%), followed by 71% of those age 50-64 and 63% of those age 35-49. 86% of those who completed the form in Spanish checked this item, compared to 69% of those who completed it in English.
- **Paying attention to my children's wants and needs.** 70% also wanted help with this, ranging from 75% of mothers age 25-34 to 65% of those age 35-49. 84% of those who completed the form in Spanish wanted this help, compared to 69% of those who completed it in English.
- **Education/school for my children.** 43% wanted this help. Asian/Pacific Islanders were most likely to indicate this need (67%), followed by Hispanic/Latinas (56%), Native Americans (49%), African Americans (46%), multiracial (43%) and White mothers (37%). 71% of mothers age 50-64 checked this need, compared to 45% of those age 25-34 and less of the rest. Those with 8<sup>th</sup> grade education or less were most likely to check this item (63%), and it consistently declined to 35% among those with advanced degrees. Finally, 73% of those who completed the form in Spanish check this, compared to 41% of those who completed it in English.
- **Child protection system issues.** 27% indicated they wanted this help. Asian/Pacific Islanders were most likely to check it (58%), followed by Hispanic/Latinas (34%), White (29%), Native American (25%) multiracial (20%) and African Americans (19%).
- **Child welfare system issues.** 25% checked this item: 42% of Asian/Pacific Islanders, 30% of Hispanic/Latinas, 26% of Whites, 23% of multiracial, and 18% of Native and African American mothers.

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<sup>f</sup> The child-related needs of mothers at entry were examined for any differences between different groups based on racial/ethnic background, age, educational level, or language in which the form was completed. All differences reported in this section were significant statistically at the .05 level or better.

- **Responding to my children when they are upset or causing trouble.** 50% checked this item overall. Hispanic/Latina mothers were most likely (60%), followed by Native Americans (55%), African Americans (52%), Asian/Pacific Islanders and multiracial (50%), and Whites and others (46%). Mothers age 50-64 were most likely, with 63%, followed by 57% of those age 25-34 and 42% of those age 35-49. 73% of those who completed the form in Spanish checked it, compared to 48% of those who filled it out in English.
- **Child care.** 41% checked this item. This ranged from 49% of those age 18-34, to 28% of those between 35 and 64. Mothers who filled it out in Spanish were more likely than those who did it in English to indicate this need (58% compared to 40%).
- **Counseling for children.** 44% indicated they wanted this kind of help. Asian/Pacific Islanders were highest (58%), followed by 56% of Hispanic/Latinas, 48% of multiracial, 44% of African Americans, 42% of Whites, and 37% of Native Americans. Further, 71% of mothers age 50-64 wanted this help, compared to 48% of those age 25-49 and 31% of those age 18-24. Again, those who completed the survey in Spanish were more likely to want this help than those who completed it in English (69% compared to 43%).
- **Health issues for children.** Overall 29% checked this item. Asian/Pacific Islanders were most likely (50%), followed by Hispanic/Latinas (40%), African Americans (34%), multiracial (31%), Native Americans (25%), and Whites (24%). Again, mothers age 50-64 were highest (67%), followed by 31% of those age 25-34. The rest were in the mid-20% range. Mothers with 8<sup>th</sup> grade education or less were much higher than the rest (49% compared to the 20% range). Those who completed the survey in Spanish were more likely to want this help than those who completed it in English (50% compared to 28%).
- **Custody/visitation issues.** 27% wanted this kind of help. Asian/Pacific Islanders were most likely (42% did), followed by Hispanic/Latinas (33%), Whites (32%), multiracial (24%), others (23%), Native Americans (18%), and African Americans (14%). Those with 8<sup>th</sup> grade education or less were most likely to want this help (42%), and those with advanced degrees were least likely (12%); all other educational groups were in the 20% range. Finally, those who completed the survey in Spanish were more likely to want this help than those who completed it in English (42% compared to 27%).

**Other factors associated with identified service needs.** The average *number* of needs

selected did not significantly differ depending on whether the survivor had been in shelter before. However, previous shelter residents were less likely to list safety for children as a need, less likely to ask for child care, less likely to ask for help with TANF benefits, less likely to need

help with custody issues, less likely to want help with a divorce, and less likely to need help with immigration-related issues.

Needs also differed depending on how long ago their previous shelter stay had been. Those who had been in shelter more than a year previously were less likely to ask for safety for themselves. The more recent their stay, the more likely they were to want help paying attention to their own wants and needs, and to want help with abuse-related injuries.

Finally, survivors who stayed in shelters with a greater number of beds checked larger numbers of needs. The number of beds and number of needs were significantly and positively correlated (.496).

**Service needs at entry: factor analysis.** A factor analysis was completed on the list of needs offered to respondents at entrance to shelter.<sup>g</sup> Eight factors were extracted, as shown in Table 13 on the next page. The items listed within each factor were substantially and significantly correlated with each other, as shown, and much less related to any other items. In total, these factors explain 53% of the variance in the original measures. Although it is common practice not to include factors that explain less than 5% of the variance, all were included here to show also the item factor correlations—the extent to which the items within each factor are related to each other.

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<sup>g</sup> Analysis used principal components extraction and varimax rotation. Appropriateness was determined by the KMO measure of sampling adequacy and Bartlett's test of sphericity.

**Table 13**

<b>Factor</b>	<b>Associated variables (factor correlation)</b>	<b>Eigenvalue</b>	<b>% of variance explained</b>
<b>Parenting/ children's needs</b>	Safety for my children (.781) Counseling for my children (.763) Education/school for my children (.757) Responding to my children when they are upset or causing trouble (.732) Paying attention to my children's wants and needs (.723) Health issues for my children (.678) Child care (.596)	8.128	21.966
<b>Support needs</b>	Emotional support (.692) Ideas for handling the stress in my life (.659) Counseling for myself (.654) Paying attention to my own wants and needs (.608) Connections to other people who can help me (.557) Learning about my options and choices (.552) Support from other women (.546) Understanding about domestic violence (.526) Reconnecting with my community (.374) Leaving my relationship (.369)	3.271	8.841
<b>Economic needs</b>	A job or job training (.694) Finding housing I can afford (.607) Education/school for myself (.559) Transportation (.481) Budgeting and handling my money (.476)	1.886	5.097
<b>Criminal justice system needs</b>	My abuser's arrest (.657) My abuse-related injuries (.562) My own arrest (.488)	1.779	4.807
<b>Health/disability/ benefit needs</b>	Issues related to my disability (.614) Other government benefits (.577) Health issues for myself (.551) TANF (welfare) benefits (.440)	1.312	3.545
<b>Child welfare/ Child protection</b>	Child welfare systems issues (.700) Child protection systems issues (.684)	1.153	3.116
<b>Safety needs</b>	Safety for myself (.764) Safety planning (.530)	1.078	2.914
<b>Legal needs</b>	Divorce-related issues (.732) Custody or visitation issues (.477) Restraining order (.463) Immigration issues (.394)	1.021	.759

## **Services Wanted and Received after Time in Shelter**

At the time they completed Shelter 2, the surveyed residents had stayed in the shelter for anywhere from one to 624 days. The average length of time participants stayed in shelter was

33 days, and the median was 22 days (27 days for mothers). Table 14 on the next page shows the overall distribution.

**Table 14**

<b>Length of time in shelter</b>	<b>Number of respondents</b>	<b>Percent of respondents</b>
1 week or less	292	24%
More than 1 week, up to 1 month	487	39
More than 1 month, up to 2 months	297	24
More than 2 months, up to 3 months	106	8
More than 3 months	60	5
<b>Total</b>	<b>1,242</b>	<b>100%</b>

Shelter 2 asked survivors to choose from the same list of needs provided in Shelter 1. For each need, they were asked if they had wanted assistance with it and, if so, if they had gotten all the help they needed, some of the help they needed, or none of the help they needed. The most commonly chosen needs (by 95% of respondents or more) were safety for themselves, learning about their options, understanding domestic violence, paying attention to their own wants and needs, safety planning, and making connections to other people who can help them. Table 15 below and on the next page shows the most commonly desired types of help, and the percentages of residents who received all, some or none of the identified types of help (of those who wanted it). It shows that 75% or more of those who wanted any of these types of help got at least some of it, and over half reported getting *all* the help they wanted with any of these issues (much higher for most items).

**Table 15**

<b>Need</b>	<b># who wanted</b>	<b>% who wanted</b>	<b>% who got all of help wanted</b>	<b>% who got some of help wanted</b>	<b>% who got none of help wanted</b>
Safety for myself	1423	98%	91%	8%	1%
Learn about options	1410	98%	70%	26%	4%
Understanding domestic violence	1394	97%	78%	18%	4%
Paying attention to own needs	1390	97%	70%	25%	5%
Safety planning	1359	96%	76%	19%	5%
Connections to other people	1336	95%	69%	21%	9%
Emotional support	1310	93%	68%	21%	11%
Dealing w/ feelings that upset me	1272	92%	63%	23%	14%
Dealing w/ stress	1299	92%	60%	25%	15%
Support from other women	1271	90%	66%	22%	12%
Counseling for myself	1224	87%	68%	18%	14%
Finding housing I can afford	1152	82%	60%	21%	19%
Leaving my relationship	1099	79%	73%	18%	9%
Health issues for myself	989	71%	64%	21%	15%
Transportation	1044	75%	66%	22%	12%
Budget & handle my money	950	69%	60%	21%	19%
Reconnecting w/ my community	903	65%	60%	27%	12%
Keep access to my faith community	862	63%	67%	20%	13%
Other government benefits	769	58%	62%	19%	19%
Job or job training	781	57%	54%	21%	25%

**Table 15**

<b>Need</b>	<b># who wanted</b>	<b>% who wanted</b>	<b>% who got all of help wanted</b>	<b>% who got some of help wanted</b>	<b>% who got none of help wanted</b>
Education/ school for myself	774	56%	54%	25%	21%
Abuse-related injuries	724	53%	67%	22%	11%
Protective or restraining order	672	52%	77%	14%	9%
TANF (welfare) benefits	677	51%	67%	17%	16%
My abuser’s arrest	440	35%	68%	14%	18%
Immigration issues	193	15%	76%	8%	16%
My arrest	166	13%	74%	8%	18%

**Demographic variables associated with service needs being met.<sup>h</sup>** To better

understand the complexity of survivors’ needs, each item was further examined for relationships between whether needs were met and residents’ demographic characteristics.

The following significant associations were found:

- **Understanding domestic violence.** 97% wanted help understanding DV and 96% got some or all of the help that they needed. African American/Black respondents were most likely to get all of the help they needed (82%), followed by Hispanic/Latinas (81%), Whites (79%), and Asian/Pacific Islanders (77%). Those least likely to get all the help they wanted were Native American (67%) and multiracial (69%). Native Americans were the most likely to say they got none of the help they needed (12%).
- **Safety planning.** 96% wanted this help and 95% got some or all. Getting all of the help they wanted declined with education level: 88% of those with 8<sup>th</sup> grade or less to 55% of those with advanced degrees.

<sup>h</sup> The needs of respondents at exit were examined for any differences in whether needs were met or not between different groups based on racial/ethnic background, age, sexual orientation, gender, or educational level. All differences reported in this section were significant statistically at the .05 level or better.

- **Handling stress in their lives.** 92% wanted this help, 85% got all or some. This also decreased by education, from 68% of those with 8<sup>th</sup> grade or less education who said they got all they wanted to 45% of those with advanced degrees.
- **Support from other women.** 90% wanted support from other women, 94% said they got all or some. The ethnic group least likely to feel they got all the support they needed here was multiracial (44%); 69 to 75 percent of all other ethnic groups said they got all the help they needed.
- **Transportation.** 69% wanted help with transportation, 88% got all or some of the help they needed. 16% of those 18-24 and 13% of those 25-34 said they didn't get any help with transportation, while only 9% of those 35-49 and 6% of those 50-64 had the same response. The numbers of those under 18 (2) and over 65 (4) wanting help in this category were too small to include in statistical analysis.
- **Budgeting and handling money.** 68% overall checked that they wanted this, and 81% of those got some or all of the help they needed. Feeling this need was met completely declined with education, from 67% of those who had not graduated high school to 45% of those with advanced degrees.
- **Education/school for themselves.** 56% wanted this kind of help, 79% of those got some or all of the help they needed. The biggest difference here was between Asian/Pacific Islanders and Native Americans, 30% of whom felt they got no help at all, and African American/Blacks, of whom only 16% felt they got no help at all. All other groups fell in the middle.
- **Abuser's arrest.** 34% said they had wanted this help on exit, and 82% of them got all or some of the help they needed. "Got all the help I wanted" was selected most by Native American respondents (84%), Hispanic/Latina respondents (74%), and Asian/Pacific Islander respondents (70%), and selected least by multiracial respondents (55%), African American/Black respondents (66%), and White respondents (67%).
- **Divorce-related issues.** 34% checked this item; 82% of those got all or some of the help they needed. Native Americans either got all the help they needed (71%) or none of the help they needed (24%), with nothing in between. Asian/Pacific Islanders were most likely to get only some of the help (67%). Whites and Hispanic/Latinas were more likely to get all of the help they needed (67% and 69% respectively).
- **Immigration issues.** 15% wanted this help; 83% got some or all. This included 100% of those 50-64, 83% of those 18-24, 73% of those 25-34, and 71% of those 35-49.



**Child-related services wanted and received by mothers.** The 10 child-related needs were again analyzed only for survivors who indicated they were mothers. Table 16 below shows the numbers and percentages of mothers who reported they had wanted each type of help, along with the percentages who received all, some, or none of that help (out of those who wanted it).

**Table 16**

<b>Need</b>	<b># who wanted</b>	<b>% who wanted</b>	<b>% who got all of help wanted</b>	<b>% who got some of help wanted</b>	<b>% who got none of help wanted</b>
Safety for my children	677	83%	89%	9%	2%
Paying attention to my children’s needs	671	83%	78%	17%	5%
Responding to my children when they are upset or causing trouble	555	71%	70%	20%	10%
Counseling for my children	463	59%	66%	20%	13%
Education/school for my children	444	56%	79%	13%	8%
Child protection system issues	412	52%	70%	18%	12%
Health issues for my children	401	51%	69%	19%	12%
Child care	383	50%	62%	21%	17%
Child welfare system issues	392	51%	70%	19%	11%
Custody/ visitation issues	281	38%	64%	19%	17%

Notably, higher percentages of respondents to Shelter 2 indicated they had wanted each type of help than was true for those who completed Shelter 1.

### **Demographic variables associated with mothers’ child-related service needs**

**being met.**<sup>i</sup> To better understand the complexity of mothers’ child-related needs, each item

<sup>i</sup> The child-related needs of mothers were examined for any differences between different groups based on racial/ethnic background, age, educational level, and sexual orientation. All differences reported in this section were significant statistically at the .05 level or greater.

was further examined for relationships between needs and residents' demographic characteristics. The following specific significant associations were found:

- ***Paying attention to my children's wants and needs.*** 84% wanted help with this, and 95% of those got all or some of the help they wanted. 88% of Native Americans got all the help they needed, followed by Hispanic/Latina (80%), African American/Black (79%), White (78%), and multiracial (75%). Only 50% of Asian/Pacific Islanders got all the help they wanted.
- ***Counseling for children.*** 58% indicated they wanted this kind of help; 85% got all or some of the help they needed. Level of education affected respondents' answers to this question, with only 7% of those having less than an 8<sup>th</sup> grade education saying they got no help, increasing to 21% of those with college degrees.
- ***Child care.*** 50% of mothers checked this item, and 83% of them got all or some of the help they needed. Again, level of education was important: 12% of those who had not completed high school said they got no help, while 29% of those with college degrees had the same response.
- ***Child welfare system issues.*** 50% of mothers also checked this item, and 89% got all or some help. Those with less education continued to be the most satisfied (81% of those with less than an 8<sup>th</sup> grade education got all the help they needed), and those with more education were less satisfied (61% of those with college degrees or advanced degrees did the same).
- ***Custody/visitation issues.*** 38% wanted this kind of help and 83% got some or all the help they wanted. As with counseling, child care, and child welfare issues, those with more education were less likely to say they got all the help they needed (50% of those with any college degree) than those with less education (77% of those who had not finished high school).

**Services after time in shelter: factor analysis.** Factor analysis was also done on the needs that residents reported they had had during their shelter stay. Again, as Table 17 shows below, eight factors were found, and explained 60% of the variance. Once again all significant factors were included here to show also the item factor correlations—the extent to which the items within each factor are related to each other. Nonetheless, the first four factors together

explain the most: 47% of the variance. Notably, at both time points (Shelter 1 and Shelter 2), needs related to children are most prominent.

**Table 17**

<b>Factor</b>	<b>Associated variables (factor correlation)</b>	<b>Eigenvalue</b>	<b>% of variance explained</b>
<b>Needs related to children</b>	Safety for my children (.888) Paying attention to my children’s wants and needs (.881) Responding to my children when they are upset or causing trouble (.851) Counseling for my children (.796) Education/school for my children (.776) Health issues for my children (.747) Child care (.734) Child protection systems issues (.719) Child welfare systems issues (.707)	9.208	24.232
<b>Community/economic/health needs</b>	Keeping access to my faith community (.750) Reconnecting with my community (.697) Budgeting and handling my money (.636) Education/school for myself (.561) Health issues for myself (.508) My abuse-related injuries (.456)	4.362	11.478
<b>Criminal justice system/legal system needs</b>	My own arrest (.764) Immigration issues (.763) Divorce-related issues (.682) Custody or visitation issues (.601) My abuser’s arrest (.588) Protective/restraining order (.547)	2.438	6.415
<b>Support needs</b>	Emotional support (.752) Dealing with feelings that upset me (.712) Counseling for myself (.648) Ideas for handling the stress in my life (.623) Connections to other people who can help me (.555) Support from other women (.476)	1.942	5.109
<b>Safety needs/domestic violence education</b>	Safety planning (.726) Understanding domestic violence (.724) Paying attention to my own wants and needs (.655) Learning about my options and choices (.637) Safety for myself (.580)	1.305	3.433
<b>Housing, benefits needs</b>	Other government benefits (.596) Finding housing I can afford (.594) TANF (welfare) benefits (.501)	1.247	3.283
<b>Leaving needs</b>	Leaving my relationship	1.151	3.028
<b>Transportation, work</b>	Transportation (.627) A job or job training (.492)	1.019	2.682

**Comparison of service needs at two points in shelter stay.** For the 565 residents who filled out both a Shelter 1 and a Shelter 2 survey,<sup>j</sup> their needs at entrance and exit could be compared. The average number of needs checked (out of 38) on Shelter 1 was 14. That number increased to 21 on Shelter 2. Notably, the percentages indicating needs increased at least slightly for every item. The largest correlations between items on the two surveys were for safety for my children (.702 correlation), counseling for my children (.620), divorce-related issues (.569), paying attention to my children’s needs (.561), immigration-related issues (.554), custody-related issues (.535), and school for children (.512). All of these correlations are significant statistically. The items with the greatest increase (not checked on Shelter 1, but checked on Shelter 2) were help with the survivor’s own arrest, which was marked by 3% of the survivors at entry and 10% at exit, an increase of 233%. Requests for assistance with the child welfare system also increased, from 14% upon entry to 32% upon exit, an increase of 129%. The third item for which requests dramatically increased between entrance and exit was help with abuse-related injuries, which increased from 21% to 45%, an increase of 114%. The percentages of survivors who requested help on each item and the percentage change between Shelter 1 and Shelter 2 are listed in Table 18 on the next page in descending order.

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<sup>j</sup> Compared to the rest of respondents, those who completed both forms 1 and 2 were more likely to be Asian/Pacific Islander, White or “other”, and less likely to be African American/Black or multiracial. College graduates and those with 8<sup>th</sup> grade education or less were also more likely than others to fill out both forms, and those with advanced degrees least. Survivors without children were also more likely to complete both forms. There were no differences in age, gender, sexual orientation, number of children, or language used to complete the surveys.

**Table 18**

<b>Need</b>	<b>% requesting at Shelter 1</b>	<b>% requesting at Shelter 2</b>	<b>Difference between Shelter 1 and Shelter 2</b>
My own arrest	3%	10%	233%
Child welfare systems issues	14%	32%	129%
My abuse-related injuries	21%	45%	114%
My abuser's arrest	16%	31%	94%
Health issues for my children	17%	33%	94%
Protective/restraining order	27%	50%	85%
Support from other women	51%	89%	75%
Child protection systems issues	19%	33%	74%
Reconnecting with my community	33%	57%	73%
TANF (welfare) benefits	26%	43%	65%
Immigration issues	8%	13%	63%
Leaving my relationship	48%	77%	60%
Health issues for myself	43%	65%	51%
Other government benefits	35%	52%	49%
Custody or visitation issues	21%	30%	43%
Safety planning	66%	94%	42%
Transportation	47%	66%	40%
Education/school for my children	27%	37%	37%
Understanding about domestic violence	71%	96%	35%
Responding to my children when they are upset or causing trouble	35%	47%	34%
Counseling for my children	30%	40%	33%
Connections to other people who can help me	72%	95%	32%
Divorce-related issues	23%	30%	30%
Budgeting and handling my money	47%	61%	30%
Child care	24%	31%	29%
Paying attention to my own wants and needs	75%	96%	28%
Ideas for handling the stress in my life	72%	91%	26%
Learning about my options and choices	78%	98%	26%
Paying attention to my children's wants and needs	48%	59%	23%
Education/school for myself	40%	49%	23%

**Table 18, continued**

<b>Need</b>	<b>% requesting at Shelter 1</b>	<b>% requesting at Shelter 2</b>	<b>Difference between Shelter 1 and Shelter 2</b>
Emotional support	76%	91%	20%
Counseling for myself	72%	86%	19%
Safety for my children	49%	58%	18%
A job or job training	48%	53%	10%
Safety for myself	85%	93%	9%
Finding housing I can afford	78%	79%	1%

## **Shelter Outcomes**

Shelter residents were also asked about broader outcomes achieved during their shelter stay, in addition to questions about whether specific needs were met. They were asked about how their shelter experience had made an impact on their sense of self-efficacy, information, optimism, and comfort with help-seeking, measured in 9 items. Table 19 below shows the results of survivors' outcomes ratings.

**Table 19**

<b>Because of my shelter experience, I feel...</b>	<b># who responded "yes"</b>	<b>% who responded "yes"</b>
I will achieve the goals I set for myself	1317	93%
More hopeful about the future	1309	92%
I can do more things on my own	1295	92%
I know more ways to plan for my safety	1304	91%
I know more about my options	1290	91%
More confident in my decision-making	1283	90%
More comfortable asking for help	1269	89%
More comfortable talking about things that bother me	1218	86%
I know more about community resources	1202	85%

Analysis of these outcomes showed that the longer a survivor had stayed in the shelter, the more likely s/he was to check them.

Space for comments was provided following this outcome checklist. Twenty-three percent of respondents provided a comment. The following responses are illustrative of the range provided:

- Although I did not stay here long. I realized that I don't deserve or need this drama in my life.
- Being here has helped me develop a sense of worth knowing I don't have to take abuse of any kind from anyone.
- Blessed. I'm so thankful that I had this time (which sometimes seemed like an eternity-but was truly very brief) to research my options, make countless phone calls, gather information and resources in a safe secure caring environment where I knew my basic needs were met.
- I'm working on me. I have always put everyone and everything else first. Now I'm #1; they are helping me become stronger.
- I've been able to locate a missing person - ME!
- I've had tremendous support for my substance abuse issues. Thank You.
- I am leaving here as whole different person than when I got here. I am a better person to myself, my children and others.
- I am very independent and know how to do things for myself. I just needed a safe place to stay so I could get my strength back and do the things I know how to do.
- I don't understand why I have such a need to go home, I feel like I'm not worthy unless I'm w/ him.
- I feel like I'm a new person & my standards are much higher in every aspect of my life now. "I'm ready to live again".
- I have my confidence back and know that God will be there to help me do anything.
- I have not reached out yet for other options and resources.
- I still have issues discussing this that bother me.
- People tried to talk with me but I don't believe in letting people know my business.
- Since I've been staying in this shelter I went from slamming dope to clean & sober. Thank you!
- This shelter has changed my life (for the better)!! It was a "blessing in disguise" to help me get away from my abuser, become more confident + be in a positive place in my life!!

Outcomes for the children of survivors were also assessed, via their parents. Survivors with children were asked whether their children felt more supported, had more understanding about what had been happening, and were better able to express their feelings without violence as a result of their shelter stay. The majority of those who responded agreed with those statements, although many noted that they had infants or children “too young to understand.” Table 20 on the next page shows the results.

**Table 20**

<b>Because of the shelter experience, I feel my children.....</b>	<b># who responded “yes”</b>	<b>% who responded “yes”</b>
Feel more supported	608	84%
Have more understanding about what has been happening	565	78%
Are better able to express their feelings about violence	555	77%

Comments about children’s outcomes (provided by 15% of the mothers) were also quite varied, and included:

- My child has “health problems” and is transgender and was treated with UTMOST RESPECT!! Thank-You.
- Even though she’s just a little baby, I think being at the shelter helped her because she was around positive, caring staff.
- Because of separation from my abuser as well as my experience with [advocate], I can already see a change in my daughter’s concepts of her personal power and women’s empowerment & her pride in me has grown greatly.
- Great program for children - Need more for Special Needs.
- Grown children/but you helped me reunite. Thank you.
- I actually feel that my son got worse off. He's learned a lot of violent behavior (like hitting, kicking, calling names) from other kids in the shelter.
- I don't want them to know what is happening (the children).
- My children acted out, now they talk to me.
- My children know now that we don't have to live in fear.



- My daughter is not here in the shelter, but it helped in her trust issues with us. This has been a blessing.
- My kids "sometimes" express themselves without violence. They're doing better than before shelter.
- My kids are not ready to open up yet. The staff is very respectful & understanding to their feelings and needs.
- My son went from being in learning disabled to high honor roll student, more goals were achieved by both of my kids here than ever in their life before this!
- The children don't want to go back where we lived. They play now and smile.
- We are closer; they trust that I will take care of them no matter what.

## **Difficulties Experienced in Shelter**

Shelter residents often face a variety of problems and challenges, attributable partly to the sudden change in circumstances, living in close proximity with other families, the crisis that led them to seek shelter, and attending to their children's reactions. Challenges include finding privacy, getting along with other residents, and complying with shelter rules. During the approximately thirty years that shelters have existed, rules have been developed to help ensure the safe and smooth operation of the shelter, such as those prohibiting the use of drugs or alcohol and shelter curfews. Some specific rules were developed in response to particular incidents, such as those related to disciplining children while at the shelter. Respondents to this survey were asked about a variety of problems that the literature and the experience of advocates suggest are possible in shelters. They were also asked whether or not the problem had been resolved.

The most common problem encountered by the respondents in this study was *conflict with other residents* in the shelter. Thirty-two percent of respondents had encountered some

sort of conflict. These conflicts included disagreements over thefts and drug use. A common cause for conflict was parenting, as the following comments illustrate:

My daughter had another mother scream at her within an inch of her face. Any woman in a shelter situation should not be allowed to stay if they are capable of doing this to a child.

Other resident was continually disruptive and disrespectful to all other residents and myself repeatedly and should have been asked to leave before it escalated to the point where she interfered with my childcare of my 7-month-old baby. I defended myself.

Respondents suggested some of these problems were related to different degrees of following the rules. One commented, “Some think rules don’t apply to them.” Another wrote, “Some problems were uncalled for and were only occurring because there was not strong rule following for this person (as far as respecting other people in the shelter) she did not respect me at all.” Others ascribed the problems to personality traits:

Some of the women were immature, too much swearing, lack of respect from other women. Issues weren’t addressed face-to-face, the woman complained behind your back, threats were made by some women when they were upset.

A few women were very ignorant and miserable and wanted you to be miserable with them so they pick at the ones that were happy like myself.

Others noted that living with many adults in a communal space lends itself to conflict. One wrote, “It’s normal for women to get on each other’s nerves, that’s natural.” Another observed, “Community living—multiple personalities put in a living situation, some will get along well with others, some won’t.”<sup>k</sup>

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<sup>k</sup> Notably, there were no statistically significant differences in rates of reporting conflicts with other residents or with staff by race/ethnicity, although the two types of conflict are significantly associated with each other.

Of those who experienced a problem involving conflicts with other residents, 73% reported that it was resolved. One noted that the problem was “resolved almost immediately once communicating to staff.”

The next most common area of problems encountered was *transportation*. Twenty-four percent of the respondents experienced a problem with transportation, including needing help with public transportation such as bus passes, gas money, and community rides. Some commented that they were “not allowed to leave the premises;” or “there wasn’t enough staff to drive people (me included) to work and the bus wasn’t reliable;” or that the shelter “needs a van for people without cars.” Others needed help for specific situations, such as “help to go to ER for sick children;” or “bus/train passes...to go out and find work.” Fifty-four percent of these problems were resolved. One said she “was provided with bus pass every time that I asked;” and another “got help when could, and of my own choosing chose to walk instead of bus transportation. Help was there for me if needed.” Others commented that residents helped one another: “Had my own and let others ride along if needed.”

Sixteen percent of residents also reported problems with *finding privacy* in the shelter. Many noted that having children in the shelter added to privacy problems. “It’s hard to go somewhere and concentrate because kids are running around.” Others commented on the capacity of the shelter. “There is just never totally private space here—it is offered but it is many times full;” and “Sometimes the bath is the only place to get some peace, but that’s not much peace because you have to be mindful of your housemates.” Forty-seven percent of

these problems were resolved.<sup>1</sup> “Sometimes [it was a problem], but just going to the park would allow me the space I needed to get.” “Own room to ‘hide’ in when necessary.”

Problems with shelter rules included issues with time limits (16%), curfew (14%), child discipline and monitoring (13%), and chores (13%). Residents felt *time limits* were too short, inflexible, or not explained clearly with appropriate notice. Many noted the time limits didn’t take into consideration that finding other living arrangements was difficult. As one wrote, “Not my fault apartments were full or I couldn’t afford them.” Another observed that “they need to realize that some people have nowhere to go at all.” Some felt the time limits forced them to go back to the abuser: “I was here for 90 days then ended up back in my abusive relationship because I had nowhere to go.” One also noted she felt “overwhelmed and anxiety worrying about it.” Fifty percent of these problems were resolved.

*Curfew issues* included conflicts with work and church. One noted that it “was embarrassing to leave church [because of curfew].” Another stated, “Evening service, church functions, visits with daughter all ‘no.’” Some felt the curfew was too early: “We are grown women, 8:00 is ridiculous;” or that there was unequal enforcement: “They said no curfew but one woman and kids were kicked out when [they] came home at 9:05 pm.” Others believed that curfew should be flexible. “Unbending, mothers and children should be able to spend time together on Christmas.” Some thought curfew should be extended on weekends. Still others noted that it was annoying but understandable for safety. Sixty-one percent of these problems were resolved.

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<sup>1</sup> Notably, there was a significant relationship between conflict with staff and reported problems finding privacy.

*Child discipline issues* included problems with other residents' child monitoring. As one complained, "Some parents left other parents to discipline and monitor their kids." Another observed the following:

At times I felt there [was] little or no discipline. I felt some of the children in this home at times were totally out of control with parents taking advantage of everything good that this home represents and also so much disrespect to the other people and staff. I love children and do understand they are just that...children. As far as I am concerned there is no excuse for certain parents.

Others felt there was a lack of services that would allow for child monitoring: "I cannot do chores and watch my children at the same time." A common source of comment was restrictive rules on discipline—particularly the common shelter prohibition against corporal punishment. One commented that "my children wanted to run over me because they knew they couldn't be spanked." Another wrote that "he is my child and I should be able to spank if I want." Sixty-six percent of these problems were resolved.

Issues with *chores* included feeling the chores were unequally enforced or distributed, or that exceptions were not considered. One wrote: "Because of my health condition...I am not able to lift and drag a commercial mop, or move furniture, or inhale bleach, or insecticide." Another objected to "the day you are supposed to mop the floors with ammonia. I'm 3 months pregnant." Others thought chores were not done properly by some or there wasn't enough structure. "Staff allowed other residents to be in control of chores, so I felt I had to respond to other residents not staff." Finally, some noted that chores were hard to do with the time demands of jobs and children: "It's very hard to hold down a full time job and make time for my children and do chores." Fifty-nine percent of these problems were resolved. As one noted, "They were more lenient after I told them I have OCD."

Overall, the problems that were the most likely to be resolved were conflicts with other women (73% resolved), issues with contacting their partner (67%), issues with child discipline and monitoring (66%), issues with curfew (61%), and problems with language/communication (61%). The problems that were the least likely to be resolved were feeling their customs were not respected (experienced by 5%; just 39% were resolved), the policies on teen boys (reported by 4%; 43% resolved), issues with the available food (a problem for 13%; 44% resolved), using the telephone (experienced by 8%; 47% resolved), and getting privacy (reported by 16%; 47% resolved).

### **Respect and Support Shown by Staff**

Residents were asked a variety of questions about the respect they were shown by shelter staff. Ninety-six percent agreed or strongly agreed that they had been treated with respect by shelter staff. Ninety-five percent indicated that shelter staff had been supportive. Ninety-two percent believed that safety had been discussed enough, while 94% believed that children's safety had been discussed enough. .. They were also asked about whether specific characteristics or needs had been respected or supported. Over all, survivors indicated they had felt respected at high rates. Table 21 on the next page shows the specific results calculated after the "does not apply" responses were eliminated.

Examination of these responses more precisely showed that 97% of those who identified as lesbian/gay, bisexual, or 'other' sexuality agreed or strongly agreed that their sexual orientation was respected. Ninety-five percent of those who identified as people of color agreed or strongly agreed that their racial background was respected.

**Table 21**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Shelter staff treated me with respect	73	23	3	1
Shelter staff were supportive	72	23	3	2
Shelter staff talked enough about safety	66	26	5	3
Shelter staff talked enough about children’s safety	69	25	4	2
Shelter staff addressed needs of disability	69	23	5	3
My religious views were respected	74	22	1	2
Sexual orientation was respected	77	20	1	1
Racial background was respected	76	20	2	2
Shelter staff addressed needs related to youth or age	68	24	4	3

Ninety-one percent of those over 50 agreed or strongly agreed that the shelter staff had addressed needs related to their youth or age (only 2 respondents who answered this question were under 18). Responses to this item were associated with having received help with health issues: 83% of those who got all the health-related help they needed agreed strongly that shelter staff had addressed their age-related needs (compared to 33% of those who got none of this help). The same pattern was found with residents with abuse related injuries: those who got all the help they needed were more likely to strongly agree (83%) than those who got some (55%) or none (32%) of the help they needed. Finally, 87% of those who wanted help with their disability agreed or strongly agreed that the shelter responded to disability-related needs, compared to 94% of those who did not list that as a need.

As one might expect, given the range of shelter capacities and the difficult circumstances of individual survivors, a few of the general comments about experiences with shelter staff were quite negative, as illustrated in the following:

She berated me with questions, talked nonsense and talked to me condescendingly, like if I were a child. She seemed to enjoy exerting power/authority over me.

I feel this is just a paycheck to some advocates and they truly don't care about my family.

The staff became disrespectful over time, like they were blaming me for their inadequacies. The director actually yelled at me during a house meeting between my roommate and I with two of her staff present. She then stormed out of the room. Totally unprofessional, I was shocked. This is the second time I'm filling out the survey because this event had not happened when I first mailed off the survey. After I left this shelter, I went to another shelter where I have had no problems. In fact, the staff has yet to make an appointment with me. They don't seem as eager to get me to leave as the previous shelter was.

Some respondents expressed concerns about favoritism. As one commented, "I felt like they treated the Hispanic residents better than anyone else." Staff shortages were also noticed: "Staff at all times would be great. Problems with abusive women and relationships are not a 9am to 5pm problem."

Experiences with shelter staff also included some that were extremely positive, as the following examples illustrate:

I have felt very comfortable and cared for. Staff has been extremely nice and helpful.

I can't begin to tell you how well I have been treated by the staff! Also, I hate to think what might of happened to me without the counselors' help. They really really care about us and our wellbeing. And are so delighted in seeing us able and well enough to walk back out into the world, on our own!

When you think of asking for help, [you think] you're the only one in that situation and that they are going to laugh at you. But when you arrive everything is different. They respect you as a person, as a woman, like a mother, and above all they let you know that you have a lot of options and that you don't have to live in a situation you don't want to...They are all understanding and very respectful and above all they listen and don't judge you.



## Overall Help Received

Seventy-four percent of respondents rated the help they had received overall while they were in the shelter as very helpful; 18% rated it helpful; 7% rated it a little helpful. Just 1% (19 individuals) rated it as not at all helpful. Comments in this section were provided by 17% of survivors, and echoed the range already illustrated. Positive remarks included: “everyone including staff and residents were there to listen;” “excellent—they spent Christmas with me;” “I love you guys (I want to be a speaker on domestic violence);” and “I thought my abuser was my only option until I came here.” Less positive comments included: “helpful for 30 days and then back to abuser;” and “need less favoritism and more compassion and understanding.”

When asked if they would recommend a friend to come to the shelter, 77% said they would strongly recommend she come, 20% would recommend she come, 2% would recommend she not come, and less than 1% would strongly recommend she not come. Comments on this issue were provided by 55% of responding survivors. Reasons they *would not recommend* this shelter to a friend included:

- Because some staff don’t understand when you’re running for your life.
- Don’t agree with the many rules.
- Every situation is unique and needs to be evaluated individually.
- I actually liked the place but the staff could set someone back to a point unable to recover.
- I don’t have friends.
- When I really needed help they wouldn’t help me.

Reasons they *would recommend* a friend coming to this shelter if they needed the help included the following:

- Abuser wouldn’t know where to find her.

- Because I would help protect more people who ignore that they can be protected and have their rights respected as human being.
- Because she could learn about safety for her and her children that she couldn't get anywhere else.
- Being here reminds you you're a person and a woman
- Domestic abuse can kill you.
- I've already recommended a friend to come because of safe, secure environment and caring staff.
- I accomplished a lot in a short period.
- I could write a book and not be able to express all of the benefits.
- I don't want her to go through what I did.
- I have been here three times and gotten more education and stronger.
- I never thought I'd get to where I am and I did cause of the staff support.
- I should've come here a long time ago. Best decision I've made.
- If it can help me it can help anybody.
- In this situation, one needs help, cannot do this transition on your own.
- It's a very hard decision, you get access to resources people don't even know about otherwise, but life here is difficult.
- It is the beginning of the solution.
- Now I know there are a lot of abusive relationships.
- She can really learn leaving is the best thing to do when your loved one hits you.
- She could get support, encouragement and love here. Also DV knowledge to end her cycle.
- The environment not only enhances safety but your personal strength.
- To help her overcome the obstacles of becoming independent.
- You find all the type of help that you need.

When these two indicators of satisfaction (overall rating and recommendation to a friend) were examined more closely to determine the extent of any differences across survivors' personal characteristics, only one significant finding was uncovered. Survivors who identified themselves as bisexual (83%) or lesbian (77%) were more likely than those who identified as heterosexual (73%) to rate their shelter stay as "very helpful".<sup>m</sup>

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<sup>m</sup> Since just 16 (1%) survivors who answered this question identified as lesbian/gay, and 32 (2%) identified as bisexual, this result should be interpreted with caution.

## **Differences by Region of the Country**

The eight participating states were divided into four regions: western (Washington and New Mexico), north central (Illinois and Michigan), south central (Tennessee and Oklahoma) and eastern (Connecticut and Florida), and results were compared. Meaningful and statistically significant differences are summarized briefly.

**Characteristics of participating shelter residents.** Survivors from shelters in the north central region were most likely to be people of color (54% were, compared to 32% of respondents from the south central region). More particularly, the percentage who identified as African American/ Black ranged from 34% in the north central region to 6% in the west; Native Americans ranged from 14% of respondents from the west, compared to 1% of those in the east or north central region; Hispanics/Latina/os ranged from 19% of western respondents, to 3% of those in the south central region. Respondents were similar in most other respects, except that respondents from the west were more likely than the others to be college graduates. Finally, the survey was completed in English by 93% of respondents from the west, compared to 99% of those from the south central region.

**Types of desired help indicated on shelter 1.** Significant differences across regions were found for nine of the items on the list provided on Shelter 1. They are shown below, along with the regions with the highest and lowest percentages.

- Education/school for myself: 53% in the north central, 43% in the south central
- Budgeting and handling my money: 58% in the north central, 45% in the west
- Child protection system issues: 23% in the east, 16% in the north central
- Counseling for myself: 76% in the north central, 67% in the west
- TANF (welfare) benefits: 35% in the east, 27% in the north central
- Issues related to my disability: 26% in the west, 17% in the north central
- Protective/restraining order: 28% in the east, 22% in the north central

- My abuser's arrest: 18% in the east, 11% in the west
- Immigration issues: 11% in the west, 4% in the south central

**Program characteristics.** The programs in the east and north central regions were larger than those in the west and south central regions. Twenty-two percent of the programs in the east had 31 or more staff, compared to 14% in the north central, 3% in the west, and 2% in the south central region. The shelters had more bed capacity, as well: 22% of the shelters in the east had 41 or more beds, compared to 11% of those in the north and south central regions and 7% of those in the west. Similarly, 32% of the shelters in the west had 10 or fewer beds, compared to 21% in the south central, 17% in the north central, and 8% in the eastern regions. The participating shelters in the south central had the shortest length of stay: 45% had maximum stays of one month or less, compared to 14% of those in the north central, 10% in the south central, and none in the eastern region. Funders were reported to determine length of stay in 42% of the participating shelters from the western region, compared to 33% of those from the north central, 17% from the eastern, and none of the shelters from the south central region.

### **Hispanic Respondents: Comparisons Based on Language Used**

A total of 373 survey respondents identified themselves as Hispanic/Latina (11%). Of those, 277 responded to the survey in English (74%) while 96 completed the survey in Spanish (24%). Four percent of the overall total completed their form in Spanish. The following section notes differences between Spanish and English forms submitted by respondents who identified as Hispanic/Latina (10 of the respondents who completed surveys in Spanish identified as African American/Black). All differences reported here were statistically significant ( $p < .05$ ).

**Ethnicity of staff at servicing programs.** When the responses of all respondents completing forms in English were examined, it was noted that the survivors completing them came from programs in which the percentage of staff identifying as Latino/Hispanic averaged 14%. The survivors filling out forms in Spanish, however, were being served by programs with an average of 26% Hispanic staff members. To further explore these differences, survivors who identified as Hispanic were analyzed separately from those of other ethnicities. In this analysis, there was very little difference in the percentage of Hispanic staff regardless of whether forms were completed in English or Spanish. This indicates that survivors who identified as Hispanic were more likely to be in programs with Hispanic staff than were non-Hispanic survivors, regardless of the language with which they feel most comfortable.

**Demographics of Hispanic survivors.** Among the survivors who identified as Hispanic, 30% of those who completed the survey in Spanish reported having ‘less than an 8<sup>th</sup> grade education’, compared to 7% of those who identified as Hispanic and completed the form in English. Of those who self-identified as Hispanic and used a Spanish survey, 23% reported having ‘some college’ or being ‘a college grad’, compared to 40% of Hispanic respondents who used English surveys. No other demographic variables were different between the two groups at a statistically significant level.

**Answers related to children.** Overall, those who completed the forms in Spanish were more likely to note child-related needs. This is likely connected to the fact that those who filled in the forms in Spanish were more likely to have children than those who filled out the form in English—96% of Hispanics who completed the form in Spanish had children, while 88% of those who completed the form in English had children.

**Needs of survivors with children.** On entry, 70% of those with children in the total sample wanted help with securing safety for their children. Of Hispanic respondents with children, 86% of those who completed the form in Spanish checked this item, compared to 69% of those who completed it in English. Similarly, while 69% of those completing the survey in English reported that ‘paying attention to my children’s wants and needs’ was a personal concern, 84% of those using Spanish surveys reported this need.

In total, 43% of mothers were seeking help with ‘education/school for my children’. Forty-one percent of Hispanic survivors filling out English surveys reported this need while 73% of those completing Spanish surveys wanted this help. Those using Spanish surveys were also more likely to report needing ‘child care’ than survivors using English forms (58% versus 40%, respectively).

‘Counseling for children’ was also a more frequently reported need among survivors filling out Spanish forms than English ones. Sixty-nine percent of those using Spanish surveys checked ‘counseling for children’ as a need whereas 43% of English surveys noted this need. Almost double the percentage of those completing Spanish surveys reported ‘health issues for children’ as a concern than those completing English ones, 50% compared to 28%, respectively. Overall, 50% of survivors said that they wished to receive help ‘responding to my children when they are upset or causing trouble’. Forty-eight percent of English survey respondents acknowledged this need while 73% of those filling out Spanish surveys agreed. Finally, 27% of those using English surveys were seeking help with ‘visitation/custody issues’, compared to 42% of survivors using Spanish surveys.

Overall, those self-identifying Hispanic residents who completed Shelter 1 in Spanish chose a higher number of child-related needs than did those who filled out Shelter 1 in English.

**Needs on entry.** The survivors who identified as Hispanic and responded in English also had different needs than those who responded in Spanish. Those differences are highlighted in Table 22 below. In general, those who responded in Spanish selected more needs on entry than those who responded in English: an average of 21 needs compared to 17 needs.

**Table 22**

<b>Need on entry</b>	<b>English respondents who selected this need</b>	<b>Spanish respondents who selected this need</b>
Immigration issues	18%	55%
Divorce-related issues	24%	38%
Other government benefits	37%	53%
TANF benefits	33%	47%
Abuse-related injuries	28%	70%
Health issues for children	29%	44%
Child care	37%	49%
Responding to my children	42%	63%
Connections to other people who can help me	68%	84%
Education/school for my children	39%	61%
Education/school for myself	49%	72%
Understanding about domestic violence	67%	88%
<b>Overall shelter 1 needs</b>	<b>Average of 17 needs</b>	<b>Average of 21 needs</b>

**Before entering shelter.** Of survivors identifying as Hispanic, 21% of those completing surveys in English reported having concerns about contacting shelter; 43% of those completing surveys in Spanish agreed.

The survey inquired about where respondents had first heard of the shelter. Survivors who self-identified as Hispanic and used Spanish surveys were more likely than those

completing English surveys to have heard about the shelter at their place of work (4% compared to 0%), from a flyer (15% compared to 3%), from TANF staff (8% compared to 2%), or from CPS staff (9% compared to 3%).

On entry, 79% of those who completed the survey in English and 89% of those who completed the survey in Spanish said that it seemed like a place for women like them. Less than 1% of those who used English forms said “none of these choices were true”, but 4% of those who completed in Spanish felt that “none of these choices were true” for them.

**Days stayed in shelter.** Survivors of Hispanic ethnicity who utilized Spanish surveys tended to stay longer—an average of 45 days—than those completing English forms, whose average stay was 33 days.

**Overall rating.** Hispanic survey respondents filling out Spanish surveys were more likely to rate the help they received as very helpful (90% vs. 73%). Those Hispanic survivors who used English surveys were more likely to rate it as helpful (21% to 7%), or a little helpful (6% to 3%).

**Geographical areas of shelters serving Hispanic survivors.** The geographical areas that surrounded the shelters where Hispanic survivors stayed had a few significant differences, as described in Tables 23 and 24 on the next page. This analysis of the census data describing the area in which each shelter was located provides notable results. Of all respondents self-identifying as Hispanic, those completing surveys in Spanish were sheltered in areas with a lower percent of individuals and families living below the poverty line than those completing forms in English. Similar and consistent differences were found for other economic indicators: Latino/Hispanic respondents who completed forms in Spanish went to shelters in areas with a higher percentage of housing units occupied, higher percentages of people in the labor force,



higher percentages of people with college degrees, higher incomes, and lower percentages of people with disabilities

**Table 23**

<b>Characteristic</b>	<b>Mean for English speaking Hispanic respondents</b>	<b>Mean for Spanish speaking Hispanic respondents</b>
Percent of individuals below poverty line	13%	10%
Percent of families below poverty line	9	7.5
Percent of housing units occupied	89	92
Percent in labor force	62	65
Percent foreign born	12	16
Percent with bachelors degree	24	27
Percent of individuals in community who qualify as disabled	19	17

**Table 24**

<b>Characteristic</b>	<b>Mean for English speaking Hispanic respondents</b>	<b>Mean for Spanish speaking Hispanic respondents</b>
Household size	2.6	2.7
Household income	\$44,217	\$50,971
Family income	\$52,165	\$59,417
Per capita income	\$22,434	\$24,690

As might have been expected, survivors who completed forms in Spanish and reporting to be Hispanic were more likely to come from an area with a higher percentage of foreign born residents than those who identified themselves as Spanish but completed forms in English, 16% versus 12%.

## Male Respondents<sup>n</sup>

Thirteen men participated in the Shelter Study. Fifty-four percent completed Shelter 1, 31% completed Shelter 2 and 15% completed both Shelter 1 and Shelter 2. The majority (67%) were sheltered in Florida. They also came from Michigan (17%), Oklahoma (8%), and Washington (8%).

The racial/ethnic backgrounds of the men who participated in the Shelter Study included White (62%), African American/Black (15%), Hispanic/Latino (15%), and other (8%). The majority were between the ages of 35 and 49 (62%), with 23% between 25 and 34 and 15% between 50 and 64. Fifteen percent classified their education as between 9<sup>th</sup> and 11<sup>th</sup> grade, with 23% holding a high school degree or GED, 39% having some college, and 23% graduating college.

Ninety-one percent considered themselves heterosexual/straight and 9% identified as gay men (two chose not to respond to this question). Two had children with them in shelter. Ninety-two percent completed the survey in English and 8% completed the survey in Spanish.

The men heard about shelters from a variety of sources, including:

- A domestic violence advocate (22%)
- Their religious/spiritual community (22%)
- Telephone book or directory (11%)
- Police (11%)
- Friend (11%)
- Social service agency staff (11%)
- Health care provider (11%)

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<sup>n</sup> This brief overview is provided because so little is yet known about men in shelters. Again, men who need emergency housing are more commonly provided with motel vouchers or safe home options. In addition, men receive non-residential services, which were not addressed in this study. Of course, a sample of 13 is unlikely to be representative of all men who receive shelter services, so this summary should be interpreted with extreme caution. Differences between the men and women in this study were generally neither statistically nor substantively significant.

The men had first heard of the shelter anywhere from 1-2 days prior to entering (44%), more than a few days but less than a month prior to entering (33%), more than 1 month but less than a year prior to entering (11%) or a year or more prior to entering (11%). Twenty-two percent had stayed in the shelter prior to this stay. None of the men had tried to stay at the shelter before without being able to stay.

The men who participated in the Shelter Study had the following first impressions of the shelter:

- 100% reported that the staff made them feel welcome.
- 78% felt the space was comfortable.
- 67% said that staff treated them with respect.
- 38% said it seemed like a place for “women like me” (see “*limitations*” section)
- 33% reported that other women made them feel welcome.
- None of the male respondents chose the option “none of these options was true for me.”

When asked what they would have done if the shelter did not exist, the men provided a variety of responses. Many said they were uncertain. One responded he would have “stayed in my situation in misery.” Another believed “there only seemed to be one choice, and that was attempted suicide.” One would have tried to “disappear,” another to “find another domestic violence shelter.” Finally, one commented “I trust this shelter; it is the best and the most helpful one I have ever been in, the respect level is 100% and you actually get help and get well here.”

The needs of the men who entered shelter were diverse. The number of needs chosen at entry by each man ranged from nine to 28, with a mean of 17. The only need that was not chosen by any respondents was “help with my own arrest.” Table 25 below provides the details.

**Table 25**

<b>Needs at Entry</b>	<b>% who said yes</b>
Emotional support	100
Making connections to people who can help me	100
Safety	89
Housing	89
Learning about my options	89
Dealing with stress	89
Paying attention to my own needs	89
Counseling	89
Safety planning	78
Understanding about domestic violence	78
Leaving my relationship	78
A job/job training	78
Transportation	78
My health issues	78
Education/school for myself	44
Reconnecting with my community	44
Paying attention to my children's needs	33
Budgeting/managing money	33
Restraining order	33
My abuse-related injuries	33
Safety for my children	22
Support from other women	22
Education/school for my children	22
Welfare/TANF	22
Child care	22
Child protective services	22
Child welfare system	22
Counseling for my children	22
Responding to my children when they are upset or causing trouble	11
Non-TANF benefits	11

**Table 25. continued**

<b>Needs at Entry</b>	<b>% who said yes</b>
Divorce	11
My children’s health issues	11
Custody	11
Disability-related issues	11
My abuser’s arrest	11
Immigration	11

Shelter stays for these men varied from 4 to 46 days, with a mean of 22 days. At exit, they were given the same list of needs they had received at entry and asked which needs they had wanted help with and which needs had been met. The average number of needs chosen was 26. The lowest number of needs chosen by an individual was 15, and the largest number was 38. Table 26 below and on the next page lists all of the needs.<sup>o</sup> The bolded items are those that were needed by 100% of the men surveyed. Of those ten needs, the men received all of the help they needed with five, and all or some of the help they needed with eight.

**Table 26**

<b>Need</b>	<b>% of total who wanted</b>	<b>% who got all wanted</b>	<b>% of those who wanted who got some</b>	<b>% who got some or all help</b>
<b>Safety</b>	100	100	0	100
<b>Understanding about domestic violence</b>	100	83	17	100
<b>Paying attention to own needs</b>	100	100	0	100
<b>Learning about options and choices</b>	100	100	0	100
<b>Emotional support</b>	100	50	50	100

<sup>o</sup> It is important to remember that Shelter 2 was completed by just 6 men, so these data should be interpreted with extreme caution.

**Table 26, continued**

<b>Need</b>	<b>% of total who wanted</b>	<b>% who got all wanted</b>	<b>% of those who wanted who got some</b>	<b>% who got some or all help</b>
<b>Counseling</b>	100	67	33	100
<b>Housing</b>	100	100	0	100
<b>My own arrest</b>	100	100	0	100
<b>Making connections with people who can help me</b>	100	83	0	83
<b>Dealing with feelings that upset me</b>	100	67	17	83
Safety planning	83	80	20	100
Leaving my relationship	83	60	40	100
Support from other women	83	80	20	100
Reconnecting with my community	83	60	40	100
A job/job training	83	80	20	100
Non TANF benefits	83	60	20	80
My own health issues	83	40	20	60
Handling stress	83	60	0	60
Restraining order	67	75	25	100
Child welfare services	67	100	0	100
Child protective services	67	100	0	100
Connections to my faith community	67	100	0	100
Welfare/TANF	67	50	50	100
Transportation	67	50	25	75
Budgeting/managing money	67	75	0	75
Safety for my children	50	100	0	100
Paying attention to my children's needs	50	100	0	100
Responding to my children when they are upset or causing trouble	50	100	0	100
Custody	50	100	0	100
My abuser's arrest	50	100	0	100
Education/school for my children	40	100	0	100
Health issues for my children	33	100	0	100
Immigration	33	100	0	100

**Table 26, continued**

<b>Need</b>	<b>% of total who wanted</b>	<b>% who got all wanted</b>	<b>% of those who wanted who got some</b>	<b>% who got some or all help</b>
Abuse-related injuries	33	100	0	100
Counseling for my children	33	100	0	100
Divorce	33	50	50	100
Education/school for myself	33	100	0	100
Child care	17	100	0	100

Participants in the study were asked about nine short-term outcomes. The six men in the study at exit responded as follows:

- 100% believed that they knew more ways to plan for their safety.
- 100% felt more confident in their decision making.
- 100% felt they could achieve goals they set for themselves.
- 100% were more hopeful about the future.
- 100% were more comfortable asking for help.
- 100% felt they knew more about their options.
- 100% felt they could do more things on their own.
- 83% knew more about community resources.
- 83% felt more comfortable talking about things that bothered them.

Exiting residents were asked to respond to nine questions about the respect shown them by staff. All of the men who responded agreed or strongly agreed with all items (see Table 27 below).

**Table 27**

<b>Respect shown by staff</b>	<b>% who strongly agree</b>	<b>% who agree</b>	<b>% who strongly agree or agree</b>
Shelter staff were supportive	60	40	100
Shelter staff treated me with respect	60	40	100
Shelter staff talked enough about safety	60	40	100
Shelter staff talked enough about children's safety	50	50	100
Shelter staff addressed needs related to youth or advancing age	50	50	100
Shelter staff addressed needs of disability	50	50	100
Sexual orientation was respected	60	40	100
Religious views were respected	60	40	100
Racial background was respected	60	40	100

Out of the list of 18 problems that could have occurred in the shelter, only two were experienced by the men in the sample. One experienced a problem with another shelter resident and one experienced a problem with transportation. Both were resolved.

Overall, 67% of the men who participated in the Shelter Study rated the services they received as very helpful. One person rated it as helpful, and one person rated it not at all helpful. Fifty percent would strongly recommend the shelter to a friend, 33% would recommend it to a friend, and one person would strongly recommend a friend not come. The comments for the men’s overall ratings included a comment that the shelter was “very kind, respectful, and patient” and “Do you love it, because I love these staff.”

### **Relationship Between Shelter Size and Shelter Experiences—All Respondents**

Many differences were found upon exit depending on the size of the shelter in which the survivor had stayed. These differences included variations in length of stay, problems



experienced, type of needs met, and overall rating of help received.

**Days stayed.** Both staff size and capacity were slightly but positively correlated with the number of days stayed, with a correlation of .097 for staff size and .077 for number of beds.

**Needs met.** Most needs were met at a statistically similar level regardless of the bed capacity or staff size of the shelter in which the survivor resided. There were two exceptions:

transportation and TANF benefits. Survivors at the smallest shelters (1-5 staff members) were most likely to say they got all of the help they needed with transportation (73%). Survivors in larger shelters were less likely to get all the transportation help they needed, with only 48% of those at shelters with 16-20 staff members and 64% of survivors at shelters with 21-30 staff members responding in the same way. Regarding TANF benefits, the medium sized shelters were most likely to provide all the help needed, with 73% of survivors at shelters with 11-20 beds and 71% of survivors at shelters with 21-30 beds getting all the help they needed.

Survivors in the smallest shelters still got some assistance, with 59% getting all the help they needed and 37% getting some of the help they needed. At the largest shelters, those with 41 or more beds, 67% got all the help they needed and 14% got some of the help they needed, while the remaining 19% reported getting none of the help they needed. The next largest group of shelters (31 to 40 beds) had 59% of survivors respond that they got all the help they needed, 15% got some, and 26% replied they had not received any help with TANF benefits.

**Problems encountered.** As the size of a shelter increased, the survivors who had been in that shelter were more likely to report some problems. In shelters with less than 5 staff members, only 6% of residents experienced problems getting to their jobs, whereas 13% of those in shelters with 21 or more staff experienced that problem. Only 9% of survivors in

shelters with less than 10 beds, or less than five staff members experienced food-related problems, compared to 20% of those in shelters with more than 40 beds or more than 20 staff.

Three percent of survivors in shelters with less than 10 beds and 4% of survivors in shelters with less than five staff experienced problems with language or communication, compared to 9% of those in shelters over 40 beds and more than 20 staff. Getting around in the shelter was a concern for 2% of those in shelters with less than 5 staff, 8% of those in shelters with 16-20 staff, and 6% of those in larger shelters. Finally, problems with privacy were more likely in larger shelters, with only 7% of those in shelters with less than 10 beds and 11% of those in shelters with less than 5 staff reporting privacy issues, but 21% of those in shelters with 31-40 beds and 27% of those in shelters with 16-20 staff having trouble finding space for themselves.

**Outcomes/Rating of stay.** Survivors from larger shelters were more likely to say their children had more understanding about what had been happening, ranging from 70% of those in the smallest shelters to 83% biggest (more than 41 beds). This was the only outcome that was correlated with size.

Survivors in the smallest (1-10 beds) shelters were more likely to report they would strongly recommend a friend come (86%) than those in the largest shelters (those with more than 40 beds), who would strongly recommend a friend come to the shelter 74% of the time. Survivors in shelters with least bed capacity were more likely to strongly agree staff were supportive than survivors in the largest shelters (78% to 67%). As staff size went up, the percent of survivors who strongly agreed with the following statements all decreased: staff treated them with respect, staff were supportive, staff talked enough about safety, religious

views were respected, sexual orientation was respected, racial orientation was respected, and needs related to youth or age were respected.

Clearly, shelter size was related to differences in residents' experiences. Perhaps ironically, in many ways responding survivors from smaller shelters felt better about their stay.

## **CONCLUSIONS:**

### **Discussion**

The detailed findings just reviewed provide substantial new and current information about residential shelters and the survivors of domestic violence they serve in eight states. Many shelter programs have substantial bed capacity, and offer a wide range of services. The results clearly demonstrate the range of programs in these states and across the country, the complexity of survivors' needs, and the vital importance of the services provided.

## **Programs**

Shelter programs today offer more than safe places for survivors and their children to stay. They also provide a range of specific services, as well as advocacy. Out of a list of six types of services programs could indicate they offered, the median number was five. Nearly all offered the traditional support groups, crisis counseling, and individual support and counseling. Half or more offered specialized services for parents and children. In addition, 5% volunteered that they provide batterers' treatment and 4% noted that they offer substance abuse services. These were among a lengthy set of specialized services that were not on the list provided, but were added by program staff.

Out of a list of nine types of advocacy, the median number the sampled programs offered was eight. The range of advocacy demonstrates the complexity of survivors' needs and the systems' knowledge shelter staff must have. Nearly all of the programs, understandably, offered housing-related advocacy. Four out of five or more offered court (both civil and criminal), health and TANF (welfare) systems' advocacy. These systems are the ones involved in the areas of need most commonly identified by survivors in the study. In addition, nearly three-quarters or more of the programs provide advocacy related to jobs, child protection/welfare, immigration issues and divorce or custody. This set of services indicates the variety of issues

survivors need help with as they work to enhance safety and well-being for themselves and their children. It is all the more notable that these services are provided, in many cases, by programs that do not have large numbers of staff (a quarter of them have seven or fewer).

Programs also report that their staff are diverse. Out of an average of over seventeen staff, nearly three are African American and nearly that number are Hispanic/Latina. Eighty-two percent have staff (and 49% have volunteers) who are fluent in at least one language other than English; 72% of the programs in the sample have staff who speak Spanish, in particular. Some programs have substantial numbers of staff of color: the maximum number of African American staff in a single program was 41; the corresponding maximums were 22 for Hispanic staff, 18 for Asian/Pacific Islander staff, 15 for Native American staff, and 5 for multiracial staff. Diversity, as well as additional specialized services, is most pronounced among programs located in urban areas. Nonetheless, the distribution of program staff race/ethnicity *overall* does not match that of the survivors served: 65% of staff are White, compared to 52% of the sampled survivors. These data suggest that domestic violence programs that have shelters have increased their ability to respond to survivors from diverse backgrounds, relative to previous concerns raised by researchers and advocates.<sup>28</sup>

The programs also report higher rates of accessibility to people who have physical and other types of disabilities than had been indicated in previous research. Nearly all reported that they had accommodations for at least one of the five major types of disability, and 93% indicated they could accommodate people with physical disabilities—a substantially higher percentage than the 67% found in a previous study.<sup>29</sup>

## Getting to Shelter

Survivors had learned about the shelter from advocates more than any other source. It is notable that nearly a quarter had heard about the program from police. This is likely attributable to the extensive legal systems advocacy undertaken by domestic violence programs since the passage of the Violence Against Women Act (VAWA). Informal sources, such as friends and family, were also prominent sources of information about shelter for survivors.

Data on when survivors had learned about shelter before coming to it are also important. A quarter had only heard about it within the previous day or two—a clear reflection of the immediate crisis many of them face before they go to shelter. In contrast, however, more than a quarter had first learned about the shelter more than a year before their current stay. This time lapse supports growing advocate awareness of survivors' use of advanced safety planning,<sup>30</sup> especially since it is not explained by a previous shelter stay: 46% of this group had not stayed at the shelter before. In fact, 13% of the total number of survivors who completed Shelter 1 had first heard about the shelter more than a year before but not previously stayed there. Similarly, 76% of the survivors who had learned about the shelter between six months and a year prior to coming had not stayed there previously.

However, nearly a quarter of the total group *had* stayed at the shelter before, and more than half (58%) had last stayed there more than a year previously. This is a further reflection of the complexity of survivors' lives, and is compatible with studies that have found that current shelter residents have stayed at shelters in the past. Tutty's recent study of 368 residents in 10 shelters in Canada, for example, found that 60% had stayed in a domestic violence shelter

before.<sup>31</sup> In general, studies have found that women who eventually leave their abusive relationships have often left several times before departing permanently.<sup>32</sup>

A substantial portion (9%) of the survivors who completed Shelter 1 reported that they had tried to stay at the shelter before, but had been unable to do so. The primary reason was that there was no room: a clear indication of the ongoing need for shelter services. Other reasons, however, included fear, lack of transportation, or ineligibility due to admission criteria. Those are all issues that programs might be able to address in some way, at least partially.

A quarter of the survivors also indicated that they had concerns about coming to shelter: fear of the unknown, stigma, living with strangers, meeting basic needs and the impact of being there on their abusive partner's behavior. Survivors clearly do not enter shelter without feeling a strong need to do so. These concerns were more fully elaborated in this study, but are similar to those found in both pilots of these instruments, and in Tutty's Canadian study.<sup>33</sup>

Survivors' descriptions of what they would have done if the shelter did not exist were especially poignant, and speak eloquently to the importance of this resource. They wrote that they would be homeless, lose everything (including their children), face continued abuse or death, or try another action in desperation (although most were not sure what that might be). The dire alternatives many of them faced were more than enough to overcome any concerns they had.

Finally, survivors responded to questions about their shelter entry experiences. More than 90% reported that staff made them feel welcome and treated them with respect. Those are quite positive, and are the two elements that programs can most easily control. Survivors



were least likely to report that the other residents made them feel welcome, although 71% did. Although other residents are not expected to offer a welcome, its absence can affect a survivor's first impression of a situation about which some had concerns.

It is notable that the Asian/Pacific Islander survivors in the sample were rather consistently less comfortable with their entry experience than those from other racial/ethnic backgrounds. They were somewhat more likely than others to report that none of the positive initial experiences listed had been true for them, and had lower ratings of all items except feeling welcomed by other shelter residents (where African American survivors had lower ratings). Although these numbers are statistically significant, the sample did not include a large number of Asian/Pacific Islander survivors (just 1% of the sample), and therefore these tentative findings should be examined further in future research.

## **Services Wanted and Received**

The service needs checklists provide ample evidence of survivors' multiple and complex needs. An average of 14 needs were checked on Shelter 1, and 21 were scored as having been wanted on Shelter 2. Looked at in another way, 14 of the 38 needs listed were checked by half or more of the respondents to Shelter 1, and 21 were indicated by half or more of the respondents to Shelter 2. The majority of the most common needs were related to immediate safety, information, help with emotional issues, connections and housing. Substantial portions of this study's respondents, however, had more specific needs related to particular issues or systems. This pattern of focus on immediate safety and basic needs is consistent with Tutty's Canadian study, although that research did not ask about needs for help with many of the systems that were covered in this study.

It is notable that help with leaving the abusive relationship was selected by less than half of respondents to Shelter 1. Help with leaving the relationship has been an assumed desire of women in shelter, historically. On Shelter 2, 79% of the respondents indicated they had wanted help with leaving. Further, the comparison for survivors who completed both forms showed an increase from 48% to 77%. These data clearly suggest that, after they have learned more about community resources and available alternatives to living with abuse, survivors are more interested in help with leaving their relationship.

It is also worth noting that help with restraining orders was checked by just 25% of survivors on Shelter 1, and 52% said they had wanted that help on Shelter 2. Substantial increases were also found when responses to this item were compared for survivors who had completed both forms. It may be that once they are in shelter, residents learn more about this option and decide that it will be useful to them. The same principle may well account for at least some of the other increases, and reflect an educational benefit of shelter. It is notable that Tutty also found increases in needs reported by survivors at exit.<sup>34</sup> Survivors may come to value many types of help they needed from the start, but were unaware were available.

More in-depth analysis of needs from Shelter 1 revealed patterns of significant differences, particularly by race/ethnicity, education level, and age. African American survivors were more likely than others to want help with finding affordable housing, paying attention to their own wants and needs, budgeting or handling money, and education/school for themselves. Hispanic/Latinas were more likely than others to want help with TANF, abuse-related injuries, restraining orders, and help with responding to their children when they are upset. Asian/Pacific Islanders were more likely than others to want help with understanding

domestic violence, restraining orders, obtaining a divorce, immigration issues, education/school for their children, child protection and child welfare system issues, counseling for their children, health issues for their children, and custody/visitation issues.

When education was significantly associated with a particular need, most commonly those with an 8<sup>th</sup> grade education or less were most likely to indicate the need, and those with college or advanced degrees were least likely to do so. This pattern was shown for finding affordable housing, job or job training, budgeting or handling money, transportation, education/school for themselves, health issues, TANF benefits, abuse-related injuries, disability-related issues, education/school for children, health issues for children, and custody-visitation issues. Most of these patterns appear to be associated, as well, with economic need, which was not measured directly in this study.

Similar detailed analyses examined patterns in receiving the help that survivors wanted. Although there were fewer significant differences, again, the most common patterns were found across race/ethnicity, education and age. Here, what is most important to understand is who did not get the help they wanted. Native American survivors were more likely than others to report they got no help with understanding domestic violence, divorce-related issues, education/school for themselves, but they were more likely than others to say they got all the help they wanted with their abusive partner's arrest, paying attention to their children's wants and needs, and divorce-related issues. Asian/Pacific Islanders were more likely than others to say they got no help with education/school for themselves (equal to reports from Native American respondents). In contrast, African American survivors were more likely than others to

report they got all the help they wanted with understanding domestic violence and education or school for themselves.

Survivors with less than an 8<sup>th</sup> grade education were most likely to report that they had received the help they wanted, and those with advanced degrees were least likely to report they got what they wanted. This pattern was found for safety planning, handling stress, budgeting and handling money counseling for children, and child welfare system issues.

Finally, a survivor's age was associated with getting the help they wanted. The youngest and oldest were least likely to get all the help they wanted with paying attention to their own wants and needs. In contrast, survivors age 18-24 were most likely to say they did not get any help with transportation. Survivors age 35-49 were least likely to report they got all the help they wanted with immigration issues, while all of those age 50-64 said they got such help. Although these differences by age are significant statistically, their substantive meaning is less clear.

## **Services Measures**

The two factor analyses reported in the previous section indicate significant item clustering. Although the eight factors shown for the two surveys do not contain identical items, they are very similar conceptually and specifically. This is promising for thinking about creating new measures with fewer items, or for creating indices or scale measures from individual factors for other, more specific, studies.

## **Outcomes of Shelter Stay**

Survivors rated the outcomes for their shelter stay quite highly. Across the nine items, positive indicators ranged from 93% to 85%. These items are a combination of measures of

confidence, information, and emotional well-being (hope and comfort talking about troubling issues). While positive ratings were significantly correlated with one another across items, some were more strongly associated than others. For example, the overall rating of staff respect was most strongly associated with staff support (.857); talking about safety in general and children's safety in particular were strongly correlated, as well (.882)

It is encouraging that the only variable significantly associated with differences in these outcomes was length of stay in the shelter: the longer a survivor had been in shelter, the more likely s/he was to report these outcomes. Unlike measures of services, these outcomes did not vary significantly by race/ethnicity, age, or education. The same was true for the outcomes the mothers ascribed to their children. Across the three child-focused outcome measures, the positive responses ranged from 84% to 77%—again quite high. The items related to children having a better understanding of what had been happening at home and feeling more supported were also positively associated with length of stay.

The open-ended responses again add depth to the quantitative measures. It is clear that at least some survivors did not hesitate to be critical in response to these questions; this variation enhances the credibility of the overall findings. Although some were negative, the majority were quite positive, and demonstrated some of the myriad ways survivors thought their time in the shelter had been helpful to them.

## **Difficulties in Shelter**

Much of the final page of the Shelter 2 survey was devoted to potential problems survivors might encounter during their shelter stay—an issue not addressed as explicitly in previous studies. The most common problem reported was “conflict with other residents,”

indicated by nearly a third. Transportation was cited by about a quarter, and other issues were prominent, as well. The most common problems with rules noted by survivors were time limits, curfew, child discipline, and chores. In addition to reporting problems, survivors were asked to indicate the extent to which the problems had been resolved. Here, too, there was variation: nearly three-quarters of the conflicts with residents were resolved, but just over half of transportation problems. Nearly half of the survivors who indicated that rules about not admitting teen boys had been a problem also noted they had not been resolved.<sup>p</sup> This was also true for the small percentage of survivors who wrote that their customs had not been respected—nearly two out of five of these problems remained unresolved. Difficulties with conflicts over child discipline, time limits in shelter, and conflicts with other residents or staff varied with length of stay: in general, the longer a survivor stayed in shelter, the more likely difficulties were to occur—especially conflicts among residents. Fifty-seven percent of those who stayed three months or more reported such conflicts. Notably, however, indications of problems did not vary by age, race/ethnicity, education, sexual orientation, or maternal status—they were experienced similarly across these groupings.

Again, these indications of difficulties add credibility to other, more positive, findings. Respondents were clearly willing to be critical. The problems they indicated are also quite familiar to shelter advocates, and represent issues on which shelter staff can work toward improvements.

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<sup>p</sup> It bears repeating here that shelters have historically adopted these rules in response to incidents of violence by teen boys or fear among residents. Many states and local programs are currently reassessing these rules and trying to find non-exclusionary alternatives to address the underlying issues.

## **Ratings of Shelter Stay**

Survivors' over all ratings of the helpfulness of their shelter stay were also quite high, as were their indications that they would recommend the shelter to a friend who found her/himself in need of this resource. Although these ratings were significantly and positively correlated with the findings for respect and support, the strongest association was with general staff supportiveness (.606). Again, there were no significant differences across any of the demographic variables. This, too, is encouraging, in light of the common differences found for service needs.

## **Language Differences**

A comparison of responses among survivors who identified as Hispanic/Latina/o between those who completed the survey in English and those who completed it in Spanish revealed a pattern of differences. Compared to those who completed the surveys in English, the survivors who completed it in Spanish had less education, were more likely to have children, had more child-related needs, more needs over all, more concerns about contacting the shelter, stayed in shelter longer, rated their shelter stay more favorably, and came from Census regions where the population had somewhat higher socio-economic status. Such comparisons have not been reported previously, but indicate the clear importance of increasing research accessibility across potential language and other barriers.

## **Male Respondents<sup>q</sup>**

Although only 13 men completed surveys, their responses were analyzed and reported separately to contribute information that has not previously been available. Clearly, it must be interpreted with caution. In general, the men had similar needs and experiences to those reported by the women, although just two of them had children with them in shelter. The men stayed in shelter a similar length of time, reported similar outcomes, and rated their experience highly. Although comparable data for men in shelter has not been reported by other studies, other sources have begun to include this information explicitly.<sup>35</sup>

## **Shelter Size and Shelter Experience**

Analyses of the relationship between staff and shelter size and survivors' experience are among the unique findings of this study. It might seem that having more staff would increase the comprehensiveness of available services, and contribute to meeting more of survivors' needs. Instead, to the extent there were differences, study respondents reported fewer problems in smaller shelters. Transportation was less frequently cited as a problem, in particular. The only outcome that was significantly more positive in the largest shelters was that mothers reported their children to have a better understanding of what had been happening at home. Of course, the larger shelters were more concentrated in urban areas, so this may be a contributor. Nonetheless, shelter staff might consider maximizing ways they can create a "home-like" feel, and limit rules and schedules to the extent they can.

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<sup>q</sup> It must be repeated here that, while men receive a wide range of services from domestic violence programs, their needs for emergency housing are more typically met through motel vouchers or safe homes, and less commonly through the shelters that were the focus of this study.



## Study Limitations

Several issues have emerged. First, the items on the services needs checklist have not been formally validated. However, other recent studies<sup>36</sup> have used many similar items, including some with the identical wording. Further, several states and local programs have adopted the forms modified from the “Documenting Our Work” surveys, as have programs in Ireland and elsewhere. These items have been retained after extensive dialogue with advocates and testing with local survivors over several years. Face validity is strong.

It is unfortunate that services related to substance abuse were not included on the checklist. During piloting of these instruments advocates felt that, since rules in many shelters excluded survivors with current substance abuse problems, they would not admit to needing help with this issue and the data would be compromised. Since more shelters are enhancing their capacity to address substance abuse issues, such information would be valuable at this juncture.

Other measurement issues include adding “internet” as a source of information about the shelter, and changing some of the language to be more gender-neutral. Although only 13 respondents in this study were male, more shelters continue to expand the options and arrangements for accommodating men, and this is likely to continue. Therefore, rewording language about survivors (as in the item describing the shelter entry experience: changing it from “women like me” to “people like me”) to be sure it reflects these growing changes will allow all survivors to feel confident that the questions are relevant to their experiences.

Although some advocates and researchers would have liked more information about details of survivors’ abuse histories or other background variables, managing the length of

these surveys was challenging enough. Drawing on the factor analyses, some of the items on the checklists could be eliminated to allow other items to be added. Additional services should also be considered for program descriptions, drawing on the types of services included in the “other” category.

Although substantial efforts were made to be inclusive, with eleven translations and arrangements made with the Hotline so that literacy barriers in other languages could be overcome, they were not as productive as hoped. It is likely that pressures and limitations faced by bilingual and bicultural program staff contributed to the underutilization of these alternatives. Some advocates have suggested that the length of the checklists was daunting, particularly for survivors with the least education. Although this may have posed some limitation, it is notable that more than a quarter of respondents had not completed high school, and these survivors comprised an even larger percentage of those who completed both surveys. Nonetheless, additional steps might be taken with staff training in study implementation to increase responses from those with literacy, language, and cultural issues. These efforts are particularly important in the context of turnover experienced in coalition and program staff, which occurred during this study and are inevitable.

Finally, the outcomes reported do not extend beyond the conclusion of the immediate shelter stay. They are self-reports of survivors’ perceptions, and cannot address the issue of longer-term safety and well-being. Other studies, however, have identified these immediate outcomes as the ones most strongly associated with positive longer-term safety and well-being.<sup>37</sup> Further, data on survivors’ needs and experiences, across diverse circumstances, is a valuable contribution, and was the goal of this study.

## **DISCUSSION:**

### **Implications**

This study has provided a wealth of information about shelters for people who have experienced domestic violence: the services they offer, the people they serve, and residents' experiences coming to and living in them. The large sample size, the inclusion of 81% of the shelter programs from eight states, the variety of circumstances in which the shelters are located, the characteristics of the geographic regions covered (for example, the rate of poverty), similarities of many demographic characteristics with those reported in other contexts, and the consistency of findings with the limited number of similar (if smaller) studies contribute to seeing it as a reasonable reflection of shelters across the nation.

The first and clearest implication of this study is that domestic violence shelters serve a critical need for people who have experienced abuse. The survivors who turn to domestic violence shelter programs have limited or no safe, supportive alternatives to their shelter stay. Without access to shelter, the survivors report that their situations would be dire: they would face substantial losses or continued abuse. The results also demonstrate that shelters have a wide variety of educational, emotional, psychological, attitudinal and concrete benefits to residents, including changing their understandings of what they need in order to live safer and more fulfilling lives.

The study also suggests that the services provided to residents (as well as non-residential program clients) have grown over time (although comprehensively comparable data from earlier points does not exist) and become more comprehensive, in response to awareness of needs. Shelter programs currently have more capacity to accommodate adults and children with disabilities, offer multi-lingual services, and provide advocacy with most of the collateral institutions in local communities that survivors need to access than indicated in prior research.

These efforts should continue, either through provision of services directly by program staff or through collaboration with well-trained community agencies. Strategies to address survivors' emotional/mental health needs (measured in various ways in this study), physical health issues, housing, educational and economic issues, as well as substance abuse (not measured here, but a theme in qualitative responses) are particularly important, as these were the prominent needs identified and reported by study respondents as not being fully met. Since many of these issues are beyond the capacity of shelter programs to address alone, the need for collaborative community solutions is clear.

Survivors' concerns about their children were also a prominent theme. Some had hesitated to come to shelter because of concerns about the impact on their children. Among mothers, needs related to their children were among the highest of all needs indicated. Conflicts related to children were among the most frequently mentioned by shelter residents, and improvements in their children were among survivors' greatest sources of satisfaction. These services remain critical, as well.

The study also shows that some survivors struggle with some shelter rules related to eligibility for admission (such as survivors with teenage boys or arrest records being admitted), what they must do while they are in residence (such as curfew and chores), and how long they may stay. These findings support programs' reconsiderations of some of these, and indicate that programs should find ways to allow for more consideration of the nuances of individual circumstances.

Staff training in conflict resolution, while common in programs across the country, might be offered more frequently or widely. Given the frequency of reports of conflicts arising within

shelters, expanded training on conflict resolution or other approaches with shelter residents might be worth program consideration.

Diversity issues were common in the dimensions of shelter experience addressed in this study. Some differences in needs by race/ethnicity were documented, and problems with lack of respect for customs were among the least likely to be resolved. Differences in survivors' experiences by race/ethnicity in first impressions were particularly notable. Again, while most programs provide diversity training, making it more widespread, more frequent, or particular to the backgrounds of residents may be warranted. Certainly, efforts to expand staff diversity and to create working environments supportive to all staff should be continued.

Although longer-term outcomes could not be collected within the scope of this study, other research supports the findings of extensive support, increased knowledge and increased confidence and hope found here.<sup>38</sup> These are steps on the longer-term path to increased safety and well-being, as identified in an experimental study that found social support and access to community resources were key factors.<sup>39</sup> Similarly, a retrospective study of survivors' safety planning found that staying at a domestic violence shelter was one of the two strategies that was most likely to make their situation better (the other was contacting a domestic violence program).<sup>40</sup> Coupled with survivors' reports in this study of the likely dire consequences of not having a shelter available, the positive immediate outcomes also argue for continued funding for shelters. In addition, survivors' concerns about the difficulties making needed changes when shelter time-limits are short, support efforts to extend length of stay or allow for more individual flexibility; follow-up services would also reinforce survivors' gains and improve prospects for positive longer-term outcomes.<sup>41</sup>

Finally, further and continued research efforts should be pursued. The comparison of responses in English and Spanish among survivors who identified as Hispanic/Latina underscore the importance of accurate translations of all instruments used in research with domestic violence survivors. Gender-neutral language on instruments is also critical. Researchers on this project received personal letters and heartfelt notes and comments applauding this study. It is vital to obtain more feedback from survivors on these and other services, such as support groups, counseling and advocacy. Shelters clearly provide crucial services. Much more can be learned to improve them and the other services provided by domestic violence programs, and thereby the lives of the survivors and children they serve.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

## **Appendix A**



## Shelter Resident Survey--#1

State code: \_\_\_\_\_

Program code: \_\_\_\_\_

**Thank you for your help. Although doing this is voluntary, your answers to these questions will help us and other shelters improve our services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are anonymous and very important to us. Please do this as soon as you can. When you have finished, please put this survey in the stamped, addressed envelope you were given and seal it; then put it in the place the shelter staff showed you, for mailing.**

\_\_\_\_ \_ (Please write in the first 2 letters of your mother's first name, and the first 2 numbers of your most recent address, e.g. WE17. **No one** will be able to connect this information with you, but it will help us to better meet residents' needs. If you still do not feel comfortable with this, **please** use two letters followed by two numbers that you will remember and can use again later; you will be asked to answer similar questions again later.)

1. Where have you heard about this emergency shelter? (*please check all that apply*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> telephone book         | <input type="checkbox"/> domestic violence (DV) advocate, incl. other DV shelter | <input type="checkbox"/> people in court       |
| <input type="checkbox"/> family member          | <input type="checkbox"/> people from my religious/spiritual community            | <input type="checkbox"/> health care provider  |
| <input type="checkbox"/> police                 | <input type="checkbox"/> child protective services staff                         | <input type="checkbox"/> TANF (welfare) staff  |
| <input type="checkbox"/> friend(s)              | <input type="checkbox"/> social service agency staff, incl. homeless shelter     | <input type="checkbox"/> flyer/brochure/poster |
| <input type="checkbox"/> mental health provider | <input type="checkbox"/> other (where?) _____                                    |  |

2. When was the **first** time you heard about this shelter?

- a day or two ago       more than a day or two, but less than a month ago  
 between a month and a year ago       more than a year ago

3. Have you ever stayed at this shelter before?  no       yes      (*If yes*): How long ago did you stay here?  
 in the past 6 months       6 months to a year ago       more than a year ago

4. When you decided to come here, what did you think this shelter would do for you?

\_\_\_\_\_

5. Did you have any concerns about contacting this shelter?  no       yes      (*Please describe your concerns*):

\_\_\_\_\_

6. Have you ever tried to stay at this shelter in the past and not been able to do so?  no       yes

*If yes*: What was the reason you couldn't stay here? \_\_\_\_\_

\_\_\_\_\_

7. Please check all of the following that were true for you when you **first arrived** here this time:

- |   |   |
|---|---|
| <input type="checkbox"/> the staff made me feel welcome       | <input type="checkbox"/> the staff treated me with respect        |
| <input type="checkbox"/> the space felt comfortable           | <input type="checkbox"/> it seemed like a place for women like me |
| <input type="checkbox"/> the other women made me feel welcome | <input type="checkbox"/> none of these choices were true for me   |

8. What do you think you would have done if this shelter didn't exist? \_\_\_\_\_

\_\_\_\_\_

--over, please--

9. While I'm here I hope I can get help with (*check all that apply to you; there are no "right" answers*):

- |   |  |
|---|--|
| <input type="checkbox"/> safety for myself  | <input type="checkbox"/> transportation                  |
| <input type="checkbox"/> safety for my children   | <input type="checkbox"/> support from other women        |
| <input type="checkbox"/> learning about my options and choices                            | <input type="checkbox"/> a job or job training           |
| <input type="checkbox"/> paying attention to my own wants and needs                       | <input type="checkbox"/> counseling for myself           |
| <input type="checkbox"/> paying attention to my children's wants and needs                | <input type="checkbox"/> counseling for my children      |
| <input type="checkbox"/> understanding about domestic violence                            | <input type="checkbox"/> emotional support for myself    |
| <input type="checkbox"/> safety planning  | <input type="checkbox"/> health issues for myself        |
| <input type="checkbox"/> education/school for myself                                      | <input type="checkbox"/> health issues for my children   |
| <input type="checkbox"/> education/school for my children                                 | <input type="checkbox"/> my abuse-related injuries       |
| <input type="checkbox"/> reconnecting with my community                                   | <input type="checkbox"/> leaving my relationship         |
| <input type="checkbox"/> budgeting & handling my money                                    | <input type="checkbox"/> TANF (welfare) benefits         |
| <input type="checkbox"/> child protection system issues                                   | <input type="checkbox"/> other government benefits       |
| <input type="checkbox"/> child welfare system issues                                      | <input type="checkbox"/> issues related to my disability |
| <input type="checkbox"/> ideas for handling the stress in my life                         | legal system/legal issues (which?)                       |
| <input type="checkbox"/> connections to other people who can help me                      | <input type="checkbox"/> protective/restraining order    |
| <input type="checkbox"/> finding housing I can afford                                     | <input type="checkbox"/> my abuser's arrest              |
| <input type="checkbox"/> responding to my children when they are upset or causing trouble | <input type="checkbox"/> my own arrest                   |
| <input type="checkbox"/> child care   | <input type="checkbox"/> custody or visitation questions |
| <input type="checkbox"/> other ( <i>what?</i> ) _____                                     | <input type="checkbox"/> divorce-related issues          |
|   | <input type="checkbox"/> immigration issues              |

***We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.***

10. I consider myself to be:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Hispanic/Latina | <input type="checkbox"/> Other (what?) _____ |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Multiracial     |  |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White           | _____  |

*If there is a particular ethnic background that is important to you, please identify:* \_\_\_\_\_

11. My age is:  17 or younger     18 – 24     25 - 34     35 – 49     50 - 64     65 or older

12. I have \_\_\_\_\_ minor children--age 17 or younger [*write in number of children you have under age 18*].

Please write in # of children with you in shelter in each age group: \_\_\_\_\_ under 1 year old    \_\_\_\_\_ 1 – 5 yrs.

\_\_\_\_\_ 6 – 12 yrs    \_\_\_\_\_ over age 12

13. I consider myself to be:

- heterosexual/straight     lesbian/gay     bisexual     other (*specify*): \_\_\_\_\_

14. The highest level of education I have so far is:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 8 <sup>th</sup> grade or less            | <input type="checkbox"/> High school grad or GED | <input type="checkbox"/> College grad    |
| <input type="checkbox"/> 9 <sup>th</sup> – 11 <sup>th</sup> grade | <input type="checkbox"/> Some college            | <input type="checkbox"/> Advanced degree |

15. My gender is:  female     male     transgender

**Thank you very much!!**

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## **Appendix B**

## Shelter Resident Survey--#2

State code: \_\_\_\_\_

Program code: \_\_\_\_\_

**Thank you for your help. Although doing this is voluntary, your answers to these questions will help us and other shelters improve our services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are anonymous and very important to us. Please do this right away, then put this survey in the addressed envelope you were given, seal it, and put it in the place the shelter staff showed you, for mailing.**

Approximate number of days you stayed in this shelter this stay: \_\_\_\_\_

\_\_\_ \_\_\_ (Write in the first 2 letters of your mother's first name, and the first 2 numbers of your most recent address, e.g. WE17. **No one** will be able to connect this information with you, but it will allow us to better meet residents' needs. If you still do not feel comfortable with this, **please** use two letters followed by two numbers that you will remember and can use again later. If you filled out survey #1, please use the same letters & numbers you used then.)

1. The following list describes different types of services you may have wanted, and may have received while you were in the shelter. Every woman wants and needs different things, so there are no "right" answers. Please rate *each* of the items on the list according to the help you received with:

3 = I got all of the help of this kind that I wanted  
2 = I got some of the help of this kind that I wanted  
1 = I wanted this kind of help, but I didn't get any  
0 = it doesn't apply to me—I didn't want or need this

- |  |  |
|--|--|
| ___ safety for myself  | ___ transportation                         |
| ___ safety for my children   | ___ support from other women               |
| ___ learning about my options and choices                            | ___ a job or job training                  |
| ___ paying attention to my own wants and needs                       | ___ counseling for myself                  |
| ___ paying attention to my children's wants and needs                | ___ counseling for my children             |
| ___ understanding about domestic violence                            | ___ emotional support for myself           |
| ___ safety planning  | ___ dealing with my feelings that upset me |
| ___ education/school for myself                                      | ___ health issues for myself               |
| ___ education/school for my children                                 | ___ health issues for my children          |
| ___ reconnecting with my community                                   | ___ my abuse-related injuries              |
| ___ keeping access to my faith community                             | ___ leaving my relationship                |
| ___ budgeting & handling my money                                    | ___ TANF (welfare) benefits                |
| ___ child protection system issues                                   | ___ other government benefits              |
| ___ child welfare system issues                                      | legal system/legal issues (which?)         |
| ___ ideas for handling the stress in my life                         | ___ protective/restraining order           |
| ___ connections to other people who can help me                      | ___ my abuser's arrest                     |
| ___ finding housing I can afford                                     | ___ my own arrest                          |
| ___ responding to my children when they are upset or causing trouble | ___ custody or visitation questions        |
| ___ child care   | ___ divorce-related issues                 |
| ___ other ( <i>what?</i> ) _____                                     | ___ immigration issues                     |

2. What about the shelter has made you feel most comfortable? \_\_\_\_\_

3. *Because of* my experience in the shelter, I feel (please check **yes or no**):

Yes	No		Yes	No
___	___	I know more ways to plan for my safety	___	___
___	___	I know more about community resources	___	___
___	___	more confident in my decision-making	___	___
___	___	more comfortable talking about things that bother me	___	___
___	___	that I will achieve the goals I set for myself	___	___
			___	___
			___	___
			___	___
			___	___
			___	___
			___	___

**Comments:** \_\_\_\_\_

4. *Because of* our time in the shelter, I think my children (check **yes or no**, or check “doesn’t apply—no children”):

Yes	No		Yes	No
___	___	are better able to express their feelings without violence	___	___
___	___	have more understanding of what has been happening at home	___	___
			___	___
			___	___
			___	___
			___	___
			___	___
			___	___
			___	___

**Comments:** \_\_\_\_\_

5. Please circle the number that best reflects your agreement or disagreement with the following statements:

	strongly agree	agree	disagree	strongly disagree	doesn't apply
Shelter staff treated me with respect.	4	3	2	1	0
Shelter staff were caring and supportive.	4	3	2	1	0
Shelter staff spent enough time talking about my safety	4	3	2	1	0
Shelter staff spent enough time talking about my children's safety	4	3	2	1	0
Over all, my religious/spiritual beliefs were respected.	4	3	2	1	0
Over all, my sexual orientation was respected.	4	3	2	1	0
Over all, my racial/ethnic background was respected.	4	3	2	1	0
Shelter staff helped address any needs related to my disability	4	3	2	1	0
Shelter staff helped address any needs related to my youth or advancing age	4	3	2	1	0

6. Over all, thinking about my stay here, I would rate the help I received at this shelter as:

\_\_\_ very helpful      \_\_\_ helpful      \_\_\_ a little helpful      \_\_\_ not at all helpful

**comments** \_\_\_\_\_

7. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)

\_\_\_ strongly recommend she come      \_\_\_ recommend she come  
 \_\_\_ recommend she not come      \_\_\_ strongly recommend she not come

**because:** \_\_\_\_\_

8. The shelter staff try to make your stay as helpful as possible. However, every woman's situation is different, and sometimes problems can occur, even in the best of programs. The list **on the next page** describes different types of problems you may have experienced while you were in the shelter. Please let us know about any problems you experienced, using the numbered ratings for *each* item on the list. Please be honest, and **add your comments!**

**Please put one of these numbers on the space next to each type of problem listed below:**

3 = this was not a problem for me	1 = this was a problem, and it was <u>not</u> resolved to my satisfaction
2 = this was a problem, but it was resolved	0 = this is not a rule or it doesn't apply to me

**A. Problems related to rules about--**

**Comments**

- Curfew \_\_\_\_\_
- Child care (what?) \_\_\_\_\_
- Child discipline and monitoring \_\_\_\_\_
- Chores \_\_\_\_\_
- Time limits on staying here \_\_\_\_\_
- Going to my job or school \_\_\_\_\_
- Telephone privileges \_\_\_\_\_
- Contact with my abusive partner \_\_\_\_\_
- Contact with family or friends \_\_\_\_\_
- Allowing teen boys to stay here \_\_\_\_\_
- Other (what?) \_\_\_\_\_

**B. Problems related to other concerns—**

- Conflicts with other women in shelter \_\_\_\_\_
- Conflicts with staff \_\_\_\_\_
- Lack of respect for my customs/practices \_\_\_\_\_
- Choices of food available \_\_\_\_\_
- Need for transportation \_\_\_\_\_
- Communicating (e.g. language barriers) \_\_\_\_\_
- Difficulties getting around in the shelter \_\_\_\_\_
- Finding privacy/space for myself \_\_\_\_\_
- Other (what?) \_\_\_\_\_

***We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.***

9. I consider myself to be:

- African American/Black
- Asian/Pacific Islander
- Native American/Alaskan Native
- Hispanic/Latina
- Multiracial
- White
- Other (what?) \_\_\_\_\_

*If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_*

10. My age is:  17 or younger     18 - 24     25 - 34     35 - 49     50 - 64     65 or older

11. I have \_\_\_\_\_ minor children (age 17 or younger). How many are with you here? \_\_\_\_\_ [# of children]

12. I consider myself to be:

- heterosexual/straight
- bisexual
- lesbian/gay
- other (please describe) \_\_\_\_\_

13. The highest level of education I have so far is:

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 11<sup>th</sup> grade
- High school grad or GED
- Some college
- College grad
- Advanced degree

14. My gender is:  female     male     transgender

**Thank you very much!!**

## Notes

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- <sup>1</sup> National Network to End Domestic Violence. (2007). Domestic violence counts: A 24-hour census of domestic violence shelters and services across the United States. Washington, DC: Author.
- <sup>2</sup> Schechter, S. (1982). *Women and male violence*. Boston: South End Press.
- <sup>3</sup> National Network to End Domestic Violence. (2007). Loc. cit. The survey found that 74% of the responding programs provided shelter. Their response rate was 69%.
- <sup>4</sup> Alcorn, S. (1984). *The support networks of battered women before and after shelter residence*. Retrieved from Proquest Dissertations and Theses. (AAT 3426237). Bowker, L. (1983). *Beating wife-beating*. Lexington, MA: Lexington Books. Bowker, L. H., & Maurer, L. (1985). The importance of sheltering in the lives of battered women. *Response to the Victimization of Women and Children*, 8, 2-8. Gondolf, E., and Fisher, E. (1988). *Battered women as survivors*. Lexington, MA: Lexington Books. Gordon, J. S. (1996). Community services for abused women: A review of perceived usefulness and efficacy. *Journal of Family Violence*, 11, 315-329. Pagelow, M. (1981). *Woman-battering*. Beverly Hills, CA: Sage. Sedlak, A.J. (1988). Prevention of wife abuse. In V. B. Van Hasselt, R.I. Morrison, A.S. Bellack, & M. Hersen (Eds.), *Handbook of family violence* (pp. 319-358). NY: Plenum Press. Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. New York: Anchor Press.
- <sup>5</sup> Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and the Family*, 8, 481-490.
- <sup>6</sup> Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19(7), 815-829. Gordon, J. S. (1996) Community services for abused women: A review of perceived usefulness and efficacy. *Journal of Family Violence* 11 (4) 315-329. Itzaky, H. and Porat, A. (2005). Battered women in shelters: Internal resources, well-being and integration. *Affilia*, 20(1) 39-51. Tutty, L. (2006). *Effective practices in sheltering women leaving violence in intimate relationships: Phase II*. Final report to the YWCA Canada. Tutty, L. M., Weaver, G., & Rothery, M. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5(8), 898-925.
- <sup>7</sup> Bybee, D. I., & Sullivan, C. M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, 30(1), 103-132. Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126-143). London: Jessica Kingsley Publishers. Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53.
- <sup>8</sup> Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. *Violence Against Women*, 10(5), 514-533.
- <sup>9</sup> McNamara, J., Tamanini, K., & Pelletier-Walker, S. (2008). The impact of short-term counseling at a domestic violence shelter. *Research on Social Work Practice*, 18(2), 132-136.

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- <sup>10</sup> Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. *Issues in Mental Health Nursing*, 26(6), 575-590.
- <sup>11</sup> Koe, A. (2001) Economic advocacy for survivors of domestic violence. *Affilia* 16(2), 180-197. Shepard, M. (2005). Twenty years of progress in addressing domestic violence: An agenda for the next 10. *Journal of Interpersonal Violence*, 20(4), 436-441. Sullivan, C.M. (2005). Interventions to address intimate partner violence: The current state of the field. In J.R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies* (pp. 195-212). Atlanta, GA: Centers for Disease Control and Prevention. Weisz, A. (1998). Legal advocacy for domestic violence survivors: The power of an informative relationship. *Families in Society* 80, 138-147.
- <sup>12</sup> Panzer, P., Philip, M., & Hayward, R.A. (2000). Trends in domestic violence service and leadership: implications for an integrated shelter model. *Administration and Policy in Mental Health and Mental Health Services Research*, 27(5), 339-352.
- <sup>13</sup> Chang, J., Martin, S., Moracco, K., Dulli, L., Scandlin, D., Loucks-Sorrel, MB., Turner, T., Starsoneck, L., Dorian, P.N., & Bou-Saada, I. (2003). Helping women with disabilities and domestic violence: Strategies, limitations, and challenges of domestic violence programs and services. *Journal of Women's Health*, 12(7), 699-708.
- <sup>14</sup> Grossman, S., Hinkley, S., Kawalski, A., & Margrave, C. (2005). Rural versus urban victims of violence: The interplay of race and region. *Journal of Family Violence* 20(2), 71-81.
- <sup>15</sup> Irvine, J. (1990). Lesbian battering: The search for shelter. In P. Elliott (Ed.), *Confronting lesbian battering* (pp. 25-30). St. Paul, MN: Minnesota Coalition for Battered Women. Renzetti, C. M. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Newbury Park, CA: Sage.
- <sup>16</sup> Bauer, H. M., Rodriguez, M. A., Quiroga, S. S., & Flores-Ortiz, Y. G. (2000). Barriers to health care for abused Latina and Asian immigrant women. *Journal of Healthcare for the Poor and Underserved*, 11, 33-44. Dasgupta, S. D. (1998). Women's realities: Defining violence against women by immigration, race and class. In R. K. Bergen (Ed.), *Issues in intimate violence* (pp. 209-219). Thousand Oaks, CA: Sage.
- <sup>17</sup> Bent-Goodley, T. (2005). Culture and domestic violence: Transforming knowledge development. *Journal of Interpersonal Violence*, 20(2), 195-203. Donnelly, D.A., Cook, K.J., Van Ausdale, D., & Foley, L. (2005). White privilege, color blindness, and services to battered women. *Violence Against Women*, 11(1), 6-37. Lipsky, S., Caetano, R., Field, C., & Larkin, G. (2006). The role of intimate partner violence, race, and ethnicity in help-seeking behaviors. *Ethnicity and Health*, 11(1), 81-100.
- <sup>18</sup> National Network to End Domestic Violence. (2006). Domestic violence counts: A 24-hour census of domestic violence shelters and services across the United States. Washington, DC: Author. National Network to End Domestic Violence. (2007). *Loc. cit.*
- <sup>19</sup> Goodman, L. & Epstein, D. (2005). Refocusing on women: A new direction for policy and research on intimate partner violence. *Journal of Interpersonal Violence*, 20(4), 479-487.
- <sup>20</sup> Yoshioka, M. & Choi, D. (2005). Culture and interpersonal violence research: Paradigm shift to create a full continuum of domestic violence services. *Journal of Interpersonal Violence*, 20(4), 513-519.



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- <sup>21</sup> Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women*. Thousand Oaks, CA: Sage.
- <sup>22</sup> Lloyd, S. (1997). The effects of domestic violence on women's employment. *Law & Policy*, 19(2), 139-165. Melbin, A., Sullivan, C.M., & Cain, D. (2003). Transitional supportive housing programs: Battered women's perspectives and recommendations. *Affilia: Journal of Women and Social Work*, 18(4), 445-460. Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence Against Women*, 7(6), 707-720.
- <sup>23</sup> Peled, E., & Edleson, J. L. (1994). Advocacy for battered women: A national survey. *Journal of Family Violence*, 9(3), 285-296.
- <sup>24</sup> Gondolf and Fisher (1988), *loc. cit.*, in Texas, and Bennett *et al.* (2004), *loc. cit.*, in Illinois.
- <sup>25</sup> Bennett *et al.* (2004), *loc. cit.* Grasley, C., Richardson, J., and Harris, R. (2000). *Knowing what we do best: Evaluating shelter services from the perspective of abused women*. London, ON: Final report to the Southwestern Ontario Shelter Association. Tutty (2006) *loc. cit.*
- <sup>26</sup> Although a small percentage of shelter respondents were men, female pronouns are used for linguistic ease and because domestic violence residential services for men are most commonly provided through motel vouchers or safe homes, and not through formal "shelters", which were the focus of this study.
- <sup>27</sup> DeNavas-Walt, C., Proctor, B., and Smith, J. (2008). *Income, poverty, and health insurance coverage in the United States: 2007*. Current Population Reports, P60-235. Washington, DC: US Government Printing Office. Comparative data were taken from 2006 figures, because those were the data available when Census data were obtained for the study, in fall of 2007.
- <sup>28</sup> Bent-Goodley, T. (2005). *Loc. cit.*. Donnelly, *et al.* (2005). *Loc. cit.*. Yoshioka & Choi (2005). ). *Loc. cit.*.
- <sup>29</sup> Chang, *et al.* (2003). *Loc. cit.*
- <sup>30</sup> See Davies *et al.* (1998). ). *Loc. cit.*.
- <sup>31</sup> Tutty, L. (2006) *Loc. cit.*.
- <sup>32</sup> Dobash, R.E., Dobash, R.P., Cavanaugh, K., and Lewis, R. (2000). *Changing violent men*. Newbury Park, CA: Sage. Giles-Sims, J. (1983). *Wife battering: A systems theory approach*. New York: Guilford.
- <sup>33</sup> Tutty, L. (2006) *Loc. cit.*.
- <sup>34</sup> Tutty, L. (2006) *Op. cit.*, p.55.
- <sup>35</sup> For example, the National Network to End Domestic Violence (2006), *loc. cit.*, reported that just under 1% of the survivors housed in a shelter on the day of the count were men. Emily Toothman, program specialist with responsibility for data at the National Hotline on Domestic Violence, reported that men constituted 5% of the victim/survivor callers in 2007. She indicated that their needs were virtually identical to those recorded for women callers. The primary difference was that 6% of the men reported being in same-sex relationships, compared to 0.27% of the women. *Personal communication, September 29, 2008.*

<sup>36</sup> For example, Bennett et al., (2004), loc. cit. Grasley, et al., (2000), loc. cit., and Tutty (2006) loc. cit.

<sup>37</sup> Bybee and Sullivan (2002) loc. cit. Goodkind et al. (2004) loc. cit.

<sup>38</sup> Tutty (2006) loc. cit. Bennett et al., (2004), loc. cit.

<sup>39</sup> Bybee and Sullivan (2002) loc. cit.

<sup>40</sup> Goodkind et al. (2004) loc. cit.

<sup>41</sup> Tutty (2006) loc. cit. Bybee and Sullivan (2002) loc. cit.