

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

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Domestic Violence Shelters: Survivors' Experiences**

Final Report – EXECUTIVE SUMMARY

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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

	% Offering
Service	
Support groups	97%
Crisis counseling	96
Individual counseling	92
Parenting classes	55
Counseling for children	54
Child care	50
Advocacy	
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

Need	# who wanted	% who wanted	% who got all of help wanted	% who got some of help wanted	% who got none of help wanted
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)

	Strongly agree	Agree	Disagree	Strongly disagree
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.