A SAFE PLACE:

EFFECTIVENESS OF DOMESTIC VIOLENCE SHELTERS

AND THEIR IMPACT ON CLIENTS SEEKING HELP

by

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(Under the direction of Dr. Jody Clay-Warner)

ABSTRACT

This research project is an outcome evaluation of one domestic violence shelter's services. I ask the question: "Do shelter services impact client independence after shelter stay?" Traits and commonalities of intimate partner violence survivors are discussed. I provide an overview of shelters and evaluations in general, focusing specifically on "SafePlace", a domestic violence shelter in a small southeastern city. Services provided to 164 resident shelter clients are compared to client housing after shelter stay. T-test and logistic regression analyses provide some evidence that shelter stay has an impact on clients' future independence. Limitations and future directions for research are discussed, placing emphasis on the need for theory-driven and comprehensive data collection systems to make shelter evaluations possible.

INDEX WORDS: Domestic violence, Evaluation, Shelters, Client services

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DEDICATION

I would like to dedicate this thesis to the following people, without whom this work would not have been possible:

My parents, Ann and Roland Alix,

for their love, support and example of what a marriage can be.

The staff of "SafePlace" – thank you for taking me in and giving my research a home, and for all the lessons you have taught me. I have grown both professionally and personally and can only hope that I was able to give something back. Your work and dedication is inspirational, and your friendship and understanding invaluable.

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My husband Roger, for all of his love and unfailing belief in my abilities – You are a constant source of inspiration. You reaffirm my faith that healthy and respectful relationships between men and women are possible. Thank you.

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CHAPTER 1

INTRODUCTION

Domestic violence is a complex issue, affecting millions of people each year. It is

predicted that sixty percent of all couples in the United States will experience some form

of domestic violence (Straus, 1991). Domestic violence has been defined in many ways

since its "rediscovery" in the 1970's. Formerly known as "wife abuse," it was granted

the more acceptable and less offensive title of "domestic violence," shifting the onus

from the typical perpetrator-victim relationship (that of husband to wife) and focusing

instead on violence as an issue within the family (Smith & Freinkel, 1988; Donnelly,

1999). Recently, the term "intimate partner violence" (IPV) has been adopted in an

attempt to once again shift the focus back to persons abused by their spouse or romantic

partner. Regardless, the usual actors in intimate partner violence have not changed.

Women are still the primary victims of intimate partner violence, leading one researcher

to define it specifically as "any repeated acts of physical or psychological force, or

repeated threats thereof, used against a woman by her partner" (Angless, 1998). At the

very least, we know that in 1998, women *reported* 876,340 instances of physical abuse

by their intimate partners and 1,320 women died at the hands of their spouses (BJS,

2000).

One proactive way that our society has reacted to domestic violence is the

establishment of shelters for victims. In many ways, we have delegated the issue of

solving this problem to the auspices of community level non-profit organizations. We

may assume that by having these shelters to which battered women can flee, intimate partner violence will eventually end as women are given the opportunity to escape the violence. But are these shelters effective in their efforts? Can they, as individual organizations, counteract the violence that is so deeply entrenched in our communities? Shelters themselves are often called a "safe place" for women to go, but what occurs when these women leave their safe place and return to the very unsafe world? Can the services and opportunities provided by these shelters truly help women to live safely in the long-term?

The most common question posed about women who suffer from intimate partner violence is: "Why don't they just leave?" This puzzle can only be answered by thoroughly investigating the circumstances in which these women find themselves. There is a lay belief within our society that women who stay with their abusers are masochistic, lazy, stupid or so psychologically damaged by the abuse that they are unable to help themselves (Walker, 1977; Walker, 1984).   On closer examination of victims and their circumstances, these ideas can be challenged. However, the belief remains that these women are, at the very least, helpless to change their circumstances. Again, this is a misrepresentation, but one that is very persistent within an individualized society (Gondolf, 1988; Gondolf et al, 1990).   Most people simply cannot understand why a woman would remain with, or return to, her abuser, particularly in a country where opportunity for change seems so abundant.

It is difficult to imagine why a rational person would endure physical, mental, sexual, and even financial abuse at the hands of another, when she has the option to leave.   The difficulty lies in this conception of options, and the reality of the options

victims of intimate partner violence may actually have. As other researchers have found, when a woman makes the decision to leave an abusive situation, it is because she believes that she has some place to go where she will be safe from her abuser. This issue of safety is imperative for the woman. Women seem to make the decision to leave based on a number of reasons, but generally there is a belief that a better situation awaits her, where she and her children will be safe from physical harm and will have the basic necessities of life (Bowker, 1986; Gondolf et al, 1990; Koss et al, 1995).

Women who flee their batterers by going to domestic violence shelters are utterly lacking a safe place to go (Weisz et al, 1994). In fact, this is often a prerequisite of being admitted to a shelter: the potential client must have no other options, even if those options would take her to another town or even another state. These women are bereft of family or friends who could safely help; they have no money, often no jobs, and no real prospects for either in the immediate future. These women must rely on the good intentions and resources of persons they have never met before, in a foreign situation, and are expected to be able to move on in a relatively short amount of time. Shelters must have the resources to provide much needed aid, advice, support, structure, expectations and accountability and must be able to make this attempt for each woman who enters the shelter. It is a monumental task for both parties: the woman to trust that she will get the help she needs and the shelter to provide that help when called on.

In an attempt to investigate the effectiveness of domestic violence shelters in our society, I examined one domestic violence shelter and its attempts to help clients. By looking at how this shelter functions, the services it provides, and the effect it has on its clients, I hope to take the first step in a much-needed analysis of escape from domestic

violence in our country. One shelter certainly cannot speak for all, but by starting with one shelter, I may lay the groundwork for a more comprehensive analysis of shelter networks across the country. In addition, I will attempt a quantitative analysis of services offered, rather than the more typical qualitative analysis. Previous analyses have provided the bedrock for my efforts and are extremely useful. With failing funds and waning political interest endangering the existence of such intervention efforts as shelters, quantitative analyses become crucial for determining how well our answer to domestic violence is working. Domestic violence as an entrenched societal problem will not simply solve itself or become less relevant over time. As I will discuss later, the rates of domestic violence in our country seem to be rising, rather than falling. By examining the efficacy of an organization determined (and publicly sanctioned) to end the violence, I hope to take a small step towards understanding and eradicating this social problem.

For the purposes of this study, I ask, "Do shelter services impact client independence after shelter stay?" In doing so, I conduct an outcome evaluation of shelter services. This evaluation provides a starting place for determining the efficacy of the shelter program as a whole. By determining if the services provided had an impact on the outcome measure, I can demonstrate that shelter services had a measurable impact on clients.

Chapter 2 is a discussion of victims of intimate partner violence and focuses on these victims' needs. In particular, I focus on the issues these women face and the resources they draw upon in their attempts to survive the violence. Chapter 3 reviews past and current literature on domestic violence shelters as a community resource where women may seek aid. In this part of the discussion, I explain how most shelters operate,

what services and resources they provide to their clients and how effective these shelters are perceived to be. In Chapter 4, I briefly review the purpose and structure of evaluations in general and provide an overview of several published evaluations of domestic violence shelters. Chapter 5 provides a specific description of the domestic violence shelter featured in this evaluation, including services it provides and important features of the clientele. Chapter 6 includes a discussion of methods used in the evaluation of the shelter, examining how particular shelter services impact its clients. Chapter 7 provides the results of this analysis. I complete the paper in Chapter 8 with a discussion of the results and conclusions of the evaluation as a whole.

Although no formal hypotheses can be provided for this exploratory analysis, I will discuss several assumptions that I make in surveying the previous research conducted in this area. I explore the idea that the "choices" that victims have are not easy choices and women are not deciding to stay with their abusers simply out of masochism, helplessness or ignorance. I contend that if women suffering from IPV were offered resources with which to make lasting choices, we may see a change in their decision-making. By placing this shelter evaluation within the larger context of victim survival, I hope to shed light on which resources are the most helpful for these women and why. I then extend these concepts to the larger issue of intimate partner violence within our society. Only with effective and integrated solutions can our society hope to end such violence. It is important to examine one of our largest public solutions, domestic violence shelters, to determine if these safe places alone can make a difference.

CHAPTER 2

VICTIMS OF INTIMATE PARTNER VIOLENCE

In order to understand the choices and challenges that victims of intimate partner violence face, we must first learn who they are. As this research highlights the experiences of women in domestic violence shelters, it is useful to focus on this population. Accordingly, in this chapter, I explain the characteristics of women who seek shelter due to intimate partner violence. I then discuss the challenges they face as well as their needs (both those stated by the women themselves and those observed by shelter workers) as they seek to find safety and security for themselves and their children.

Overview

Although intimate partner violence has proven again and again not to have boundaries of race, class, age, marital status or employment status (Hutchinson & Hirschel, 1998) the women who turn to shelters for support are generally young, unemployed, under-educated and living with their significant other immediately prior to seeking shelter aid (Karmen, 2001). Recent data indicate that women who sought shelter generally had a personal income less than $9000 annually, and the majority of these women were unemployed (Dutton, 2000). Sullivan et al (1992) found that of 146 women studied within a shelter, 82 percent were unemployed, and 81 percent were receiving some form of government subsidy. Dutton (2000) found that most victims of intimate partner violence had custody of at least one child. Thus, domestic violence shelter clients lack social and financial security and have financial and care-taking responsibilities for children.

Many victims of intimate partner violence have been denied both sympathy and aid because they were considered in some way responsible for the violence – "provocation" or "colluding" makes them ineligible for compensation programs (Berg & Johnson, 1979). Conversely, the belief persists that IPV victims are powerless, dependent, isolated and possess low self-esteem (Loseke, 1992; Donnelly, 1999). Also, they are often attributed with pathology, blamed for staying or provoking the violence, and for not pressing criminal charges against their abusers (Pagelow, 1981). However, this preoccupation with pathology and blaming has led to a belief that battered women who stay are individuals who choose victimization (Loseke & Berk, 1982).

In an attempt to combat this belief, much research has focused on the actual reasons that women stay with their abusers. Researchers have found that women generally stay in an abusive relationship for four major reasons: emotional investment in the batterer (hoping that his behavior will change); lack of resources such as money, employment or education; the presence of children (and other familial ties); and fear of reprisal or further harm (Pagelow, 1981 Sullivan et. al, 1992; Angless, 1998; Dutton, 2000). Due to these complex considerations, women may not feel they are able to leave their abuser, and yet they make an effort to increase their safety and living standards. For example, Bowker (1986) discovered that many battered women actively attempt to make their situations safer. As active agents, they utilized the limited resources available to them and had developed a wide range of strategies to attain safety, such as compliance with batterer's demands, avoidance of confrontation, self-defense, and seeking help from family and friends. Loseke & Berk (1982) claimed that, given the lack of public agencies that women could count on, it was small wonder that they often stayed with or returned to

their abusers. As Pagelow (1981) observed, women in general face a significant decline in income and status when they separate from their spouse. Also, battered women who leave their abusers generally limit or eliminate all contact with their former spouses upon whom they were financially dependent. Women who leave their abusers also face losing any social or support network associated with the abuser, such as his family, her family, or mutual friends. When these phenomena are compounded, battered women are at a particular economic and social disadvantage.

In addition, the vast majority of these women live in fear of their abusers, who seemed to have all the power and control over the situation. It has been established that when a woman leaves her abuser, her chances of being killed by that abuser increase 100 times over (Koss et al, 1995). It is generally at this point that a controlling abuser, realizing that he has lost control over his victim, attempts to reassert that control through any means possible. This may lead to the abuser killing the victim, her children or even himself. Therefore, when a woman decides to leave, that is when she is at the greatest risk for injury. Recognizing this risk, the decision to leave is one that a woman must make carefully, with great attention paid to her and her children's safety.

Victim's Needs

One way to demonstrate the needs of IPV victims is to examine reports by the women themselves. Various researchers have asked victims what kind of assistance they needed in order to be able to end their violent relationships. Material goods and services often ranked at the top of these lists, along with emergency funds in every instance (Loseke & Berk, 1982; Angless, 1998; Donnelly, 1999). The ability to support themselves and regain a sense of self-determination is important to these women, who are

used to relying on abusive partners to provide for their basic needs. The next most pressing need was for social support and social networks (Dutton, 2000; Hutchinson & Hirschel, 1998; Sullivan et al, 1992).   Due to the isolation that often goes hand in hand with abuse, these women are in need of emotional and social support to reintegrate them with society.

The next priority needs were education, including English classes and employment training. Housing, both emergency and long term, was also cited as a necessary resource (Angless, 1998; Donnelly, 1999; Loseke & Berk, 1982; Sullivan et al, 1992; Dutton, 2000). Dobash and Dobash (1992) found that victims needed housing that was free of violence and often ended up depending on others (family, friends, new or old partners) to provide it when they were unable to provide it for themselves. This led to a continuation of the victim's dependence on others.

Forms of government welfare (such as Medicaid, food stamps and free meals) and healthcare were next on the list of victim needs, followed by legal assistance. Transportation and immigration assistance were also listed as important (Loseke & Berk, 1982; Sullivan et al, 1992; Dutton, 2000). These are services that provide resources that victims cannot obtain on their own. As such, it is important that women are given access to these services as well as the support and information to make full use of them.

Although it seems self-evident, Smith & Freinkel (1988) found that of all services needed by IPV victims, shelter itself was needed most of all. These researchers found that federal and state agencies were unable to provide the array and intensity of services that victims needed. Instead, victims often relied on informal networks (friends and families), as well as domestic violence shelters to provide these services. With so much

riding on the services that shelters provide, it is important to look now at the shelters

themselves and see if the services offered meet the needs of the victims.

CHAPTER 3

SHELTERS

In this chapter, I give an overview of domestic violence shelters, beginning with their inception and moving forward to present day. Although it is important to recognize the diversity of shelters and their operators, it is equally important to recognize that most shelters offer similar services that address certain client needs. Due to this investigation's emphasis on services, in this chapter I pay close attention to the scope of shelter services and describe what these services generally entail. I end the chapter with a review of the effectiveness of shelter services, as seen through the eyes of clients who have relied on them.

Overview

The first official domestic violence shelter opened in 1972 in Great Britain (Pagelow, 1981). Thereafter, shelters became loosely defined as safe houses for women and their children who were suffering from intimate partner violence. Finally recognizing IPV as a social issue, organizations in the United States followed England's lead, opening shelters all over the country during the next ten years (Davis & Hagen, 1994). However, it was not until 1981 that the first study of shelter programs was conducted to determine their efficacy (Roberts, 1998). These shelters are almost always not-for-profit and rely on government and privately donated funds and goods. Most shelters offer some form of services and referrals to aid their clients in escaping intimate

partner violence and living free of abuse. At present, there are approximately 2,000

shelters operating within the United States (Karmen, 2001).

Although shelters are run by a variety of persons and are based on various

ideologies, most shelters have the same general goals: to promote client safety, violence-

free lifestyles, independence and to increase clients' access to material and social

resources (Busch & Valentine, 2000; Davis & Hagen, 1994).

Services Offered

Most shelters offer at least a 24-hour hotline and temporary safe shelter (the

average stay time is 3-4 weeks). Access to a hotline and shelter alone can decrease

victims' feelings of isolation and powerlessness, which can be an important first step in

escaping intimate partner violence (Roberts, 1998). In addition to these basic programs,

many shelters offer children's services, such as parenting classes and day care, as most

women seeking shelter have at least one child (Dutton, 2000). Parenting classes are

generally conducted by trained and certified child advocates (drawn from the field of

psychology or social work) and focus on the pressures and challenges of parenting. Such

classes also provide alternate ways of coping with parenting stress and alternate ways of

disciplining and caring for a child. These methods are particularly important in ending a

"cycle of violence," where corporal punishment can reinforce a child's impression that

violence is a correct solution to interpersonal conflict (Sullivan & Gillum, 2001; Smith &

Freinkel, 1988; Angless, 1998).

Welfare and court advocacy, healthcare (both immediate and long term),

assertiveness training and safety plans are also offered by many shelters. Access to

organizations that provide welfare and justice can be useless to women if they do not

receive help and advice in negotiating these systems. Healthcare can be particularly important for women who are still suffering from injuries caused by the abuser, or from chronic health issues exacerbated by the abuse. Assertiveness training can help to restore women's sense of self-efficacy, and safety plans are essential for helping women to deal with future dangerous situations (Angless, 1998; Roberts, 1998; Sullivan & Gillum, 2001; Smith & Freinkel, 1988).

All shelters included in these studies offered support counseling and support groups. The counseling programs are designed to counter feelings of self-blame, powerlessness and isolation that IPV victims frequently feel. Trained facilitators run these counseling sessions and support groups to help women negotiate pertinent issues. Group support activities can be especially useful in helping women find better ways of dealing with interpersonal conflict and recognizing that they are not alone in their struggle (Davis & Hagen, 1994; Donnelly, 1999).

Some shelters were able to offer their clients transitional housing after their stay at the shelter, although this service was rare due to financial constraints (Davis & Hagen, 1994; Donnelly, 1999). Shelters often acted as liaisons to other organizations, referring their clients to agencies like the police, welfare, public service agencies and even other shelters (Smith & Freinkel, 1988; Hutchinson & Hirschel, 1998; Roberts, 1998). Because many battered women are isolated and have no access to these groups, often the shelter was the only way a client could learn about these other resources (Angless, 1998).

Education and employment assistance were usually cited as extremely important services, as they greatly increase a client's available choices (Dutton, 2000; Sullivan & Gillum, 2001). Smith & Freinkel (1988) found that 95 percent of all shelters surveyed

offered job counseling, indicating an emphasis on employment as a means of gaining

economic independence from the abuser. General education, GED programs and

language classes were usually made available to clients of shelters (Dutton, 2000;

Angless, 1998). The breadth of services offered by the average shelter is astounding and

shows an emphasis on practical issues that are essential to the woman's independence

from her batterer. Although emotional independence is encouraged, the focus that

shelters place on employment, housing and education indicate their belief that autonomy

in these areas is especially crucial for the client's success.

When researchers have asked the clients directly about the gaps in services, their

opinions have echoed those of the shelter staff. In the past, many battered women who

sought services in their area found that either they were not offered at all, or if they were,

the services were too limited or too short-lived to truly help them (Pagelow, 1981). This

situation has improved as more shelters opened their doors across the country; however,

some areas (particularly rural areas) remain underserved. The consensus among battered

women is that shelters are their most reliable resource. They find traditional service

agencies (such as police, lawyers, homeless shelters and welfare agencies) are not

helpful, either due to lack of interest, lack of understanding of their specific needs, or

limited resources. Many women are also reluctant or unable to draw on personal support

networks, such as family and friends, for help. This is usually due to this network's

inability to help (i.e., a sibling or friend has a family of their own to take care of) or

perceived safety risks (either the abuser would know to look for the victim there, or he is

considered extremely dangerous). Even when such personal networks are available,

family and friends are often unaware of services or are unable to help the victim negotiate

these services (Pagelow, 1981; Roberts, 1998). Often, domestic violence shelters are the only place a victim can go in order to gain necessary resources.

Effectiveness

Although Loseke and Berk's (1982) study found that fewer than 1 in 10 abused women stayed in a shelter, Hutchinson and Hirschel's (1998) research found that most surveyed victims of intimate partner violence depended upon other resources and services offered through the shelter (such as a hotline or community support group). In detailed surveys of survivors, battered women generally reported that the shelter was an important way for them to gain financial independence from their abuser (Dobash & Dobash, 1992). In the past, victims stated that shelters were their most supportive and all-around effective resource (Straus, Gelles & Steinmetz, 1980; Bowker & Maurer, 1985). Berk, Newton and Berk's (1986) research demonstrated that shelter stay drastically reduced the likelihood of further violence in a relationship. More recently, Campbell, Sullivan and Davidson's (1995) research found that feelings of powerlessness, abuse and decreased social support contributed to feelings of depression, but that these contributing factors could be mitigated through shelter stay. Likewise, McNamara et al (1997) found that after receiving some services from a domestic violence shelter, 81 shelter clients showed improvement in both life satisfaction and their perceived ability to cope.

Little is known about the long-term effectiveness of services, for most domestic violence intervention programs do not track their clients' situation after the client has left their abuser. In addition, the majority of state data collection systems for IPV use summary and incident-based data from police reports. This is problematic, given that intimate partner violence is known to be under-reported to the police and many women

never utilize police services when seeking help. General research often focuses only on

who becomes an IPV victim and why (or more rarely, who becomes a perpetrator) and

how many injuries or deaths occur due to IPV (Straus, 1991; Dobash & Dobash, 1992;

Davis & Hagen, 1994; Roberts, 1998; LaViolette & Barnett, 2000; Renzetti et al, 2001;

Jasinski, 2001). While this information is obviously important in examining the

prevalence and seriousness of the issue, it is also important to examine how our society

responds to the violence and the efficacy of the help that is offered.

By focusing on the efficacy of services offered to victims, researchers may be

able to determine how best to help these women and their children. Government and

private funds for services and shelters are scarce and budgets are continually being

trimmed as public money (such as funds from the Violence Against Women Act grant) is

split between increasing numbers of needy agencies. Determining which types of

services offer the most returns in terms of long-term safety and independence may help

policy makers to allocate funds more effectively. In this way, we support women's

survival and their ability to help themselves, rather than simply giving emergency aid and

then returning them to the same level of poverty, homelessness and abuse from which we

wish them to escape.

CHAPTER 4

EVALUATIONS

In this chapter I briefly review the purpose and structure of evaluations in general

to place the following research in the context of what is expected from an evaluation. I

will then give a brief overview of several published evaluations, both to introduce

important concepts and to demonstrate how domestic violence shelter evaluations are few

in number. I will conclude this chapter with a short discussion of how to use evaluation

results and issues that evaluators face when dealing with domestic violence shelter

research.

The purpose of an evaluation, generally, is to answer some question. Usually, this

question pertains to an organization and more specifically to either the operations of that

organization or the effect the organization is having on some outcome. When an

evaluator examines how an organization operates, whether it is functioning as it should

be and whether its members are conducting themselves according to the organization's

overall plan, that is a process evaluation. When an evaluator seeks to determine any

effect the organization has on a given outcome, that is outcome evaluation. Take, for

instance, an organization whose purpose is to help people stop smoking cigarettes. A

process evaluation would determine if the group's employees are properly trained, if the

publicity called for is in place, and if the employees were providing clients with the

proper materials. An outcome evaluation would determine if the program actually helps

its clients to stop smoking, which is the desired outcome. Evaluations are generally in-

depth processes, where the evaluator must become learned about the group he or she is evaluating as well as the process and/or outcome the group is interested in (Weiss, 1998; Mohr, 1995).

There are many reasons to conduct an evaluation. A funding organization will often require an evaluation so that the funders know how their money is being used by an organization. An organization that oversees programs, such as the federal Head Start program, may use evaluations to monitor what is going on in the field and be certain that the practices and services of the head organization are being delivered. Local projects may wish to determine if they are using best practice – if what they are doing "works." The findings from an evaluation may be used in many ways as well. Often, evaluations are conducted to see if a program should be continued, expanded or abandoned. At times, evaluations may be used to institute a new program idea. Evaluations are also useful for planning midcourse corrections – if an organization knows that its employees are not able to fulfill their job requirements, the organization may institute new training programs or supply necessary resources. Evaluations provide feedback on the program as a whole to practitioners and provide them with a sense that what they are doing impacts the organization's intended goals. Lastly, evaluations can help those involved with the organization (including outside funding sources) to understand the social intervention provided by the organization and to see how that organization fits into the community and society around it (Weiss, 1998).

When evaluating domestic violence shelters in particular, there are certain issues that must be considered. First, the evaluator must decide which units of analysis to use. As Riger et. al. (2002) discuss, impact of a shelter can be measured at the individual,

family and community level. For instance, an evaluation may seek to determine impact

of a shelter art program on a client's self-esteem. For this evaluation, the evaluators

would use an individual level measure. An evaluation may instead use a family level of

analysis to measure the impact of a parenting group program on how a mother and her

children interact. In order to assess the shelter's impact on the prevalence of IPV within

the community, an evaluation would use the community as its unit of analysis. Because

intimate partner violence is both an individual and social problem, it can be measured at

all these levels (micro, mezzo and macro). For purposes of my evaluation, I have focused

on the individual level.

Other evaluations of domestic violence shelters are rare, and rarer still are those

that use quantitative methods to analyze outcomes. In the early 1980's there were calls

for evaluations of any kind, but such research did not become available until almost a

decade later. It has been difficult for researchers to gain access to confidential shelter

records, or permission to interview people in crisis. Shelters themselves have rarely had

the money or personnel power to conduct thorough evaluations of services. Due to these

constraints, many social agencies such as shelters have not been able to evaluate their

programs properly.

Briar & Blythe, 1985

In 1985, Briar and Blythe urged social work agencies to evaluate their services in

order to ascertain if they were doing "best practice" work. This research highlighted not

only the necessity of evaluation for the service industry, but also the benefits, such as

securing sought-after funding and improving services for clients. The authors also

discussed the challenges presented by this type of research, such as developing adequate

assessment tools, implementing data collection procedures and having the time to use them properly. These researchers also focused on case-specific outcome data as a limitation of social service evaluation. After examining this issue, these researchers concluded that single-case research (for example, examining one client's experience in a domestic violence shelter) when aggregated over many cases could provide an "impressive documentation of their agency's effectiveness" (Briar & Blythe, 27).

Aguirre, 1985

Aguirre asked: Why do wives return to their abusers? He incorporated measures of wives' evaluation of shelter, different types of shelter services used and the number of decisions wives made while in the shelters. Aguirre tested several hypotheses, including: "1) the greater the number of decisions taken by the wives, the more likely they are to separate from abusive husbands; 2) the greater the number of shelter services used by the wives, the more likely they are to separate from abusive husbands; and 3) the more positive the wives evaluate the shelters, the more likely they are to separate from abusive husbands." (Aguirre, 351) Aguirre used data from the Survey of Residents of Family Violence Centers, which surveyed families in Texas, using 312 responses for his analysis. According to the survey responses, sixty-six percent of the wives planned to leave their abusive husbands. Aguirre found that respondent's source of income was statistically significant. The likelihood that a woman would return to her abusive husband increased considerably if she relied on him as her sole source of income. Aguirre also found that the more decisions the respondents made while in shelter, the more likely they were to separate from their husbands. Aguirre did not find any significant support that

respondents' use of services affected their decision to separate or remain with their

abusive husband.

Berk, Newton and Berk, 1986

Berk, Newton and Berk focused on the effectiveness of shelter stay in reducing

the frequency and intensity of new violence in a relationship. The researchers

hypothesized that the beneficial impact of shelter stay would depend on the women's

existing self-efficacy. If a woman was already "taking charge" of her life, shelter stay

would be more helpful in preventing future violence against her. This study was

conducted in California, over an 18-month period, and 155 victims of intimate partner

violence were interviewed. A second wave of interviews with these same respondents

was conducted six weeks later. The researchers captured data on violence experienced

(outcome variable), factors that may have contributed to the violence, family and

community resources and other demographic information. They found that, although the

main effect of shelter stay on frequency and intensity of new violence was not quite

significant, there was an interaction effect between shelter stay and help-seeking

behavior. This effect implied that, for women who came into shelter, each instance of

additional help-seeking reduced the number of violent episodes significantly.   The

authors noted that this research only examined shelter's impact on new violence, not the

efficacy of shelter services themselves.

Rubin, 1991

Several years later, Allen Rubin (1991) evaluated the effectiveness of support

groups and counseling for battered women. He supported Briar and Blythe's (1985) idea

of aggregated single-case designs. Rubin discussed the paucity of literature with "well-

controlled outcome studies" evaluating the effectiveness of shelters (332). Rubin's measures were largely qualitative, with telephone interviews administered to six post-shelter clients to assess their thoughts and feelings, as well as the daily degree of abusive behaviors committed by each client's partner. The results of the study were inconclusive in evaluating shelter services, but did highlight interesting issue and limitations of the research. In particular, Rubin noted a continued need for effective measures of shelter service outcomes.

Campbell, Sullivan and Davidson, 1995

In 1995, Campbell, Sullivan and Davidson conducted a study of women who used domestic violence shelters and their reported depression over time. Depression is a common outcome of an abusive relationship, and these researchers sought to discover if domestic violence shelters could alleviate the occurrence of depression. They used a longitudinal design, measuring levels of depression immediately after shelter exit, 10 weeks later and again at 6 months after shelter exit. The researchers also assessed the women's feelings of powerlessness, expecting that such feelings and the abuse they had endured would be positively related to depression. Additionally, the social support available to these women was hypothesized to reduce depression. Data were used from 141 clients of a domestic violence shelter in a small mid-western city and project interviews were also conducted with 10 of the women. After analyzing the data, researchers found that there was a significant impact of shelter stay on depression over time. Specifically, depression significantly decreased from shelter exit to 10 weeks later and then leveled off at the six-month follow-up. A subsequent analysis also revealed that women who had recently been assaulted had the highest rates of depression. The project

interviews showed that both feelings of powerlessness and abuse have long-range effects on depression and overall psychological well-being. The researchers also found, however, that receiving help and support from social networks (such as the shelter) had a preventive effect on depression.

McNamara, Ertl, Marsh and Walker, 1997

McNamara, et al (1997) focused on shelter residents' short-term response to counseling and case management. They gathered data from a domestic violence shelter located in a middle-sized Ohio city. Eighty-one women who had received residential or outpatient counseling or case management over a nine month period participated. Clients completed an Abusive Behavior Inventory (Shepard & Campbell, 1992), a Life Satisfaction Questionnaire, and the Abuse Problem-solving Questionnaire when they entered the shelter. After three sessions, women were asked to complete the Client Satisfaction Questionaire-8 (Larsen, Attkisson, Hargreaves and Nguyen, 1979) and the Global Assessment of Functioning Rating (American Psychiatric Association, 1994). Overall, respondents reported that they had improved in global functioning after only the initial intake session, and their sense of improvement did not increase with the number of sessions. In addition, clients who received counseling instead of case management showed greater over-all improvement in global functioning. The data also showed greater life satisfaction and perceived ability to cope after women had three sessions of service.

Weisz, Tolman and Bennett, 1998

Weisz, Tolman and Bennet (1998) were interested in examining how community services provided to IPV victims could help abused women. They conducted a

microsystem analysis, focusing on legal advocacy as provided by a domestic violence

shelter and its impact on non-resident women's receipt of protective orders. They also

examined the relationships between services, police intervention and the completion of

prosecution of batterers. The researchers drew their data from a previous evaluation of a

domestic violence protocol that included responses from 392 women who reported

physical abuse by their male partners. The following questions were asked: 1) What are

the associations between amounts of battered women's services (legal advocacy) and

completed prosecution of batterers; 2) What are the associations between women's

receipt of protective orders and completed prosecutions; and 3) What are the associations

between numbers of subsequent abuse-related police intervention and women's receipt of

services or a protective order? The researchers found that women who sought shelter

services and protective orders had more past police interventions. There was also an

association between amount of shelter services and completed court cases – those who

had received legal advocacy from the shelter were more likely to complete their court

case. Lastly, the combination of shelter legal advocacy and protective orders had the

strongest association with an increase in police involvement, particularly arrests.

Tutty, 1999

More recently, Leslie M. Tutty (1999) examined the efficacy of shelter services

from the standpoint of the residents. Tutty interviewed 63 shelter residents, 35 of whom

she interviewed in follow-up sessions four to six months later. In each of the interviews

the women were asked what they found helpful during their shelter stay. Shelter clients

discussed efficacy of shelter services, the emotional support they received from shelter

staff, safety issues, informal social support between residents, and access to other

community programs and services. Tutty's findings provided support for shelter services as effective, "life saving" tools (910). Almost all of the women (n=53) agreed that the emotional support they received from shelter staff was one of the most important services provided to them. Twenty-seven women stated that having a safe alternative to home was necessary for them to leave their abusive relationships. Fifteen women described how valuable information and access to community resources was for their recovery and 13 emphasized their satisfaction with the child support program at the shelter. The women in Tutty's research sample believed that the value of shelters extended far beyond a safe place to sleep. The only major concern these women voiced was that shelter staff often seemed too busy to provide one-on-one counseling (Tutty, 1999).

Although this research has added to the body of knowledge of the efficacy of shelters and shelter services, there are limitations. Aguirre's (1985) data sample included only wives, which is problematic considering so many shelter residents are unmarried. Also, although Aguirre examined shelter services, he did not examine individual services to determine if any particular service (or groups of services) had a particular impact on women's choices. Berk et al (1986) limited their study to the effectiveness of shelter stay on the frequency of new violence occurring and did not attempt to determine the efficacy of shelter services themselves in helping victims. Both Rubin's (1991) qualitative research and McNamara et al's (1997) study focused on the effectiveness of support groups and counseling, which prevented them from discovering if other types of shelter services (for instance, legal advocacy or practical services like transportation) impacted victim outcome. Campbell et al (1995) limited their study to shelter's impact on reducing depression in victims and likewise Weisz et al (1998) examined only the legal advocacy

offered through shelter services. Tutty's (1999) qualitative research is more comprehensive, focusing on client satisfaction with shelter services and including a follow-up session to determine effectiveness over time. However, Tutty also did not examine specific types of shelter services and was unable to determine if specific services aided women after shelter stay.

My research will expand upon current literature by focusing specifically on different shelter services offered to shelter residents. I will determine if there is a link between specific shelter services and the decisions that women make after shelter stay. The previous research has determined that shelter services are, in general, helpful to women who stay in domestic violence shelters, but have not yet determined which services are more or less helpful. If a shelter's stated mission is to reduce the violence that women experience at the hands of their intimate partners, then it is important to determine if shelter services have any impact on women's lifestyles after shelter stay. Through this shelter evaluation, I hope to learn which aspects of shelter stay are most effective in allowing women to live free of their abusers after shelter exit. I also hope to understand if particular shelter services are more or less important for bringing about change in a woman's life and allowing her to make true choices.

CHAPTER 5

SAFEPLACE

In this chapter, I specifically discuss "SafePlace," the domestic violence shelter

featured in this evaluation. First, I examine how the organization is run and what is

necessary in order to maintain a domestic violence shelter. I also discuss the relevant

features of the shelter clientele, noting specific demographic details of the women who

have been residents of the domestic violence shelter. Then, I describe the typical client

experience and conclude the chapter with an explanation of different forms of shelter

services.

Overview of "SafePlace"

SafePlace is a domestic violence shelter in a small southeastern city. It was

established as a non-profit corporation in 1990. The shelter program is funded by various

public grants as well as public and private donations, including funding from the state's

Department of Human Resources, the United Way, civic groups and church

organizations. The corporation is organized under a board of directors, with an executive

director to oversee the daily operation of the shelter and to manage shelter staff.

The stated goals of SafePlace are: "to promote attitudes and activities that work to

eliminate domestic violence by: 1) providing shelter, advocacy and support to survivors

and their children and 2) working in the community to change attitudes, beliefs and

behaviors through legislative reform, community education and coordination with other groups and agencies." [1]

SafePlace is staffed by women, and the staffing responsibilities are spread out among full time employees, part time employees, volunteers and student interns. Many of these staff members have Bachelor's degrees or Master's degrees in Social Work or Psychology, and/or have extensive experience working with women in crisis. The senior members of the staff have accumulated 15 years of experience in operating shelter services and spend an extensive amount of time training junior staff members. Generally, shelter staff members are initially trained for two months in order to begin answering the hotline on their own and providing services to clients. Additional formal training is routinely conducted, as well as constant on-the-job observation and guidance. The shelter building is confidentially located within the county limits, but is convenient to public transportation and public resources. The shelter can house up to 16 residents at a time, including the children of clients.

Clients

In order to be eligible for service at SafePlace, a potential client must be a legal adult (or legally emancipated minor), must be female and must have experienced some form of violence. Such violence may be characterized by physical, sexual, financial or emotional abuse. A potential client must also live with her abuser or have left said abuser within the last three months. If the latter is the case, she must also be at risk of either harm because the abuser has found her or homelessness because the arrangements she made to escape the abuse were temporary. Potential clients must be able to care for

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[1] All information provided in this report that relates to the goals, services and processes of SafePlace was drawn from the SafePlace Training Manual (revised 10/01) and intensive interviews with SafePlace staff members.

themselves and their children, including preparation of their own meals, administration of

medicine and personal hygiene. Children of potential clients are welcomed in the shelter,

including male children over the age of 12. This is unusual for domestic violence shelters

in general and is a recent change in SafePlace's policy. Previous policy declared that if a

male child was over the age of 12, the potential client was still welcome in the shelter but

had to find alternate housing for her son.

The data for this study were derived from SafePlace's client files and include

information on clients who were residents of SafePlace from January of 1999 to October

of 2002. In this time, SafePlace has housed 430 clients, but for purposes of this study

164 clients were selected. Selection was based on complete client files (no missing data).

The clients' ages ranged from 15 to 70, with a mean age of 31 years. Seventy-seven

percent were unemployed when they entered the shelter. All clients earned less than

$35,000 annually and 95 percent earned less than $10,000 annually (personal income).

Eighty-five percent reported no annual income. Average educational achievement of

clients was a high school diploma or GED equivalent (84 percent).   Forty-eight percent

of the women were Black, 42 percent were White, 7 percent were Hispanic and 3 percent

were categorized as Asian, Native American or other.

Twenty-seven percent of shelter clients were married and 27 percent of clients

named their husband (or ex-husband) as their abusers. Seventy–three percent named a

current or former romantic partner as their abusers.[2] Sixty-three percent of the clients

had custody of at least one child. Shelter stay time ranged from one day to 129 days,

with a median stay time of 20 days. Safe Place has a policy that allows clients to stay for

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[2] Safe Place requires that potential clients have experienced some form of domestic violence. The most typical is intimate partner violence, although the shelter does serve clients who have suffered abuse from a parent, sibling, other family member, or roommate.

30 days initially, and then may approve a longer stay on a case-by-case basis, depending on client needs and available services. Eighty-five percent of clients lived with their abuser immediately before they entered the shelter, and only 29 percent returned to their abuser immediately upon leaving.[3] Thus, the average shelter client is approximately 30 years old, unemployed, and earning less than $10,000 a year. She has at least a high school diploma or equivalent, is unmarried and is being abused by her romantic partner (non-spouse). She has custody of the children and was living with her abuser immediately prior to shelter stay. These descriptive data seem consistent with findings from other shelter studies, with no noticeable differences (Aguirre, 1985; Berk, Newton and Berk, 1986; Campbell et al, 1995; McNamara et al, 1997; Weisz, Tolman and Bennett, 1998).

Client Experience

The following is an account that details the typical experience of SafePlace's clients. This account includes how a client comes to learn of SafePlace, how a client gains entry into the shelter and what she will experience once admitted. In addition, I discuss how clients interact with shelter staff and specific services made available to all clients who enter shelter at SafePlace.

SafePlace is primarily advertised through several listings in the phonebook. The hotline number is listed in both the yellow page section as well as the community resource section. In addition, SafePlace advertises its services through newspaper ads, billboards and even radio spots on the local radio station. The hotline number is also shared with other agencies throughout the county and state, including local law enforcement, hospitals and clergy. Usually, the first contact an IPV victim has with

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[3] Client statistics were gathered from SafePlace and include data from January 1999 to the present.

SafePlace is through this hotline service. The hotline is operated 24 hours a day, seven days a week and is staffed by trained and experienced shelter personnel. The purpose of the hotline is to provide persons experiencing IPV with around-the-clock services. These services may be a conversation to help a woman examine her options, referrals to other agencies or service providers or may result in screening a woman to come into the shelter. The screening process involves ascertaining the woman's situation and options, as well as any contingencies (such as children or health issues) and current or pending issues (such as custody or other legal issues).

Once the shelter staff determines that the woman is eligible to come into residence at the shelter, they arrange transportation that offers the woman a safe journey and maintains the shelter confidentiality. At this point, a complete intake is conducted with the resident. This intake process is an interview that allows shelter staff to record information about the client, her children and her abuser. At this time, a staff member gives the new resident an overview of the shelter rules, a tour of the shelter, and any personal hygiene items, linens or clothing she may need. Also at this time, the staff member answers any questions the client may have about the shelter process and prepares her for the next step in that process: Assessment and Case Management.

The shelter has one case manager who oversees all of the residents and maintains their case plan. Their first meeting, which happens no later than 72 hours following admittance to the shelter, includes assessment and abuse documentation. During the assessment, the client's goals and objectives are discussed to determine what services she needs most. Then the case manager documents the client's history of abuse and current abuse. Next, a case plan is developed and documented. A case plan is a set of actions,

based on the client's stated goals, which the client and case manager develop together. At

this point, if the client has children, an assessment is conducted for each of them to

determine their individual needs and any goals pertaining to their well-being. After this

first case management session, the resident will meet with the case manager twice a week

for the rest of her stay. During these subsequent sessions, the case manager assesses how

the resident is proceeding with her case plan and what goals she has achieved, in order to

determine what further services can be offered and to provide the resident with

encouragement and support. In addition to these one-on-one meetings, residents are

required to attend weekly house meetings and weekly support group sessions for

additional accountability and support.

Services

Much like other domestic violence shelters, SafePlace offers a variety of services to

its clients in an effort to increase the independence and well-being of the women it

serves. Basic services include living accommodations, all meals, emergency clothing and

personal items as well as more structured services. These structured services are diverse

and comprehensive, and I have grouped them into the following categories for ease of

evaluation: "Individual Support," "Group Support," "Legal Assistance," "Relocation

Assistance," "Financial Assistance," "Transportation," "Employment Assistance,"

"Education Assistance," and "Medical Assistance." These categories represent

cohesiveness in the type of service being offered, i.e.: if a service was related to the

medical industry or medical health issues, it was considered "Medical Assistance."

These categories were decided upon through consultation with the shelter handbook as

well as extensive discussion with shelter staff regarding what each type of service entailed.

All services provided by SafePlace are free and confidential. Various staff members offer these services, and all staff members are trained to deliver these services in a fairly uniform fashion. In some instances, such as group counseling sessions or legal advocacy, a specially trained staff member facilitates the service. For purposes of this study, I considered all services as they are offered to clients who are residents of the shelter. As such, all services tracked for purposes of the following analyses were offered to clients when they were in-house residents of the shelter. All services are carefully tracked for each client and these records are kept within the client files and overseen by the case manager to ensure continuity. In order for a service to be recorded, it must last at least 15 minutes (unless otherwise specified) or be a direct referral. Each category of service is mutually exclusive, so that there is no duplication of recorded services (no instance of service is counted in more than one category). Each category of service is defined below.

Individual Support includes any face-to-face contact with clients that lasts a minimum of fifteen minutes. This category also includes crisis intervention, case management sessions, counseling or other one-on-one service. Case management and counseling sessions are where the client individually meets with a staff member to review her progress towards the goals set out during their initial meeting. At this time, the staff member may make additional referrals, work with the client to overcome difficulties and help the client to strategize for the future. This category also includes individual advocacy and public assistance advocacy. These types of advocacies include shelter

staff's interaction with other agencies on a client's behalf to secure services such as housing, immigration, and social security benefits, or other needed assistance.

Group Support is an aggregate of Support Group, Activity Group and Parenting Group. Support Group includes organized sessions for clients with a trained facilitator using structured topics. These group sessions last a minimum of one hour and can include such topics as domestic violence education, anger management, life skills, or other pertinent topics. Activity Group is a structured setting of at least thirty minutes with planned activity to enrich clients' lives. These activities can include house meetings, arts and crafts, field trips or other relevant activities. Parenting Groups are sessions between the client and a trained counselor for the purpose of dealing with parenting issues. These sessions may be one-on-one or at the group level, and must last a minimum of fifteen minutes for individual counseling and a minimum of one hour for group sessions.

Legal Assistance captures the following sub-groups of assistance: legal advocacy, Temporary Protective Order (TPO) assistance, Victim's Compensation, court system, and law enforcement. Legal advocacy is any incidence of agency staff or an agency paid attorney assisting a client with a legal issue or advocating for such assistance from another service provider on the client's behalf. TPO assistance includes any petitions for a TPO (a civil order instructing the abuser to have no contact with the victim) that agency staff helps clients to prepare or complete. Victim's Compensation covers the number of times agency staff provides information or help to a client so that they may receive victim compensation from a county or another state. The court system referral includes referrals to such agencies as Legal Aid, Legal Services (a non-profit organization that helps

indigent persons with legal matters), a private attorney or a judge. It also includes

referrals for taking out warrants, prosecution, Victim Witness Assistance Program and

probation/parole. Law enforcement referrals include any instance of a staff member

assisting a client with utilizing law enforcement services (i.e.: escorts, updates on

warrants, emergency assistance).

Relocation assistance includes financial relocation assistance, household referrals,

and housing referrals. Financial relocation assistance is the number of times the agency

provides direct financial assistance to clients for the purposes of moving into a new living

situation. This does not include referrals to other agencies for financial assistance.

Household referrals include referrals to other agencies for such things as moving

assistance, furniture, agencies assisting with utility deposits or security deposits, thrift

stores, food banks and other domestic violence shelters. Housing referrals include

specific referrals to agencies that assist with locating and securing housing for clients.

Financial assistance captures the number of instances that the agency provides

direct financial assistance to a client, to pay for non-housing issues. Such service may

include assistance with buying food, prescriptions, car maintenance and repair, doctor

visits or any other need other than housing or relocation.

Transportation includes any instances where the shelter staff provides

transportation assistance to a client. This may include such things as cab fare, bus fare,

or rides to appointments or help with other transportation needs.

Employment assistance captures any actual job referral to an employer who is

hiring, or to an agency that can assist the client in finding employment. This also

includes agencies that aid unemployed clients with securing employment or

unemployment benefits (i.e.: Unemployment Compensation, Job Corps, job training, or vocation rehabilitation). This category also captures instances of staff helping clients with such things as resumes or interview skills.

Education assistance includes any instance where shelter staff assists a client in furthering her education or refers a client to education programs such as a GED program, school (pre-K through university), financial aid, literacy training or day care (to care for children while the client is attending education programs).

Medical assistance includes any referrals for counseling or mental health (including alcohol/substance abuse programs) as well as referrals for physical health needs. Such medical assistance covers referrals to doctors, dentists, emergency rooms, clinics, county health departments, medications and prescriptions.

Now that we have fully examined the specifics of SafePlace and its services, let us turn to the evaluation of services itself. In the next section, I discuss the quantitative analysis I undertook in an effort to answer questions that are important both to the shelter staff and to future residents of SafePlace. In reading the forthcoming analysis, it is important to keep in mind how the information should be interpreted: with an eye toward affirming and improving existing efforts and expanding in areas where there is need.

CHAPTER 6

METHODS

Independent Variables

The independent variables used for this analysis were the service categories

previously discussed: "Individual Support," "Group Support," "Legal Assistance,"

"Relocation Assistance," "Financial Assistance," "Transportation," "Employment

Assistance," "Education Assistance," and "Medical Assistance." These variables were

measured in two distinct ways: continuously and dichotomously.

In the case of the continuous service variables, the value for each variable

represents the number of *instances of service provided.* For instance, this means that for

each instance of Legal Assistance, as defined in the previous section, there is one instance

of service counted. An individual who received legal assistance on seven occasions

would be assigned a "7" for the Legal Assistance variable. Individual Support ranged

from zero to 251 (mean = 18.3, s.d. = 31.12), Group Support ranged from zero to 48

(mean = 3.2, s.d.=5.92), Legal Assistance ranged from zero to 8 (mean = .52, s.d=1.49),

Relocation Assistance ranged from zero to 27 (mean=1.66, s.d.=3.75), Financial

Assistance ranged from zero to three (mean=.06, s.d.=.34), Transportation ranged from

zero to 31 (mean=2.72, s.d.=4.96), Employment Assistance ranged from zero to 11

(mean=.44, s.d.=1.09), Education Assistance ranged from zero to 12 (mean=.39,

s.d.=1.45) and Medical Assistance ranged from zero to 13 (mean=.87, s.d.=2.11). These

continuously measured variables will be used in t-test analyses of differences in means

between women who stated that they were returning to their abuser and those who stated that they were not.

These independent variables were also measured dichotomously, to determine presence of *any instance* of service. This set of dichotomous service variables were dummy-coded (any instance of service = 1), and provided a useful measure of services offered to clients. The dichotomous variables will be sued in the multivariate models, due to the fact that many of the variables are highly skewed. It is also likely that it is the receipt of a particular type of service that impacts client outcome, rather than the impact of the amount of a particular service.

Dependent Variable

For all analyses, level of client independence is the outcome of interest. This outcome can be captured in a variety of measures, including length of time employed, amount of money earned and length of time client is removed from the abuser. For purposes of this initial analysis, I will rely on a simple model that seeks to discover if there is a correlation between the services offered to shelter clients and their housing situation after shelter stay. This model will use "Exit Housing" as the dependant variable. This variable captures the clients intended housing status after leaving shelter residency. It is measured the day the client leaves the shelter and is recorded here as a dichotomous variable ("Living with Abuser" = 1). Included in the "Not Living with Abuser" category are the following housing scenarios: living independently, living with a friend, living with family members, living in a different shelter or living in a homeless shelter. I chose this outcome measure for two reasons. First, I felt that it was a useful indicator of the efficacy of shelter services, as the stated goal of the shelter is to eliminate

domestic violence through safe shelter and advocacy for IPV victims. Needing a safe

place for victims to stay indicates that a woman's housing situation is directly linked to

her safety and independence (i.e. if she does not live with her batterer her chances of

being abused decrease significantly). Secondly, shelter staff tracked women's housing

choice after shelter stay from 1999 to the present, which provides a consistent measure of

"outcome." [4] Although this measure is not ideal, there is both practical and theoretical

support for its use in previous research, where it has been demonstrated that a person's

stated intention is a strong predictor of her future actions (Aguierre, 1985; Fishbein &

Ajzen, 1975).

Control Variables

Previous research has indicated that the following variables may affect victims'

ability to leave their abuser: age, employment status, level of education, race,

relationship to abuser and custody of children (Pagelow, 1981; Desai and Saltzman,

2001). Age was measured continuously and may impact the level of independence,

maturity and resources a woman has in general. Employment status, measured

dichotomously (employed = 1), captures client employment status immediately upon

entering the shelter and is a strong indicator of a person's ability to support themselves

financially. Level of education is measured dichotomously, (high school degree or

equivalent = 1). Level of education can determine the employment and social resources

available to women. Race is measured dichotomously (White = 1).

Relationship to Abuser, (spouse = 1, romantic partner = 0), is an important

indicator of a woman's legal, financial and emotional attachment to her abuser, and can

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[4] At this time, available data limit my ability to determine if there is a correlation between intended housing and actual housing after shelter stay. Future research should attempt to include a measure of actual housing, relying on data from follow-up interviews with shelter clients.

play an important role in preventing her from escaping abuse.[5] Custody of children,

(custody = 1), presents women with additional obstacles to overcome, such as emotional

attachment to the abuser, suitable childcare, education for children, additional food,

clothing, housing and medical expenses. All these considerations can affect a woman's

decision to stay with her abuser. In addition, I have included client's living situation

prior to entering the shelter (Entrance Housing, "Living with Abuser" = 1) and the length

of shelter stay (Shelter Time, measured continuously in days) as variables that may

impact the dependent variable.[6]

Data Collection Methods

As previously stated, the data for this research were drawn from SafePlace, a

domestic violence shelter in a small southern city. SafePlace offers help to victims of

intimate partner violence through an extensive Residential Program, including After Care

Services and Support Groups. SafePlace also works in concert with other county

organizations such as the police, legal advocates, the court system, mental and physical

health providers and relocation services. Shelter staff documents each aspect of a client's

stay from screening and intake, through their residency, and ending with an exit packet

and shelter evaluation. At the same time, all services provided by shelter staff are tracked

for each client, so that a comprehensive picture of the woman's status before, during and

after shelter stay emerges.

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[5] For purposes of this study, Relationship to Abuser had more significant and predictive power than Martial Status. As these two variables were highly correlated, I chose to use the variables that more accurately conveyed the women's relationship status with their abuser (i.e.: a married woman may be abused by a romantic partner other than her spouse, so her marital status is not as relevant as her relationship to the abuser).

[6] A note about income: Typically, level of income would confound these research findings, as clients with higher income would have more services and options available to them. As the income level for this sample was homogenous, with all cases falling within the range of "Low to Extremely Low" poverty, this was not used as a control variable.

A database application synthesized the data from all shelter programs in an effort to track the services and care provided to clients and the outcome of the intervention. I conducted extensive interviews with the staff of Safe Place while designing this application in an effort to capture accurately the services offered to clients, as well as the varied experiences of clients before, during and after shelter stay. The staff at SafePlace input all information from their client files from January 1999 to August 2002 and allowed me to extract data that was pertinent to this research (Please see Appendices A through E for all questionnaires used in client interviews).

Challenges

When conducting an evaluation, it is generally important to consider the reliability and validity of any measures used. This task, however, becomes particularly complicated when evaluating domestic violence shelters. Issues of reliability become relevant in the following evaluation because data were extracted from pre-existing files (Riger et al, 2002). As an evaluator, I had to rely on how well those files were kept and how accurately the data were recorded by shelter staff (some of whom had stopped working at the shelter before the evaluation began). The recorded instances of service were a particular concern, as there is no way to find or make up for missing data in this area. I believe reliability problems were reduced because the forms on which pertinent information was recorded were mostly consistent and were comprised of fill-in-the-blanks and multiple-choice questions. In addition, shelter staff all received standard training in how to interview clients and fill out said forms.

The validity of measures is perhaps the most challenging aspect of this type of evaluation. Many variables must be measured using proxy measures (Riger, et al 2002).

A simple example is using a woman's income and employment status to determine how economically independent she is. There is no direct measurement of economic independence, yet we can develop a scale to measure it using quantifiable variables like income. A more complex example would be a woman's independence from her abuser. This would need to be measured using a range of variables, some of which may or may not be appropriate to "get at" this issue. For instance, as an evaluator I may decide that employment status, income and housing status (i.e., living independently versus living with an abuser) all have significant bearing on a woman's "independence," yet each of these proxy measures may have validity issues. If a woman is unemployed, it may be less likely that she is independent from her abuser, yet if she is disabled and cannot work, and receives disability benefits, then her employment status may have less bearing. As previously noted, most women who enter shelter are unemployed, and though they may gain employment while staying in shelter, the duration of employment is too short to consider their income as an accurate measure of their independence. Housing status (whether a woman is able to live on her own or must rely on someone else, such as her abuser or family and friends) seems like an acceptable proxy measure for independence. However, if a woman must rely on a family member for housing, is she truly independent? Is she independent "enough" for service providers to feel as though they have made a difference? Conversely, sometimes a woman returns to her abuser who ceases his abuse, or she goes on to form new relationships where abuse is present. Lastly, women may misrepresent their status to service providers or end contact altogether for a number of reasons, making it even more difficult to find truly valid measures or gather data on their outcome.

In addition to issues of validity and reliability of measures, conducting evaluations for small, non-profit domestic violence shelters is challenging in itself. As an agency, SafePlace faces issues such as lack of funding for evaluations, as well as lack of trained evaluators to complete the work. For SafePlace, the safety and well being of their clients must always be their first priority. There is no ethical way to experiment with services and resources to determine which have the greatest impact on clients. In order to conduct "best practice" work, a shelter must always provide every client with all available resources and services. This does not give an evaluator leeway for an experimental design, nor for a comparison group. The evaluation must not hinder the services provided to clients. In addition to these issues, the evaluator must negotiate with an already over-burdened staff. Any attempt to add to their workload, especially when additional tasks do not seem directly connected to the work staff are doing, can be met with resistance. It quickly becomes evident that in evaluating domestic violence shelters a number of issues arise concerning the reliability and validity of measures. Yet these evaluations are so necessary that evaluators must forge ahead, hoping to find meaningful information in order to convey accurately what occurs within a given program.

Analyses

Information on client descriptions and demographics is included in Table 1. I first examined the correlations between variables to understand the relationship between services rendered to clients and their housing status upon exiting the shelter. I also performed independent samples t-tests on the independent variables (shelter services) and exit housing. For a more in-depth exploration of these relationships, I used logistical regression analysis to determine if certain shelter services had a more significant impact

on clients' Exit Housing than others.   First, I simplified the model by removing any

control variables that were not correlated with either the dependent or the independent

variables. I then ran the logistic regression, first with only the continuous independent

variables and with the dichotomous independent variables.[7] Once I had chosen the set of

independent variables, I ran the analyses two ways: first with only the independent

variables and then adding the control variables; second with only the control variables

and then adding the independent variables. The results from these two analyses showed

no real difference in findings, leading me to demonstrate only the results of the latter.

Chapter 7 summarizes and discusses the results of my analyses.

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[7] I also ran models that included the continuous independent variables. The patterns of significance were almost identical to the models containing the dichotomous variables.

Table 1. Client Sample Descriptives and Demographics

Variable	Description	Mean	Std. Dev.	Percent
Age	Client age (years)	31.44	9.63951	
Children	Presence of client's children	.6280	.48481	Yes = 62.8%
Disability	Presence of mental/physical disability	.3902	.48930	Yes = 39%
Education Level	Client have HS diploma/GED	.8354	.37199	Yes = 83.5%
Income	Client annual income before entering shelter	1504.37	4797.80	No Income = 84.8%
Language	English as first language	.9451	.22844	Yes = 94.5%
Married	Client marital status upon entering shelter	1.9085	.66290	Yes = 26.8%
Relation to Abuser	Client relationship to abuser (spouse = 1, romantic partner = 0)	.2744	.4476	Spouse = 27.4% R. Partner = 72.6%
Race	Client Race (White=1, Black=2, Hispanic=3, Other=4)	1.7378	.81295	White = 42.1% Black = 47.6% Hispanic = 6.7% Other = 3.6%
Entry Employ	Client employment status upon entering shelter	.2256	.41926	Yes = 22.6%
Entry Housing	Did client live with abuser upon entering shelter	.8537	.35453	Yes = 85.4%
Physical Abuse	Presence of physical abuse	.8902	.31354	Yes = 89%
Emotional Abuse	Presence of emotional abuse	.5796	.49189	Yes = 76.2%
Sexual Abuse	Presence of sexual abuse	.1829	.38779	Yes = 18.3%
Shelter Time	Days client spent as shelter resident	19.503	22.3070	
Individual Support	Number of instances of Individual Support	18.2988	31.1175	
Group Support	Number of instances of Group Support	3.2195	5.9270	
Legal Assistance	Number of instances of Legal Assistance	.5244	1.4880	
Relocation Assis.	Number of instances of Relocation Assis.	1.6585	3.7538	
Financial Aid	Number of instances of Financial Aid	.0610	.34490	
Transportation	Number of instances of Transportation	2.7195	4.9644	
Employ Assis.	Number of instances of Employment Assis	.4390	1.0864	
Education Assis.	Number of instances of Education Assis	.3963	1.4469	
Medical Assis.	Number of instances of Medical Assis	.8720	2.1051	
Follow Up	Number of instances of Follow Up	1.1646	2.5315	
Any Individual	Any instance of Individual Support	.8720	.33517	Yes = 87.2%
Any Group	Any instance of Group Support	.5671	.47900	Yes = 56.7%
Any Legal	Any instance of Legal Assistance	.1890	.39273	Yes = 18.9%
Any Relocation	Any instance of Relocation Assistance	.3841	.48788	Yes = 38.4%
Any Financial Aid	Any instance of Financial Aid	.0366	.18832	Yes = 3.7%
Any Transport	Any instance of Transportation	.5427	.49970	Yes = 54.3%

Any Employment	Any instance of Employment Assistance	.2805	.45061	Yes = 28%
Any Education	Any instance of Education Assistance	.1402	.34830	Yes = 14%
Any Medical	Any instance of Medical Assistance	.2805	.45061	Yes = 28%
Any Follow Up	Any instance of Follow Up	.2866	.45355	Yes = 28.7%
Exit Employ	Employment status upon leaving shelter	.4573	.49970	Yes = 45.7%
Exit Housing	Did client live with abuser upon leaving shelter	.2866	.45355	Yes = 28.7%

CHAPTER 7

RESULTS

Correlations

I began my analysis by examining the correlations between variables. When

examining the correlations I used a two-tailed significance level of .1 in order to capture

any indications of shelter efficacy. I felt a less stringent analysis was acceptable, given

that this is an exploratory evaluation of shelter services. As noted in Table 2 (Appendix

F), I found that Shelter Time (number of days spent in shelter) was negatively correlated

with Exit Housing (-.165, p=.034), indicating that as a client stayed longer in the shelter,

instances of returning to their abuser upon exit decreased. I also found that having a

Disability was positively related to Exit Housing (.156, p=.045), so that clients with a

disability had increased instances of returning to the abuser after shelter exit. A client's

Education Level (whether or not they had a high school diploma or equivalent) was

positively related to Exit Housing (.172, p=.027), which would indicate that having a

high school degree was related to increased instances of returning to the abuser. Physical

Abuse was negatively correlated with Exit Housing (-.166, p=.034), indicating that

experiencing physical abuse in a relationship was associated with not returning to the

abuser upon shelter exit.

For the independent variables, Education Assistance was negatively correlated

with Exit Housing (-.118, p=.132) and Medical Assistance was positively correlated with

Exit Housing (.122, p=.119). Thus, increased education assistance was linked to

decreased instances of returning to the abuser. Conversely, increased medical assistance was linked to increased instances of returning to the abuser after shelter stay.

T-Tests

For the T-test, I used the less stringent significance level of .1 as well.   As shown in Table 3, Independent Sample T-tests provided additional insight into the relationships between the independent variables (shelter services) and Exit Housing. There is a significant mean difference in Shelter Time (t= -2.666) between those who return to their abusers upon exiting the shelter and those clients who do not. For the continuous independent variables, Employment Assistance (t = -1.641) and Education Assistance (t = -2.205), there was a significant difference in the mean number of these services received between clients who returned to their abuser after shelter stay and those who did not.

Logit

The binomial logistic regression was useful in determining if there was a significant impact of specific services on the likelihood that clients would return to their abusers after shelter stay. For the logistic regression, I used the standard level of .05 to determine significance. I regressed the dependent variable on the control variables[8] and then included the dichotomous independent variables (any instances of service). To test the significance of the models, I conducted a –2 log likelihood ratio test for a comparison between the control model and the full model.   I found that there was no significant difference in the models (Chi-Square 8.715, df=10) when the independent variables were added, indicating that their presence did not necessarily improve the model fit.

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[8] After examining preliminary analysis and correlations, it was only necessary to include the following control variables in the analyses: Shelter Time, Disability, Education Level, Physical Abuse and Entry Housing.

Table 3. Independent Samples T-Test for Exit Housing

Variable	Mean Difference	t
Shelter Time	-8.1262	-2.666 ***
Continuous Service Variables		
Individual Support	-3.967	- .897
Group Support	-.4270	- .493
Legal Assistance	.0040	.157
Relocation Assistance	.5979	.783
Financial Aid	.0063	.927
Transportation	-.2928	- .320
Employment Assistance	-.2277	-1.641 *
Education Assistance	-.3766	-2.205 **
Medical Assistance	.5672	1.286

df = 162
* p < .1 ** p < .05*** p < .01

As seen in Table 4, the control variables Education Level, Physical Abuse, Entry Housing and Shelter Time were significant in the model. The full model showed that clients who held at least a high school diploma or equivalent were five times more likely to return to their abuser after shelter stay. Women who had been physically abused were 73 percent less likely to return to their abusers. Women who had lived with their abusers prior to shelter were four and a half times more likely to live with their abuser after shelter stay, a finding that certainly makes sense from a practical standpoint. For each unit of shelter stay (measured in days), clients were 3.5 percent less likely to return to their abusers after shelter stay. For the independent variables in the logit model, only one service (Medical Assistance) seemed to have any significant impact on Exit Housing, but the coefficient for this variable was not in the expected direction, indicating that women who received any instance of Medical Assistance were three times more likely to return to their abuser after shelter stay.

Table 4. Binomial Logistic Regression Coefficients and Odds Ratios of Exit Housing Choice for Clients of Domestic Violence Shelter

	Dichotomous Service Variables		
	Model 1	Model 2	Exp(B) (full model)
Education Level	1.553* (.681)	1.603 * (.728)	4.967 *
Disability	.616 (.383)	.421 (.409)	1.524
Relation to Abuser	-.635 (.443)	-.733 (.468)	.481
Physical Abuse	-1.185* (.547)	-1.302 * (.571)	.272 *
Entry Housing	1.196 (.612)	1.506 * (.668)	4.509 *
Shelter Time	-.022 * (.011)	-.036 * (.014)	.965 *
Dichotomous Service Variables			
Individual Support		.443 (.662)	1.557
Group Support		.212 (.457)	1.236
Legal Assistance		.627 (.573)	1.872
Relocation Assistance		..059 (.453)	1.060
Financial Assistance		1.031 (.974)	2.803
Transportation		-.317 (.425)	.728
Employment Assistance		-.165 (.529)	.848
Education Assistance		-.568 (.731)	.567
Medical Assistance		1.104 * (.522)	3.015 *
N = 164			
-2 Log-Likelihood	174.418	165.703	
Score Test for Chi-Square	22.075 **	30.791 *	
Degrees of Freedom	6	16	

* p <.05, **p<.01, ***p<.001
(Standard Error in parentheses.)

CHAPTER 8

DISCUSSION

The results of this evaluation indicate several interesting relationships between certain aspects of shelter clients, as well as the services provided by the shelter, and level of client independence upon leaving the shelter. Physical abuse was negatively correlated with Exit Housing in each of the models. This may indicate that physical abuse is perhaps the easiest form of abuse to recognize and revolt against, whereas more subtle forms of abuse such as emotional or financial may be harder to perceive or considered less dangerous or worrisome to shelter clients. Also, the vast majority of the women in the sample suffered some form of physical abuse. Those women who experienced physical abuse (rather than emotional or sexual abuse) were less likely to return to their abuser after shelter stay.

The Disability variable was also significant in the correlations and T-Test models, yet having a disability was positively related to Exit Housing. Thus, those women who had either a physical or mental disability had higher instances of returning to their abuser after they left the shelter. This is not surprising, given that women with a disability have more economic and health issues to consider and may be more reliant (both financially and emotionally) upon their abusers than women without a disability.

Interestingly, the logit model indicates that a client's Education Level (whether or not they had a high school diploma or equivalent) was positively related to Exit Housing, which indicates that having a high school degree was related to increased instances of

returning to the abuser. However, the correlations matrix showed a significant negative relationship between the continuous Education Assistance variable and Exit Housing. As such, the exact nature between education level and returning to one's abuser after shelter exit is unclear, but there is some indication that education assistance increases the instances of women living separately from their abuser after shelter stay.

There were somewhat confusing findings for the relationship between Exit Housing and Medical Assistance. In all models, increased medical assistance was related to increased instances of returning to the abuser after shelter exit – a finding that seems counterintuitive until one considers the impact of a disability on a woman's independence from her abuser. Those who require the most medical assistance from SafePlace are generally the women who have some sort of disability, and these women also have higher instances of returning to their abusers.   This relationship bears further investigation, given the finding that for each instance of shelter medical assistance, the likelihood of a woman returning to her abuser increases 30 percent.

In every analysis performed, Shelter Time had a significant and negative relationship to the dependent variable. For each unit of shelter stay (measured in days), clients were 3.5 percent less likely to return to their abusers after shelter stay.   This finding seems to indicate that, regardless of what services are offered by the shelter, simply being in a safe environment longer may give women the tools they require to separate from their abusers. This is an important piece of information, as shelter policy limits the amount of time a woman can stay in the shelter due to the community's high demand for resident services and lack of bed space.

As we have seen, past evaluations and research of domestic violence shelters have discussed client services. The previously noted evaluations focused on certain aspects of domestic violence shelters and sought to determine if shelters helped IPV survivors. Some of these evaluations even examined the relationship between certain services (i.e.: legal advocacy or counseling) and women's outcomes. My research has expanded upon past research by examining the impact of different shelter services on shelter resident outcomes.

Overall, the most sophisticated analysis (logistic regression) did not show any significant relationship between shelter services and client outcome, with the exception of medical assistance (and this relationship was not in the expected direction). Although I can not say from these findings that shelter services have no impact on client independence, it is obvious that determining a relationship will require additional analyses. However, there were several findings that have both theoretical and policy implications. There is an important relationship between having a disability and returning to one's abuser – examining the challenges that disabled women face may be useful for increasing their independence and safety. The findings that indicate a positive relationship between medical assistance and returning to the abuser require further examination, as an important, yet confusing, relationship between women's healthcare and their independence from their abuser is evident.

The findings for Shelter Time were also significant in every model. This is an important finding, demonstrating that *something* is occurring while clients are in shelter that aids them in living free from their abusers after shelter stay. Whether that *something* is the service provided, peer support from other clients, or simply having a safe place to

think and examine options, it is worth further investigation if shelters wish to develop best practice work. Such a finding not only indicates that more research into the shelter process is necessary, but has immediate policy implications. If staying in a shelter for an additional week increases the likelihood that women will be free of their abusers by 24.5 percent, perhaps shelters will revise their length-of-stay policies. Also, this finding may indicate that efforts for long-term transitional housing should be pursued as vigorously as possible. In order to understand fully the evaluation findings, it is appropriate to examine the limitations of this study and determine areas for future research.

Limitations

A major limitation of any research on intimate partner violence is the difficulty in obtaining reliable data on services provided to shelter clients. Although sincere efforts were made by SafePlace's staff to maintain accurate records of clients and the services they received, important data were missing from the original client files. In particular, detailed information about the clients themselves, as well as the various services they received was often missing. This limited the number of complete cases for analysis.

When the current shelter staff initially implemented policies for client data records, there was no theoretical basis beyond the practices of what other shelters and staff members had done in the past. This seems to be indicative of the general methods used by non-profit service agencies. Theory-driven research and policy development in this area are rare, generally due to lack of shelter funds and already over-burdened staffs. SafePlace was no exception from these restrictions and their record keeping practices were not designed with empirical analysis in mind. In many ways, this limited my ability to conduct a full evaluation.

Additionally, because the analysis utilized data from one domestic violence shelter, the findings may not apply to all shelters. However, as discussed earlier, SafePlace's client population is very similar to others that have been studied in the past. This study may be generalizable to shelters that have similar aspects, such as operating within a small city that has available public transportation. Also, though it is not unique in the respect, SafePlace receives enough funding to maintain a 20-person staff of well-trained and educated women, and this may have an impact on the range and effectiveness of services offered to clients. Additionally, SafePlace has strong connections with other community organizations and can make referrals to these agencies for clients to receive additional assistance. Lastly, SafePlace operates near a state university and a regional technical college, which allows the agency to draw upon a large student population for highly educated and motivated interns and volunteers.

This research has shown that shelters are an important resource for women encountering intimate partner violence. Most importantly, I believe that this research has highlighted the need for further evaluations of specific services offered within domestic violence shelters.

Future Research

Given the prevalence and seriousness of IPV and the impact it has on women and their children, it is important to test strenuously the strengths and weaknesses of current social practices in helping victims of such violence. Earlier in this work, I commented on the fact that there is not enough research determining the efficacy of IPV services. I believe the reasons why lie in the very difficulties I have encountered in the current research. This indicates that shelters need to implement more comprehensive and theory

driven data collection methods. In his extensive discussion of service organizations that offer help to IPV victims, Gondolf (1988) comments that:

> The prevailing notion of learned helplessness may, in fact, be misleading. Learned helplessness suggests that it is the woman who needs to be diagnosed and treated… However, we believe that there is a more important side to consider: the insufficient response of community help sources. If learned helplessness is a valid conception, it is ironically prevalent in the system of helping sources. (22)

I believe his point is well taken. Many service providers have (albeit informally, perhaps) accepted the notion that victims of IPV lack efficacy and often use this as an explanation for women's failure to leave their abusers. This has led to the belief that IPV victims are, in fact, helpless and unable to make healthy and rational decisions. Challenging (or dismissing) these women's rationality can easily lead to a belief that "nothing works" or that these women will simply never change their decision-making processes. Gondolf believes that this can lead to feelings of helplessness on the part of service providers, who already struggle against a lack of funding, resources and support. By embracing help models that support victims' rationality and agency, service providers can return to the notion of empowering their clients and unlearn their own brand of "learned helplessness."

It is also important to use shelter services as a venue for testing theory, so that we learn not only what works, but also *why* it works. Even contradicting theories in IPV literature indicate that some form of service is necessary; but it is still unclear which services should be focused on or expanded. To better understand the nature of victims' service needs, we can focus on the impact of different service types. Also, by examining what services the clients themselves desire (as expressed by a needs assessment at client

intake), we can compare these to the services they actually receive, to determine if there is a link between these variables and the clients' outcome.

There are many other community, government and private agencies that work in tandem with domestic violence shelters. Shelter staff members often refer clients to these agencies to receive help that the staff is unable to provide directly. Examining the practices of these agencies and the efficacy of their services is also important in evaluating the choices available to IPV survivors. In addition, comparing referrals made with actual utilization of services by clients would give a clearer picture of what clients find helpful. By focusing on those agencies that provide women with helpful resources, shelters can expand their clients' options for rational decisions.

Lastly, it is also important to assess clients' experiences after they leave the safety of the shelter. Once beyond the immediate reach of people willing to assist them, how do these women fare? Are they able to stay free from their abusers? How do available resources affect their decisions over time? If any, what services do survivors require after the shelter experience? Although the answers to these questions are extremely important, they are also very difficult to gather. Many women break contact with the shelter after their stay, either by design (they had a negative experience in the shelter or wish to regain their privacy), for safety purposes (fear of abuser reprisal) or by simply forgetting to update client records after a move. Lack of shelter funds and staff resources usually do not allow for the more advanced and consistent forms of data collection necessary for this type of research.

In order to conduct comprehensive evaluations, shelters must revamp the way they collect data. Such things as instituting more routine formal evaluations for clients

during their stay, rather than only at the end (a time when clients are less likely to want to fill out such an evaluation due to time constraints or other stressors) may help to gather more accurate and informative data. Engaging clients in this way will not only help the shelter with information and evaluation, but will also provide clients a means for formal evaluation and feed-back, a useful empowerment tool. By evaluating current programs designed to aid victims of intimate partner violence, we can substantially improve the services offered. With the scarcity and decline of funding and staffing for shelters, it is vital that resources be appropriately directed towards programs and services that have a positive impact on the women and children they are intended to help. Conducting comprehensive evaluations and developing relevant theories is an important step for providing effective services and helping survivors of intimate partner violence. The lessons I learned, as well as the issues I faced in attempting this type of analysis may provide others a way to broach relevant questions and find necessary answers regarding this issue.

REFERENCES

Aguirre, B.E. (1985). "Why Do They Return? Abused Wives in Shelters". *Social Work*, 30, 4.

Angless, Teresa. (1998).   "Battered Women Seeking Solutions in a South African Study". *Violence Against Women.* 4, 6.

Berg, William E. and Johnson, Robert. (1979). *Perspectives on Victimology*, Edited by William H. Parsonage. Sage Research Progress Series on Criminology, Volume 11. Sage Publications, Beverly Hills.

Berk, R.A., Newton, P.J. and 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, 48.

Bowker, Lee. (1986). *Ending the Violence: A Guidebook based on the Experiences of 1000 Battered Wives.* Florida: Learning Publications.

Bowker, Lee H. and Lorie Maurer. (1985). "The Importance of Sheltering in the Lives of Battered Women". *Response to the Victimization of Women & Children*, 8, 1

Briar, Scott and Betty J. Blythe. (1985). "Agency Support for Evaluating the Outcomes of Social Work Services." *Administration in Social Work*, 9, 2.

Bureau of Justice Statistics. (2000). *Special Report: Intimate Partner Violence*. US Department of Justice.

Busch, Noel Bridget and Deborah Valentine. (2000). "Empowerment Practice: A Focus on Battered Women". *Journal of Women and Social Work*. 15, 1.

Campbell, Rebecca, Chris M. Sullivan and William S. Davidson II. (1995). "Women Who Use Domestic Violence Shelters: Changes in Depression Over Time." *Psychology of Women Quarterly*, 10.

Davis, Liane V. and Jan Hagen. (1994). "Social Services for Battered Women: Are They Adequate, Accessible and Appropriate?" *Social Work*. 39, 6.

Desai, Sujata and Saltzman, Linda E. (2001). "Measurement Issues for Violence Against Women", in *Sourcebook on Violence Against Women*. Edited by: Claire Renzetti, Jeffery Edleson and Raquel Kennedy Bergen. Thousand Oaks: Sage Publications, Inc.

Dobash, R. Emerson and Russell P. Dobash. (1992). *Women, Violence and Social Change*. New York: Routledge.

Donnelly, Denise. (1999). "Provision and Exclusion - The Dual Face of Service to Battered Women in Three Deep South States". *Violence Against Women.* 5, 7.

Dutton, Mary Ann. (2000). "Characteristics of Help-Seeking Behaviors, resources and service needs". *Georgetown Journal on Poverty Law & Policy*. 7, 2.

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.

Gelles, Richard (1987). *Family Violence*. Newbury Park: Sage Publications.

Gondolf, Edward. (1988). *Battered Women as Survivors*. Lexington Books, DC Heath and Company, Lexington MA.

Gondolf, Edward, Ellen Fisher and J. Richard McFerron. (1990). "The Help-Seeking Behavior of Battered Women: An Analysis of 6000 Shelter Interviews" in: *The Victimology Handbook*, edited by Emilio Viano. New York: Garland Publishing, Inc.

Hutchinson, Ira and David Hirschel. (1998) "Abused Women Help-Seeking Strategies and Police Utilization". *Violence Against Women.* 4, 4.

Jasinski, Jana L. (2001) "Theoretical Explanations for Violence Against Women" in *Sourcebook on Violence Against Women*. Edited by: Claire Renzetti, Jeffery Edleson and Raquel Kennedy Bergen. Thousand Oaks: Sage Publications, Inc.

Johnson, Ida M., Crowley, Joan and Sigler, Robert T. "Agency Response to Domestic Violence: Services Provided to Battered Women" in E.C. Viano's (1992) *Intimate Violence: Interdisciplinary Perspectives*. Hemisphere Publishing Corporation, Washington, D.C.

Karmen. (2001) *Crime Victims: An Introduction to Victimology (4th Edition)*. California: Wadsworth Publishing.

Koss, Goodman, Browne, Fitzgerald, Russo, Puryear Keita. (1995). *No Safe Haven*. Washington DC: American Psychological Association.

LaViolette, Alyce D. And Barnett, Ola W. (2000). *It could happen to anyone: Why battered women stay*. Sage Publications, Inc., Thousand Oaks.

Loseke, Donileen R. (1992). "The Work of Shelters: Battered Women and Initial Help". *Victimology,* 7 (1-4).

Loseke, Donileen R. and Sarah Fenstermaker Berk. (1982). "The Work of Shelters: Battered Women and Initial Calls for Help". *Victimology: An International Journal*. 7.

McNamara, John R., Melissa A. Ertl, Sue Marsh and Suzanne Walker. (1997). "Short-term Response to Counseling and Case Management Intervention in a Domestic Violence Shelter". *Psychological Reports*, 81.

Mohr, Lawrence B. (1995). *Impact Analysis for Program Evaluation, Second Edition*. Sage Publications, Thousand Oaks.

Pagelow, Mildred Daley. (1981). *Woman-Battering: Victims and their Experiences*. California: Sage Publications, Inc.

Renzetti, Claire M., Jeffrey L. Edleson, Raquel Kennedy Bergen. (2001). *Sourcebook on Violence Against Women*. Sage Publications, Thousand Oaks.

Riger, Stephanie, Larry Bennet, Sharon M. Wasco, Paul A. Schewe, Lisa Frohmann, Jennifer M. Camacho and Rebecca Campbell. (2002). *Evaluating Services for Survivors of Domestic Violence and Sexual Assault*. Sage Publication, Thousand Oaks.

Roberts, Albert. (1998). *Battered women and their Families: intervention strategies and treatment programs*. New York: Springer Pub. Co.

Rubin, Allen. (1991). "The Effectiveness of Outreach Counseling and Support Groups for Battered Women: A Preliminary Evaluation". *Research on Social Work Practices*, 1, 4.

Smith, S. and S. Freinkel. (1988). *Adjusting the Balance: Federal Policy and Victim Services*. Westport: CT, Greenwood Publishing.

Straus, Murray A. (1991). "Physical violence in American families" in *Understanding Victimology: Selected Readings*. Edited by Peggy Tobolowsky. Anderson Publishing Company, Ohio.

Straus, Murray A., Richard J. Gelles and Suzanne K. Steinmetz. (1980). *Behind Closed Doors: Violence in American Families*. New York: Anchor Press.

Sullivan, Chris M. and Gillum, Tameka. (2001). "Shelters and Other Community Based Services for Battered Women and their Children" in *Sourcebook on Violence Against Women*. Edited by: Claire Renzetti, Jeffery Edleson and Raquel Kennedy Bergen. Thousand Oaks: Sage Publications, Inc.

Sullivan, Cris M, Joanna Basta, Cheribeth Tan, William S. Davidson II. (1992). "After the Crisis: A Needs Assessment of Women Leaving a Domestic Violence Shelter". *Violence and Victims*. 7, 3.

Tutty, Leslie M. (1999). "Residents' Views of the Efficacy of Shelter Services for Assaulted Women". *Violence Against Women*, 5, 8.

Walker, Lenore. (1984). *The Battered Woman Syndrome*. New York: Springer Publishing Company.

Walker, Lenore. (1977). "Battered Women and Learned Helplessness". *Victimology, an International Journal*, 2.

Weiss, Carol H. (1998*). Evaluation, Second Edition*. Prentice Hall, New Jersey.

Weisz, Arlene N., Richard M. Tolman and Larry Bennett. (1998). "An Ecological Study of Nonresidential Services for Battered Women Within a Comprehensive Community Protocol for Domestic Violence." *Journal of Family Violence*, 13, 4.

Weisz, G., Taggart, J. Mockler, S. and Streich, P. (1994). "The Role of Housing in Dealing with Family Violence In Canada". Canada Mortgage and Housing Corporation, Ottawa.

APPENDICES

APPENDIX A

"SAFEPLACE" ADMISSION SCREENING QUESTIONS

1. Client name

2. Age

3. Date

4. County

5. Referred by

6. Is client safe?

7. Is client hurt?

8. Does client need medical attention?

9. Where is the abuser now?

10. Does client have children with you now?

11. Children's age and genders?

12. What happened to lead to this call?

13. Has Client experienced physical abuse?

14. Has Client experienced sexual abuse?

15. Has Client experienced emotional abuse?

16. Has Client experienced financial abuse?

17. Has Client experienced coercive control?

18. Were the police called?

19. Was an arrest made? Who was arrested?

20. Does client want to leave the abuser?

21. Does client want to come into shelter?

22. Can client stay with a family member or friend?

23. Will client be bringing any children into the shelter?

24. Does client have a contagious disease such as Hepatitis, HIV, Live or Ring Worms? (This will not affect admission, it only guides precautionary measures)

25. Is client under a physician or psychiatrist's care?

26. Is client having suicidal feelings?

27. Are client or client's children on medication?

28. Has client ever been in a shelter before?

APPENDIX B

"SAFEPLACE" SHELTER ADMISSION INTAKE

We will not reveal any information about you outside of unless we are ordered to by a court of law or if child abuse is involved. We will keep this file for five (5) years and then it will be destroyed. You can make a written request for a copy of your file at anytime within those 5 years

<u>FILL IN ALL BLANKS   GET ZIP CODE FOR ALL ADDRESSES</u>
<u>COMPLETE ALL CHILD INFORMATION EVEN IF CHILD IS NOT IN SHELTER</u>

ADMISSION DATE_____

INTAKE INTERVIEWER_____

NAME_____

NICKNAME_____

AGE_____ DATE OF BIRTH_____

SS#_____

RELATIONSHIP TO ABUSER_____

LENGTH OF RELATIONSHIP_____

MARITAL STATUS_____

HOUSING SITUATION UPON ENTERING SHELTER_____

ADDRESS_____

COUNTY_____

PHONE_____

ETHNICITY_____

EDUCATION LEVEL_____

LANGUAGE

____ENGLISH   ____SPANISH   ____OTHER _____

EMPLOYED_____

PLACE OF EMPLOYMENT_____

ADDRESS_____

PHONE NUMBER_____

SCHEDULE_____

DOES CLIENT HAVE A HISTORY OF ABUSE_____

DOES CLIENT HAVE A CRIMINAL RECORD/WHAT OFFENSE _____

DOES CLIENT HAVE ANY PENDING LEGAL ISSUES _____

DISABILITY

____PHYSICAL

____EMOTIONAL

ARE YOU CURRENTLY TAKING ANY MEDICATION_____

WERE YOU ABUSED DURING PREGNANCY_____

HAS ABUSE INTERFERED WITH WORK/SCHOOL_____

DOES CLIENT HAVE A T.P.O. (MAKE COPY) _____

____POLICE INVOLVEMENT/DEPARTMENT _____

RESPONSE:

____ARRESTED YOU   ____ESCORTED YOUR ABUSER AWAY

____ARRESTED YOUR ABUSER   ____ESCORTED YOU AWAY

____THREATENED TO ARREST YOU   ____FILED A REPORT

____THREATENED TO ARREST OUR ABUSER

____NOTHING   ____OTHER

____CURRENT INJURIES RESULTING FROM ABUSER (DOCUMENT ON BODY

DIAGRAM)_____

CHILDREN'S INFORMATION

MOTHER'S NAME: _____ CHILD'S NAME: _____

SEX: ____FEMALE ____MALE

AGE: _____ DOB: _____

ETHNICITY: _____

LANGUAGE: _____

SS #: _____

GRADE: _____SCHOOL: _____

ANY LEGAL ISSUES PENDING: _____

DISABILITY: PHYSICAL_____EMOTIONAL _____

IS THE CHILD IN COUNSELING: _____

EVER MIMIC ABUSE: _____

CHILD CURRENTLY TAKING MEDICATION _____

LIST ANY ALLERGIES:_____

RELATIONSHIP WITH ABUSER: _____PARENT _____STEP-PARENT _OTHER

____CHILD IS IN SHELTER

____NOT IN SHELTER, WHERE IS CHILD STAYING? _____

ABUSER INFORMATION

NAME_____GENDER_____

AGE_____ DOB_____

ETHNICITY_____ PRIMARY

LANGUAGE(s)_____

ADDRESS_____

COUNTY_____

EDUCATION_____ EMPLOYED_____

WORK SCHEDULE_____

PLACE OF EMPLOYMENT_____

ADDRESS_____

VEHICLES_____

WEAPONS_____

IS HE ON PROBATION _____ IF YES, FOR WHAT CHARGES_____

PROBATION OFFICER_____COUNTY_____

PHYSICAL DESCRIPTION (Attach copy of picture if she has one) _____

APPENDIX C

"SAFEPLACE" ABUSE ASSESSMENTS

PHYSICAL VIOLENCE

Has your partner done any of the following to you or your children?

- Pulled Hair
- Slapped
- Punched
- Forcibly Dragged
- Kicked
- Hit
- Choked
- Shoved
- Bit
- Held Down
- Tied Up
- Restrained
- Used Weapons
- Burned
- Others

SEXUAL ABUSE

Has your partner said or done any of the following things to you:

- Made you have sex against your will
- Forced you to have sex with other people
- Made you perform sexual acts that did not want to
- Made you have sex when you were sick, injured, or pregnant
- Made you have sex after physically and/or emotionally abusing you
- Criticized you sexually
- Said bad things about your body
- Accused you having affairs
- Told degrading jokes about women
- Other

CHILD SEXUAL ABUSE

Has your partner ever done any of the following to your child:?

- Touched the child in a sexual way
- Made the child watch pornography
- Made the child take a bath with the abuser
- Made the child watch you have sex
- Made sexual comments to the child
- Made the child touch themselves
- Allowed other people to sexually touch the child
- Made the child touch the abuser or other adults
- Other

EMOTIONAL ABUSE

Has your partner said or done any of the following to you?

- ❑ Ignored your feelings or made fun of them
- ❑ Put down women as a group
- ❑ Withheld affection
- ❑ Intimidated you
- ❑ Humiliated You
- ❑ Called you names
- ❑ Insulted you
- ❑ Ridiculed or minimized your needs
- ❑ Constantly blamed you
- ❑ Threatened violence against
- ❑ Tried to make you feel crazy
- ❑ Censored your mail
- ❑ Refused to let you use the telephone
- ❑ Threatened to take your children and/or report you to DFCS
- ❑ Yelled or/and screamed at you
- ❑ Kept you from going to work and/or school
- ❑ Displayed acts of violence against pets
- ❑ Other

Coercive Control

Has your partner done any of the following to you or your children?

- ❑ Created rules for your everyday activities
- ❑ Denied you access to your bank account
- ❑ Denied you access to important papers
- ❑ Denied you access to other assets
- ❑ Denied you access to food
- ❑ Denied you access to medication
- ❑ Denied you access to first aid
- ❑ Denied you access to family members
- ❑ Denied you access to pets
- ❑ Prevented you from sleeping
- ❑ Prevented you from bathing
- ❑ Prevented you from using the toilet
- ❑ Prevented you from changing cloths
- ❑ Isolated you
- ❑ Possessive of you
- ❑ Jealous behavior
- ❑ Other

APPENDIX D

"SAFEPLACE" RECORD OF CLIENT SERVICES

Services Provided	Week of 1st-7th	Week of 8th-15th	Week of 16th-23rd	Week of 24th-31st	Totals (Do not fill in)
Individual support					
Support Group					
Activity Group					
Parent Group					
Individual Advocacy					
Legal Advocacy					
TPO					
Victim's Comp.					
Relocation Asst.					
Financial Asst.					
Transportation					
Follow-up					
REFERRALS					
Court System					
Law Enforcement					
Employment					
School/ Education					
Household/ Relocation					
Public Asst.					
Counseling/ Mental Health					
Medical					
Housing					
Transportation					
Batters Intervention Program					

APPENDIX E

"SAFEPLACE" SHELTER EXIT EVALUATION

Thank you for taking the time to complete this evaluation of the shelter. Your feedback will help us offer the best services to women and children leaving domestic violence. Please be <u>honest</u> and <u>specific</u>, and give concrete examples of problems and suggestions for improvement. This information will remain anonymous and confidential and will be used to help us do a better job. Again, thank you!

1. How many days were you at the shelter? _____

2. How many times had you left your abuser before you came to the shelter? (circle one)
         0   1   2   3   4   5   6   7 or more

3. I have: (circle all that apply)
    a) never been in a shelter before
    b) been in a domestic violence shelter before
    c) been in a homeless shelter before
    d) stayed with friends or family because of domestic violence

4. When I leave the shelter, I will: (circle all that apply)
    a) move to another shelter
    b) move in with family or friends or other temporary living arrangement
    c) permanent housing; a new address
    d) permanent housing; an old address
    e) go into inpatient medical or mental care
    f) other _____

5. Did you find a place to stay while staying at the shelter?   Yes   No

6. If yes, did the Women's Advocate/Case Manager assist you in finding housing?
                                                   Yes   No

7. Did you receive help for your move?   Yes   No

8. If so, please describe (help with furniture, moving, household items, etc)
    _____
    _____

9. Did you have a job immediately before coming to the shelter? Yes   No

10. Did you find a job while staying at the shelter?   Yes   No

11. Did the Women's Advocate/Case Manager assist you in the following?
      a) an appointment with Job Services?   Yes   No
      b) mailing or faxing job applications?   Yes   No
      c) with your resume   Yes   No
      d) referrals to temporary agencies   Yes   No
      e) setting up interviews with businesses   Yes   No

12. Did you receive assistance and support from the other advocates?
      ☐ never   ☐ once   ☐ weekly   ☐ daily

13. Overall, how would you rate the performance of the shelter staff?
      ☐ excellent   ☐ very good   ☐ good   ☐ fair   ☐ poor

14. What were your goals before coming to the shelter?

15. Did you accomplish these goals?   Yes   No

Depending on your answer on question #15, describe <u>whether or not</u> you received assistance from shelter in reaching your goals. Be specific.

16. Did you feel more protected from your abuser while staying here?
      ☐ never   ☐ sometimes ☐ most of the time   ☐ always

17. Were the rules applied fairly?
      ☐ never   ☐ sometimes ☐ most of the time   ☐ always

If not, please explain.

18. Were you treated with dignity and respect by the support group facilitator(s)?
      ☐ never   ☐ sometimes ☐ most of the time   ☐ always

19. Did the support group provide you with ways to develop a safety plan or safety skills?
      ☐ Yes   ☐ No

20. If yes, what is one element of your safety plan that you can use to keep yourself safe?

23. Do you know how to be safe in the work place?   Yes   No

24. Do you know how to recognize the traits of an abuser?   Yes   No

27. Please leave any comments or questions you have about the shelter staff, facilities, services, procedures or volunteers below. Use the back, if necessary.

AFTERCARE QUESTIONS: *If you agreed* to take part in the aftercare program, please complete the following questions. Thank you.

1. Did your abuser let you handle the family or couple finances?
☐ never ☐ rarely ☐ sometimes ☐ most of the time ☐ all of the time

If <u>not</u>, please describe how that has effected your financial situation.

2. Have you ever lived on your own before?   Yes   No

3. Do you have any friends or family members or coworkers you can talk to when you move out?
Yes   No

4. What are your most pressing concerns as you leave shelter?

5. Describe your most important goal as you leave the shelter.

6. How will you know you have accomplished that goal?

Add any questions or concerns about aftercare below. Use the back, if necessary.

Table 2. Correlations Matrix

	Exit Housing	Shelter Time	Language	Income	Age	Abuser Relation	Children	Disability	Race
Exit Housing	*	-.165 *	.034	.045	-.023	-.057	.013	.156 *	.055
Shelter Time	-.165 *	*	-.170 *	-.078	.115	-.068	.062	-.146	.121
Language	.034	-.170 *	*	-.006	.106	-.212 **	-.130	.193 *	-.342 **
Income	.045	-.078	-.006	*	.055	.101	.028	.099	.039
Age	-.023	-.115	.106	.055	*	.146	-.157 *	.253 **	-.188 *
Abuser Relation	-.057	-.068	-.212 **	.101	.146	*	.219 **	-.156 *	.030
Children	.013	.062	-.130	.028	-.157 *	.219 **	*	-.134	.016
Disability	.156 *	-.146	.193 *	.099	.253 **	-.156 *	-.134	*	-.250 **
Race	.055	.121	-.342 **	.039	-.188 *	.030	.016	-.250 **	*
Education Level	.172 *	-.021	-.035	-.003	.144	.089	-.104	.052	.059
Physical Abuse	-.166 *	.076	.001	-.094	-.080	-.046	.053	-.079	.127
Emotional Abuse	-.089	.117	.054	.027	.046	-119	.015	.006	-.004
Sexual Abuse	-.056	.009	-.163 *	.040	3124	-.044	.103	.042	.036
Entry Housing	.072	.097	.052	.004	-.022	.216 **	.110	-.164 *	-.046
Entry Employ	-.052	.040	-.126	-.285 **	-.128	-.070	.083	-.103	.265 **
Exit Employ	.041	.004	.006	.143	.041	.066	.099	-.107	-.020
Individual Support	-.058	.559 **	.030	.021	-.093	.040	.077	-.071	-.062
Group Support	-.033	.693 **	.063	-.024	-.135	-.048	.029	-.104	-.006
Legal Assistance	.012	.293 **	-.149	.034	-.143	.225 **	.178 *	-.055	.084
Relocate Assistance	.072	.309 **	.050	.002	-.021	-.061	.041	.016	.001
Financial Assistance	.084	.010	.043	.043	-.106	-.109	.100	.004	.014
Transport Assistance	-.027	.370 **	.019	.006	-.063	-.065	.094	-.061	.000
Employ Assistance	-.095	.217 **	.048	-.017	-.019	.054	.021	-.070	.089
Education Assistance	-.118	.287 **	-.101	-.007	-.092	.087	.159 *	-.107	.115
Medical Assistance	.122	.244 **	-.104	-.071	-.019	.044	-.035	.156 *	.005
Follow Up	-.089	.128	.058	.053	-.039	.030	.055	-.027	.000

*p<.05, **p<.01, ***p<.001

Table 2. Correlations Matrix

	Education Level	Physical Abuse	Emotional Abuse	Sexual Abuse	Entry Housing	Entry Employ	Exit Employ	Individual Support	Group Support
Exit Housing	.172 *	-.166 *	-.089	-.056	.072	-.052	.041	-.058	-.033
Shelter Time	-.021	.076	.117	.009	.097	.040	.004	.559 **	.693 **
Language	-.035	.001	.054	-.163 *	.052	-.126	.006	.030	.063
Income	-.003	-.094	.027	.040	.004	.285 **	.143	.021	-.024
Age	.144	-.080	.046	.124	-.022	-.128	.041	-.093	-.135
Abuser Relation	.089	-.046	.119	-.044	.216 **	-.070	.066	.040	-.048
Children	-.104	.053	.015	.103	.110	.083	.099	.077	.029
Disability	.052	-.079	.006	.042	-.164 *	-.103	-.107	-.071	-.104
Race	.059	.127	-.004	.036	-.049	.265 **	-.020	-.062	-.006
Education Level	*	.002	-.055	-.003	-.044	-.075	.077	-.029	.033
Physical Abuse	.002	*	.170 *	.116	.075	.003	-.069	-.019	.066
Emotional Abuse	-.055	.170 *	*	.005	.174 *	.027	-.120	.147	.159 *
Sexual Abuse	-.003	.116	.005	*	-.072	-.029	-.086	-.071	-.095
Entry Housing	-.044	.075	.174 *	-.072	*	-.024	.068	.063	.118
Entry Employ	-.075	.003	.027	-.029	-.024	*	.061	.013	.054
Exit Employ	.077	-.069	-.120	-.086	.068	.061	*	.001	.065
Individual Support	-.029	-.019	.147	-.071	.063	.013	.001	*	.784 **
Group Support	.033	.066	.159 *	-.095	.118	.054	.065	.784 **	*
Legal Assistance	-.087	.006	.111	.099	.077	.045	-.168 *	.369 **	.228 **
Relocate Assistance	.078	-.141	.110	-.037	-.015	.049	.064	.477 **	.431 **
Financial Assistance	.079	.062	-.026	-.038	-.077	-.053	.051	.175 *	.110
Transport Assistance	-.009	.004	.061	.030	.025	-.117	-.012	.576 **	.525 **
Employ Assistance	-.002	.070	.055	.041	-.023	.131	-.033	.314 **	.292 **
Education Assistance	-.060	.056	.114	.045	.078	.135	-.066	.176 *	.132
Medical Assistance	.067	-.031	.041	.187 *	-.181 *	-.009	-.072	.169 *	.194 *
Follow Up	-.023	.000	.076	.013	-.144	.023	.018	.294 **	.124

*p<.05, **p<.01, ***p<.001

Table 2. Correlations Matrix

	Legal Assis	Relocate Assis	Financial Assis	Transport Assis	Employ Assis	Education Assis	Medical Assis	Follow Up
Exit Housing	.012	.072	.084	-.027	-.095	-.118	.122	-.089
Shelter Time	.293 **	.309 **	.010	.370 **	.217 **	.287 **	.244 **	.128
Language	-.149	.050	.043	.019	.048	-.101	-.104	.058
Income	.034	.002	.043	.006	-.017	-.007	-.071	.053
Age	-.143	-.021	-.106	-.063	-.019	-.092	-.019	-.039
Abuser Relation	.225	-.061	-.109	-.065	.054	.087	.044	.030
Children	.178	.041	.100	.094	.021	.159 *	-.035	.055
Disability	-.055	.016	.004	-.061	-.070	-.107	.156 *	-.027
Race	.084	.001	.014	.000	.089	.115	.005	.000
Education Level	-.087	.078	.079	-.009	-.002	-.060	.067	-.023
Physical Abuse	.006	-.141	.062	.004	.070	.056	-.031	.000
Emotional Abuse	.111	.110	-.026	.061	.055	.114	.041	.076
Sexual Abuse	.099	-.037	-.038	.030	.041	.045	.187 *	.013
Entry Housing	.077	-.015	-.077	.025	-.023	.078	-.181 *	-.144
Entry Employ	.045	.049	-.053	-.117	.131	.135	-.009	.023
Exit Employ	-.168	.064	.051	-.012	-.033	-.066	-.072	.018
Individual Support	.369 **	.477 **	.175 *	.576 **	.314 **	.176 *	.169 *	.294 **
Group Support	.228 **	.431 **	.110	.525 **	.292 **	.132	.194 *	.124
Legal Assistance	*	.204 **	.129	.369 **	.361 **	.330 **	.460 **	.200 *
Relocate Assistance	.204 **	*	.040	.241 **	.300 **	.115	.314 **	.302 **
Financial Assistance	.129	.040	*	.522 **	-.056	-.049	.154 *	.312 **
Transport Assistance	.369 **	.241 **	.522 **	*	.162 *	.079	.198 *	.216 **
Employ Assistance	.361 **	.300 **	-.056	.162 *	*	.408 **	.183 *	-.022
Education Assistance	.330 **	.115	-.049	.079	.408 **	*	.250 **	.118
Medical Assistance	.460 **	.314 **	.154 *	.198 *	.183 *	.250 **	*	.189 *
Follow Up	.200 *	.302 **	.312 **	.216 **	-.022	.118	.189 *	*

*p<.05, **p<.01, ***p<.001