

**MEETING SURVIVORS' NEEDS  
Through Non-Residential Domestic Violence  
Services & Supports:  
Results of a Multi-State Study**

Original Grant Title  
Non-Residential Domestic Violence Services: Survivors' Experiences

***FINAL REPORT-EXECUTIVE SUMMARY***

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## ABSTRACT

This study of the services and supports provided by domestic violence programs in four states was designed to help fill a gap in current knowledge about the range of services provided, and the needs and experiences of survivors. Research goals included obtaining a large and diverse sample of survivors and programs, to permit meaningful comparisons of services, immediate outcomes, and experiences by race/ethnicity, immigration status, gender and other characteristics of survivors, while also taking program capacity into account.

Data were collected during a nine-month period from 1,467 survivors from 90 domestic violence programs in four states. The states were chosen to maximize geographical, population, rural/ urban and economic diversity. Programs were also selected for participation by major national culturally-specific institutes and organizations, to help ensure diversity of the survivor and program samples. In addition, 10 focus groups were conducted with a total of 73 survivors. These groups focused on survivors from marginalized groups, and populations often neglected in the literature.

Programs provided information about their capacity (number and backgrounds of staff) and the services they offered. Census data were also collected about the county served by the program. Survivors were asked to complete a written survey after they had experienced a minimum of two face-to-face contacts with program staff. All study materials were translated into ten additional languages to increase accessibility. Surveys asked about four major types of services and 54 different possible needs; they also addressed efforts to obtain help, immigration and financial status, immediate outcomes, and the respect and support survivors had received from program staff.

Data from programs showed that they ranged greatly in capacity (1 to 70 staff), and had offered services and supports to between 26 and 8,519 survivors in the past year. Across programs, staff could speak 48 different languages; 69% had staff who spoke Spanish.

Nearly half of respondents reported being born outside of the United States (U.S.); 31% of surveys were completed in 8 languages other than English. Over one-fifth of survivors came from a predominantly rural program, and 21% reported having a disability or disabling condition(s).

Respondents reported their primary needs as information/support, safety, legal advocacy, help with economic issues, and help related to their children. Over a third indicated at least one immigration-related need. The needs identified by survivors were predominantly met, at least partly. In most cases, the greater the contact, the more likely needs were met. The needs reported as unmet with greatest frequency focused on various economic supports and help for the person who hurt the survivor. At least 80% strongly agreed with every rating of staff respect and support, and 95% or more agreed. Over 85% reported improvements based on program services on 8 of 9 outcomes measured. No ratings of staff respect and support differed significantly among respondents, based on demographic characteristics.

Detailed findings showed differences in particular needs across race/ethnicity, having been born in the U.S., rural/urban location, and language in which surveys were completed. A small number of differences in survivors' experiences were also found related to staff size.

The study shows that domestic violence programs address compelling needs that survivors cannot meet elsewhere. Programs provide a complex array of services to victims of abuse and their children; most prominent are safety, information, help with children, help with

emotional distress, and help with immigration-related issues when needed. Most needs were met for most survivors. Implications for policy and programming are discussed; they include expanding culturally-specific programming, support for economic needs, support for adults' and children's mental health needs, diversity training for staff, increased resources for programs, and further mixed-method research on particular populations that addresses the context of help-seeking.

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Particular thanks goes to the survivors of domestic violence using non-residential services and supports who took the time and energy to participate in the study, either by completing the survey or participating in a focus group. We recognize that survivors face many challenges in their day-to-day lives, and we sincerely appreciate the extra effort these survivors took to answer our questions and to share their voice. Their often heart-felt responses provided us a view into their world and helped us to better understand their experiences, and their feedback helped us to better understand how DV services and supports can be strengthened and expanded.

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## EXECUTIVE SUMMARY

### Introduction

The present study addresses a large gap in current knowledge. While there are currently an estimated 1,920 domestic violence programs across the United States, the literature lacks a multi-state study with a large enough sample size to be able to describe the non-residential program experiences of survivors of domestic violence, document the range of services provided, and present nuanced comparative analyses that examine survivors with different demographic characteristics and from various geographic regions. This study was designed to meet the following goals:

- 1) Learn more about what domestic violence survivors want when they come to programs for supportive services, the extent to which survivors have had their service expectations met, and survivors' assessment of immediate outcomes associated with the services they receive.
- 2) Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and domestic violence program characteristics.
- 3) Identify multi-level factors associated with survivors' positive service experiences.
- 4) Develop recommendations for domestic violence programs across the country for how they might improve their services.

### Background

Today's community-based domestic violence programs provide a range of services, including emergency shelter, 24-hour crisis lines, support groups, counseling services, advocacy, programs for children, and programs for people from particular cultures or with particular needs. The limited research on specific services suggests that supportive counseling improves clinical measures of life functioning and coping ability; that shelters provide life-saving support

and that post-exit advocacy contributes to community connections, enhanced well-being, and reduced likelihood of further abuse; and that social support interventions provide beneficial health effects. However, the existing research fails to fully reflect the variety of services that are now available to respond to the complexity of survivors' needs, such as transportation, medical, mental and emotional health services, TANF (welfare) advocacy, financial help, advocacy for survivors facing issues related to their immigration status, services for children, and accommodations for survivors with physical and other disabilities—especially when those services are provided outside the context of a shelter stay. In addition, existing research is limited on services provided by domestic violence programs in rural areas, and that specialize in particular populations, such as those from specific cultures, recent immigrants, older adults, and men.

## **Methodology**

This study sampled the experiences of 1,467 domestic violence survivors receiving services from domestic violence programs in four states: Alabama, Illinois, Massachusetts, and Washington. Programs in the four participating states were recruited through contact with the domestic violence coalitions in each identified state. In addition, programs were recruited by representatives of four major national cultural institutes and organizations: the Asian & Pacific Islander Institute on Domestic Violence, Casa de Esperanza, the Institute on Domestic Violence in the African American Community, and the Women of Color Network. A total of 90 programs ultimately participated actively, a final participation rate of 31%. It should be noted that the primary reasons programs did not participate were because of staff shortages as a result of

funding cuts in the difficult economy and because they were already participating in other studies and worried about the burden on survivors of multiple data collection needs.

Training for the study coordinators and participating program staff was provided through a series of webinars. The webinars were two hours in length, and they reviewed the foundation for this study, the study goals, all of the study forms and materials, guidelines for how to invite survivors to participate, and how to get started. Programs were also sent a packet of training materials, including the power point slides presented during the webinar, a guide for participating programs detailing all of the study protocols, the guide for inviting survivors to complete the survey, and copies of the surveys in the all of the translated languages identified by the program. Initial webinar trainings were held in February and March of 2010, in both English and Spanish. In total, 8 webinars were conducted, and approximately 150 staff participated in those trainings. Subsequent technical assistance was provided individually as needed, and in bi-weekly conference calls with study coordinators; a TA listserv was also created, but use was limited.

Data collection took place between April and December, 2010. Measures put in place to ensure safety and confidentiality included assigning code numbers to each program and the provision of pre-addressed stamped envelopes to participants.

The *survivor survey* is a 6-page instrument that asks a total of 28 questions. It includes a combination of items from the instruments revised for the FVPSA Outcomes Project, pilot tested in four states in 2007. The survey for this study was greatly expanded from the earlier versions so that study goals would be met and information on the context of help-seeking across populations could be obtained. The survey includes questions about how the survivor



heard about the program, the types of help s/he wanted and the extent to which s/he got the help (from a list of 54 items), and demographic information (race/ethnicity, gender, age, sexual orientation, level of education, length of time in the U.S., language preference, financial situation, and disability status). The survey also asks about the number/duration of current services, types of current services (including specific types of advocacy, such as legal, medical, welfare, and others), whether the survivor has obtained services at the program, including shelter services, in the past, and whether they have sought/obtained services from other programs in the community in the past year.

The survey also contains Likert-type items regarding respectful treatment by program staff and special areas of service. Finally, survivors were asked to indicate which of a list of outcomes for themselves they attribute to their current services from this program.

The survey was translated into Spanish and 9 additional languages: Arabic, Chinese, French, Korean, Polish, Portuguese, Russian, Tagalog, and Vietnamese. The survey was available in 3 formats: paper, electronically, and orally. The survey was made available electronically on-line in order to address the needs of persons with visual impairments who might need the font in a larger format, and to accommodate survivors who might prefer this format for other reasons, including confidentiality. The on-line survey was available in both English and Spanish. Finally, the survey was available for oral administration for those with low literacy or for those who needed the survey a different language than the 11 provided. Oral administration was available via the National Domestic Violence Hotline, with additional languages available via the Language Line. Participating programs offered the survey instruments to all survivors receiving their services who had had a minimum of two face-to-face contacts in the past year.

The *program survey* is a 6-page instrument that asks a total of 22 questions. This brief survey asks a set of questions about the number of program staff and volunteers, the services provided to survivors, staff and volunteer race/ethnicity/culture and language capacity, training provided on diversity and cultural competence, the characteristics of the city/town in which the shelter is located, and any specialization the program may have (for example, some programs today have been developed for survivors from a particular culture, or for survivors with particular needs, such as help with disabilities, immigration, or substance abuse issues). In addition, Census-based information was obtained about the population and demographic characteristics of the counties served by each participating program.

### **Key Program-Level Findings**

A total of 90 programs participated. They had a range of 1 to 70 staff, with a median of 13 (median of 8 FTEs), and a median of 7.5 volunteers per month. Staff were able to provide help in a combination of 48 different languages; the most common language in addition to English was Spanish (67% of programs, followed by 13% in Portuguese, 10% in Hindi, 10% in Russian, and 8% in Vietnamese). Programs had been in existence for an average of 23 years, with a range of 3 to 41 years; 38% were independent domestic violence (DV) programs, and 23% were stand-alone dual domestic violence and sexual assault programs. The rest were part of a larger social service or community agency. Twenty-one percent of programs were culturally-specific. Over half operated with an annual budget of less than \$500,000; the average starting salary for a full-time staff member was reported as \$29,000.

From a list of 38 potential services, 14 were provided by over half of the programs. The services and supports that programs were most likely to provide directly were support groups

for survivors (94%), crisis counseling (93%), and case management (92%). The services that programs were most likely to make outside referrals for were long-term housing (84%), disability issues (80%), and healthcare (80%). The services that were most commonly reported as being unavailable in the community were safe homes/hotel vouchers, batterer intervention programs, and placement/care for animals. In addition to the documented services, 59% of the programs reported that they provide specialized support groups for culturally-specific populations, children, men, and others.

### **Key Survey Findings: Survivors**

A total of 1,467 survivors participated in this survey. They were a highly diverse group. Thirty-nine percent identified as White/Caucasian, 32% as Hispanic/Latina/o, 15% as African American/Black, 7% as Asian/Asian American, 3% as multiracial, and 2% as Native American/Alaska Native; the remainder reported other identities. Forty-six percent reported that they were born outside the United States. Ninety-six percent were female, and 4% were male (2 identified as transgender); 35% were under age 30, but 3% were over age 60 and 6% were under age 18. One-third had not completed high school; 57% had stopped schooling with a high school diploma. In contrast, 19% had a college degree. Over half (51%) reported themselves to be in financial trouble, and 45% indicated they were in worse financial condition than they had been 2 years previously. Just over one-fifth (21%) reported they had a disability or disabling condition.

Survivors reached the program by various routes. Nearly 45% had heard about the program more than a year before they completed the survey, and 37% had first come to the program in that timeframe. Friends were the most common source of information, followed by

DV program staff. Between 4% and 7% had gone to another program more than a year previously for help, and between 4% and 8% had gone to another program for DV help within the past year.

The most common service initially received from the present program was counseling (45%), followed by support group (41%), support services (38%), and legal advocacy (28%). Currently respondents were most likely to be receiving support services (75%), followed by support group (57%), counseling (56%) and legal advocacy (36%).

Survivors indicated from a list of 54 service options the ones they wanted (and either got all, some or none of the help they wanted) and did not want. They averaged 21 of the 54; people in financial trouble, born outside the U.S., completing the survey in Spanish and those from urban programs reported larger numbers. Factor analysis resulted in 11 factors for the 54 items: 1) information/support—6 items of which 93% wanted at least one; 2) safety—4 items 88% wanted at least one; 3) legal advocacy—4 items 76% wanted at least one; 4) child-related—9 items 65% wanted at least one; 5) economic support—7 items 59% wanted at least one; 6) victimization-related support—2 items 57% wanted at least one; 7) family-related support—3 items 57% wanted at least one; 8) physical/mental health—4 items 51% wanted at least one; 9) criminal-legal support—3 items 32% wanted at least one; 10) immigration-related support—5 items 30% wanted at least one; and 11) vulnerability-related support—3 items 24% wanted at least one. For about half of the specific types of help identified, a greater number of contacts with the program was significantly related to receiving all of the help wanted; for the other half, the relationship did not reach statistical significance or was less clear.

As is commonly found in surveys of service recipients of all kinds, survivors reported high levels (but by no means uniform) of overall satisfaction with program staff and the services and supports they had received. There were no differences across race/ethnicity, and few across other aspects of survivor identity.

Survivors also reported extensive personal changes that they attributed to the services they had received from the programs. They had obtained more information about DV, safety and resources, and felt more confident and hopeful, but hope and safety were at the top of the list. The longer they stayed in the program, the more likely they were to report these improvements as coming from program services and supports.

The comparisons between survivors born in the U.S. and those born elsewhere are among the particular contributions made by this study. The similarities between these two groups are most notable. While the current financial situation for the two groups was similar, the U.S. born survivors were more likely to report their financial situation is “much worse” than it was two years ago.

Survivors born outside the U.S. were less likely to indicate a delay in coming to the DV program once they heard about it. They were also more likely than those born in the U.S. to have heard about the program from informal sources: friends, family or flyers, and also from health care providers. U.S. born survivors were more likely to have heard about the program from DV program staff. Those born outside the U.S. were most likely to come to the DV program initially for counseling, and to have accessed more types of services when they first came. They were also significantly more likely to use legal advocacy services.

The results from the detailed list of 54 potential services wanted also shows similar

results. The top 10 items for the two groups was virtually identical. However, statistically significant differences were found for half of the items. For example, those born outside the U.S. reported wanting more help with issues related to their children, with reproductive/women's health issues, with staying in their relationship safely, and help related to immigration. Those born in the U.S. were more likely to want help related to previous or other abuse, and were about twice as likely as those born outside to want help with their pets, among others. Surveys also found that outcomes ratings were higher for survivors born outside the U.S. on six items that addressed improved confidence, hope, and efficacy.

Differences were also found among survivors across the 4 primary racial/ethnic groups. Although some of these differences could be attributed to immigration status (the vast majority of both Asian/Asian American and Hispanic/Latino/a survivors were born outside the U.S.), there were substantial differences between these two groups. Asian/Asian American survivors had the highest education and current financial status, while the Hispanic/Latino/as had the lowest. They also differed in identified specific needs and in needs within the 11 identified factors. Hispanic/Latino/as were most likely to report child-related needs, for example, while Asian/Asian Americans were least likely to report such needs. Finally, satisfaction and outcomes were similar across racial/ethnic groups. Just 3 outcomes reached the level of statistical significance (although outcomes across groups were quite high), with Asian/Asian Americans somewhat lower than the others on those 3 (hopefulness, confidence in decision making, and feeling they can do more things they want to do).

In other research, little data has been collected that focuses on survivors' experiences in rural areas. In this study, survivors from rural programs were younger than those from entirely

urban/suburban programs, more likely to be White/Caucasian, had less education, and were more likely to be U.S. born, identify as gay, lesbian, or bisexual and have adequate income that had not changed in the past 2 years. They were more likely to hear about the program from family members, the police, CPS or TANF, while survivors from urban/suburban programs were more likely to hear about the program from DV staff, a social service agency or health care provider.

While the survivors from rural areas were using more of the four basic types of services, they were less likely to be using counseling and legal advocacy. Their rates of using support groups were dramatically higher. Despite these differences, there were no significant differences in satisfaction or outcomes.

Results were reported for the 60 men in the sample. Half had participated in a teen support group, so they were compared with teen girls. Few differences were found. Since sample sizes for adult men and women were so imbalanced, simple frequencies for the men were presented, and comparisons were not reported. However, they showed quite similar patterns to the women.

Finally, analysis of differences in survivors' experiences across program size were illuminating, as well. First, the smallest programs (5 or fewer staff) were more likely to be in rural areas than the largest programs (more than 20 staff), which were overwhelmingly urban. This makes it clear that the picture is much more complicated than number of staff alone, since urban programs have more survivors with larger numbers of needs, and more who were not born in the U.S.

Nonetheless, analysis showed that survivors from small programs were more likely than others to have heard about the DV program from family or from people in their religious/spiritual community, while survivors from the larger programs were more likely to have heard about the program from people in court. Survivors from the smallest programs were more likely than others to be receiving legal advocacy and to have had fewer service contacts with the program at the time they completed the survey.

Survivors from the smallest programs were generally more likely than the rest to report they got all the help they wanted. Comparisons showed that these survivors were significantly more likely to report they received *all* of the help they wanted with 11 of the 54 specific types of services. The only exception to this pattern was help with immigration issues.

### **Key Findings about Survivors from Focus Groups**

The 10 diverse focus groups with 73 participants also showed that survivors of domestic violence have a wide range of needs. Getting help for the abuse they had experienced was often a complicated process, as survivors managed immediate life circumstances, fears, and systems that were not always helpful. One of the primary messages from survivors was their hope that programs could strive for more comprehensive services, including increasing program capacity and enhancing networks of professionals trained in DV related issues.

Participants also illustrated very clearly that many needs and ways of understanding DV survivors are culturally-specific or issue specific. When thinking about addressing the complexity of issues and providing services to survivors, participants illustrated that advocates and others must listen, not make judgments, and have skills that are relevant to their particular issue or culture. Survivors must feel safe when working through the abuse; only then will they



talk about things deeply enough for true healing to occur. Life changes in the context of abuse and trauma or their aftermath is difficult and can be complicated, and support provided for survivors can truly be life-saving.

### **Study Implications**

The survey and focus group data show clearly that domestic violence programs provide essential services for survivors of domestic violence and their children. The survivors in this sample reported satisfaction with services and respect from program staff at high rates, and attributed substantial positive personal change to their program experience. Further, positive changes were found across gender, race/ethnicity, and immigration status, as well as program size and rural/urban location. The first implication of these findings is that the programs and their services should continue to be supported.

The results also show the importance of culturally-specific programming. This is especially true for survivors who were born outside the U.S. and/or experience language barriers, but clearly not for them alone. In many instances specific needs differ across groups, and are critical to address.

The importance of economic supports is also clear. These led the list of services that survivors who wanted them were unable to obtain, and nearly two-thirds of survivors wanted at least some of this type of help. Programs should be given the resources to enhance these service offerings.

Supports for children continue to be prominent needs for survivors—especially, but not only, those who were born outside the U.S. or experience language barriers. Many programs offer specialized programming for children, yet these need to be enhanced. As recognition of

the impact of DV on children in the home increases, it becomes more important for programs to be able to provide DV and trauma-informed services to help them.

The study also shows the importance of mental health and substance abuse-related services. Most survivors identified supportive counseling among their needs, and over a third also specified “mental health issues”. A majority also wanted help with issues related to previous or other abuse. Although many programs are currently working on enhancing these services (either in-house or through referral arrangements with DV-informed community services), these efforts need further support if survivors’ needs are to be addressed effectively.

In addition, services for men should continue to be offered. Perhaps as important, programs need to more clearly communicate that their services are for both abused women and men. As more men come forward for help, specialized support groups and other services that recognize that emotional, economic and legal issues can be experienced differently for men should be expanded.

Finally, the study has clear implications for program staff training. Most programs provide diversity training; these efforts are vital and should be expanded to incorporate the multitude of issues identified in the survey and focus groups. Staff training on listening without judgment, and offering understanding and support for the complexity of survivors’ circumstances and needs should continue and be reinforced. This should include the recognition that many survivors either want or need to remain in their relationships, at least for the immediate future.

This study has advanced critical knowledge of DV services and supports, and survivors’ experiences. It was conducted at a time when both survivors and programs were trying to cope

with dramatic economic uncertainties. Findings and study experiences suggest future research directions, as well. First, research that involves extensive involvement of DV program staff should provide more economic support to those programs. The findings of this study provide more information than previously available about the experiences of some groups, such as immigrants, men, and survivors from rural programs. These groups, along with older adults, deserve further study, so that their particular needs can be better understood and addressed.

Efforts to contextualize data should continue, although they could focus more on particular contextual issues, such as survivors' abuse history or informal sources of support than was true in this study. The combination of survey and focus group data, provided rich and compelling information. Such approaches should continue; the qualitative portions of studies could focus particularly on contextual information, which could help to reduce the length of surveys. Finally, as efforts continue to understand and identify outcomes of services provided by DV programs, it will be essential to wrestle with the challenge of attributing change to a single program's services. This study documented that many survivors turn to a variety of sources in their efforts to obtain the help they want and need. Research will need to improve strategies to include the complex ways survivors attempt to improve their lives.