

2013

Residents of a domestic violence shelter: A needs assessment for post-shelter living

Amber Smith

Follow this and additional works at: <https://commons.emich.edu/honors>



Part of the [Social Work Commons](#)

Recommended Citation

Smith, Amber, "Residents of a domestic violence shelter: A needs assessment for post-shelter living" (2013). *Senior Honors Theses & Projects*. 363.
<https://commons.emich.edu/honors/363>

This Open Access Senior Honors Thesis is brought to you for free and open access by the Honors College at DigitalCommons@EMU. It has been accepted for inclusion in Senior Honors Theses & Projects by an authorized administrator of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

Residents of a domestic violence shelter: A needs assessment for post-shelter living

Abstract

The project goal was to conduct a needs assessment concerning what factors were most important to survivors of domestic violence in terms of post-shelter living. A review of the literature on domestic violence research indicated a lack of studies focusing on long term stability planning. A survey was developed to be distributed among survivors living in a domestic violence shelter. The survey asked the survivors to rate how important different categories of services of post-shelter living were to them. These categories were: Housing, Education/Employment, Access to Community Services, Services for Children, and Healthcare. The survivors were then asked how important specific services within these categories were to them. While the survey was distributed to survivors at one domestic violence shelter, many barriers prevented any data from being analyzed. This thesis will explore those barriers and possible ways in which future research might overcome them.

Degree Type

Open Access Senior Honors Thesis

Department

Social Work

First Advisor

Dr. Barbara Walters

Second Advisor

Dr. Yvette Colon

Keywords

Domestic Violence, Domestic Violence Shelters

Subject Categories

Social Work

RESIDENTS OF A DOMESTIC VIOLENCE SHELTER: A NEEDS ASSESSMENT FOR
POST-SHELTER LIVING

By
Amber Smith

A Senior Thesis Submitted to the
Eastern Michigan University
Honors College
in Partial Fulfillment of the Requirement for Graduation
with Honors in Social Work

Approved at Ypsilanti, Michigan, on this date August 26, 2013

Supervising Instructor (Dr. Barbara Walters)

Honors Advisor (Dr. Yvette Colón)

Department Head (Dr. Lynn M. Nybell)

Honors Director (Dr. Rebecca Sipe)

**Residents of a Domestic Violence Shelter: A Needs
Assessment for Post-Shelter Living**

**By
Amber M. Smith**

Thesis Advisor: Barbara Walters

Eastern Michigan University

**College of Health and Human Services
School of Social Work**

Table of Contents

Abstract	4
Introduction.....	5
Literature Review.....	6
Methods.....	11
Results.....	17
Implications.....	17
Barriers to Completing the Research Project.....	17
Directions for Future Research.....	20
References.....	24
Appendix.....	28

Abstract

The project goal was to conduct a needs assessment concerning what factors were most important to survivors of domestic violence in terms of post-shelter living. A review of the literature on domestic violence research indicated a lack of studies focusing on long-term stability planning. A survey was developed to be distributed among survivors living in a domestic violence shelter. The survey asked the survivors to rate how important different categories of services of post-shelter living were to them. These categories were: Housing, Education/Employment, Access to Community Services, Services for Children, and Healthcare. The survivors were then asked how important specific services within these categories were to them. While the survey was distributed to survivors at one domestic violence shelter, many barriers prevented any data from being analyzed. This thesis will explore those barriers and possible ways in which future research might overcome them.

Introduction

The literature on domestic violence shows that experiencing this form of interpersonal violence can cause many long-term effects for survivors. However short-term crisis intervention is used almost exclusively when working with survivors. Shelter stays typically range from only 30-90 days, and there is little research on the needs of residents after they leave shelter. This thesis will explore the lack of research.

This project focused on asking survivors about which services they felt would be most beneficial once they left shelter. To do this, a survey was created to be distributed to residents of a domestic violence shelter. The survey covers five categories of services related to post-shelter living: Housing, Education/Employment, Access to Community Services, Services for Children, and Healthcare. Residents also rated how important these services were to them.

The power and control wheel (Figure 1) is a tool developed by survivors of domestic violence as a way to show the ultimate goals of batterers and the tactics they use to achieve those goals. This tool was used as a basis for many of the questions on the survey. More information on how the tool was used will be outlined within this thesis.

Many barriers were encountered which prevented the completion of the original data collection plan. These barriers will be examined in this paper. Due to these barriers, only one survey was completed. Unfortunately that one survey was lost, so it could not be discussed here. Without responses, the research is inconclusive. More research will have to be done in the future to adequately measure the need for long-term interventions. What will be discussed here will be the methods, the barriers faced while attempting to complete the research, and some possible ways to avoid obstacles in future research.

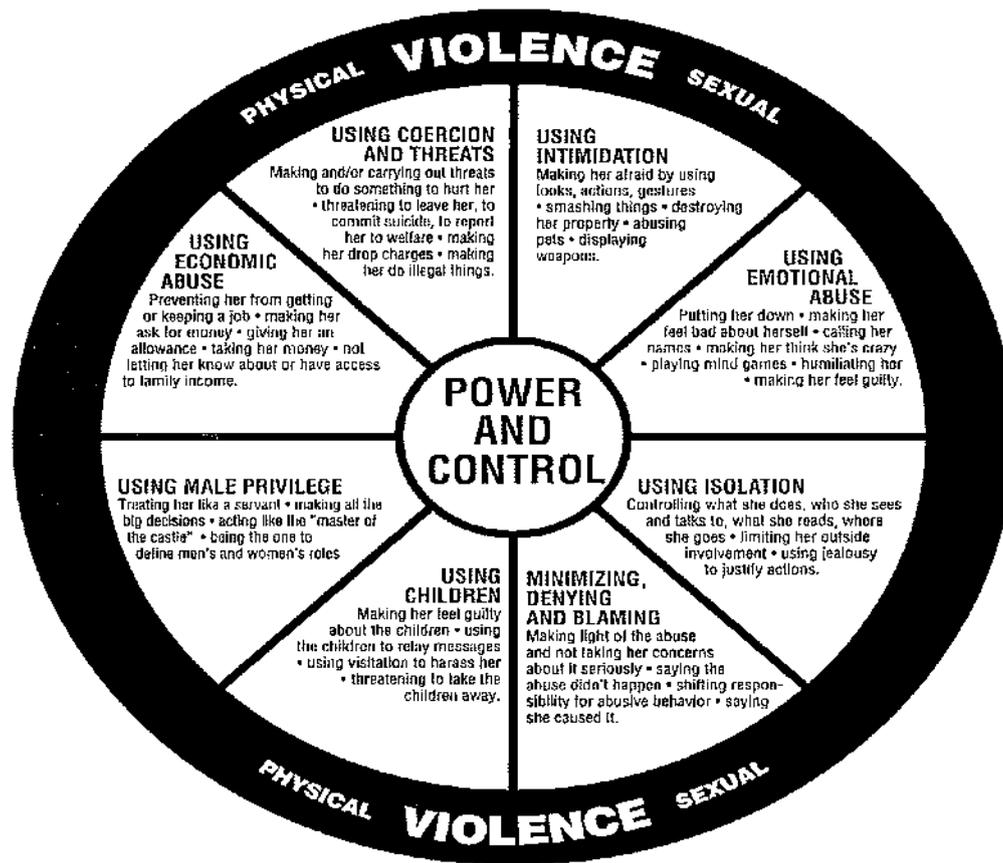
Literature Review

Domestic violence is a widespread problem that affects females and males all over the world. Anyone can be affected by domestic violence despite age, race, class, gender identity, sexual orientation or ability level. In fact, these categories make up only a few of the groups that domestic violence affects without discrimination.

According to a survey done by the United States Department of Justice, 907,000 incidents of domestic violence were reported in 2010. Of these, 4 out of every 5 incidents were reported by females (Catalano, 2012). Though these numbers in themselves are significant, domestic violence is severely underreported. This means that these numbers are potentially smaller than the actual number of cases occurring. One study, for example, indicated that only, “27 percent of women and 13.5 percent of men who were physically assaulted by an intimate partner reported their assault to law enforcement” (Klein, 2009, p. 8).

Many definitions of domestic violence, or more specifically intimate partner violence, are very limited. In fact, in one study domestic violence was described as “physical or sexual assault, or both, of a spouse or sexual intimate” (Campbell, 2002, p. 1331). This seems to be due to the fact that they were discussing health related consequences, however consequences of domestic violence are far reaching and affect more than physical health alone. Domestic violence can take many forms, including such examples as emotional abuse, coercion, and economic abuse.

An abuser uses various tactics to get to their ultimate goal of power and control over the survivor. The power and control wheel (Figure 1) demonstrates many of these tactics. This is a tool created by survivors of domestic violence to show all of the tactics used by an abuser to reach this goal. These tactics affect survivors long after they have left their abusers. This tool uses the pronoun she, however males can be survivors as well.



DOMESTIC ABUSE INTERVENTION PROJECT
 262 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781
www.duluth-model.org

Figure 1. The domestic violence Power and Control Wheel. A tool that shows tactics used and the ultimate goal of an abuser.

Used with permission from:

Domestic Violence Abuse Intervention Project. (1984). [Illustration of domestic violence power and control wheel]. Retrieved from <http://www.theduluthmodel.org/pdf/PowerandControl.pdf>.

Mental health is one area that survivors can show long-term effects of domestic violence. Depression, for example, often has been correlated to domestic violence. In one study for instance, women who had experienced domestic violence were more likely to report depression, anxiety, and stress (Al-Modallal, 2012).

Post-Traumatic Stress Disorder (PTSD) is one possible outcome of domestic violence. While not all survivors experience this, some do. A study published in 2001 states that between 31% and 84% of survivors have shown symptoms of Post-Traumatic Stress disorder (Jones, Hughes, & Unterstaller, 2001). Though it has been shown that survivors need mental health services, there are many barriers to their receiving such services including lack of access (Warshaw, Sullivan & Rivera, 2013).

Another long-term effect can be substance abuse. A large portion of domestic violence survivors, between 22% and 72% report past or current experiences with substance abuse problems (Schumacher & Holt, 2011). These problems not only affect women after shelter stays, but may also interfere with their ability to enter shelter altogether, thus keeping the survivor in a dangerous situation (Schumacher & Holt, 2011). There are various ways in which this can affect survivors' entry into shelters. One is that shelters are not equipped to handle the medical needs associated with detoxification or withdrawal. Another is that the needs and safety of the other residents must be considered.

One tactic in the power and control wheel (Figure 1) focuses on economic abuse. The abuser attempts to keep the survivor financially dependent so it is harder to leave. Financial abuse may come in the form of keeping the survivor from having a job, getting

an education, or having access to the bank accounts. This can make it very difficult for the survivor to leave the relationship. It may also cause a survivor who has left the abuse to feel as though they need to return for reasons such as not being able to afford a place to live (Griffing et al., 2005). This type of abuse last long after survivors leave, affecting their ability to support themselves and their children. It can affect the survivor's ability to find adequate housing, food, transportation, and health services for example, once they have left.

Using children is one of the tactics on the power and control wheel (Figure 1). For example, abusers might threaten to take the children away or try to turn the children against the survivor. This tactic not only can affect the survivor, but also their children as well thus indicating the need for resources. These children need services as much as the parent. Children exposed to domestic violence have the potential to be more at risk for mental health issues and are more likely to exhibit behavioral problems (Emery, 2010). Children may even be directly abused themselves.

One reason often stated by survivors for returning to their abusers is the well-being of their children, such as not being able to support them economically (Griffing et al., 2005). Survivors may not be able to get jobs to be able to support their children without adequate childcare or education. This seems to signify the need for services that assist survivors in providing for their children. Offering after school programs, clothing, food, and help acquiring a job to afford housing are services that could help.

Isolation is another tactic abusers use to exercise power and control over the survivors. This is done by keeping them from friends and family and severing ties with anyone that might help. But these are not the only way the abuser isolates the survivor.

They also attempt to make it difficult or impossible to get to community resources. It has been shown that a “coordinated community response” can significantly impact a survivor’s safety and ability to escape the abuse. This means that all systems in a community such as legal aid, religious institutions, shelters, and the justice system should work together to provide resources and increase batterer accountability (Klebens, Baker, Shelley, & Ingram, 2008). Connecting survivors to the community and a support system can help negate the attempts to isolate them.

Despite the long-term effects of domestic violence, current programs tend to focus on short-term crisis intervention (Gorde, Helfrich, & Finlayson, 2004). Shelter stays are also short. In one study conducted in Chicago, the average stay was only 20.3 days (Grossman, Lundy, George, Crabtree-Nelson, 2012). There are often little to no resources offered to clients once they have left the shelter. One study surveyed survivors on services utilized. The percentage of survivors that received specific services dropped as the service was more related to long-term stability planning and less focused on crisis intervention. For example, only 3.6% of participants received help with long-term housing where as 93% received crisis counseling. (Lyon, Bradford, & Menard, 2012). There is also very little research on long-term planning for survivors of domestic violence. Studies were difficult to find. In fact only two were located that specifically covered post-shelter living in the review of the literature.

One was a study conducted in 1992. In this study, survivors reported needing many resources once leaving shelter. These included childcare, housing, financial assistance, and health services (Sullivan, Basta, Tan, & Davidson, 1992). The other was a study conducted in 2012. This study examined whether there were services available to

clients once they left shelter. It concluded that important concrete services related to housing and employment, among others, were rarely offered to survivors post-shelter (Grossman, Lundy, George, Crabtree-Nelson, 2012). The lack of research in this area, coupled with the data in the research that was found, clearly shows the need for this research.

Methods

Participants

The population being studied included adult survivors of domestic violence currently residing in a domestic violence shelter. Participation was voluntary and there were no consequences for not completing the study. All subjects had to be over the age of eighteen. No other demographic features excluded individuals from participating in this study. For example, participants could be any gender, ethnicity, have any health status, abilities, and so forth. Only one survivor participated in the study, and the survey was lost by shelter staff before the data could be analyzed.

Measures

A survey was created using the domestic violence power and control wheel (Figure 1) as a starting point. The survey covered five categories of services including: Housing, Education/Employment, Access to Community services, Services for Children, and Healthcare. Each of these categories was then broken down into specific service components. The survey focused on these five key categories after a careful review of the literature. All of the services covered by the survey are shown in Table 1.

Housing was focused on due to the economic abuse portion of the power and control wheel (Figure 1). For instance, taking all of the survivor's money can prevent the

individual from being able to afford housing after leaving the abuser. Domestic violence is also associated with homelessness and housing problems (Baker, Cook, Norris, 2003)

Education/Employment was also chosen due to the economic portion of the power and control wheel (Figure 1). Many abusers will prevent the survivor from getting a job. Without a job, they cannot afford housing, food, clothing, or other necessities. Education was also included in this category as the two are very closely tied together. Education can affect a person's ability to obtain a job that pays enough to cover basic necessities. According to statistics issued by the United States Department of Labor for July 2012, unemployment rates dropped from 12.2 percent for individuals without a high school degree, to 4.5 percent among those with a bachelor's degree or higher. Rates decreased with each level of education (United States Department of Labor, 2013).

The Access to Community Services category came primarily from two sections of the power and control wheel (Figure 1), economic abuse and isolation. Since the abuser works to keep the survivor from support systems such as places of worship, working to help them connect with these resources is very important. Another reason was the research showing the need for a coordinated community response as mentioned in the literature review (Klevens, Baker, Shelley, & Ingram, 2008).

The category Services for Children was chosen because of the power and control wheel (Figure 1) as well. Using children is one of the tactics used by domestic violence perpetrators, and this affects not only the survivor but his/her children as well. The literature shows the effects on children of domestic violence survivors such as behavioral problems and depression (Emery, 2010). This was also chosen due to the research that

one reason survivors either stay or return to their abusers is for their children (Griffing et al., 2005).

The final category, Healthcare was chosen for various reasons. One was because of the outcome of the physical abuse survivors experience. For instance, if a survivor sustains a broken arm, they will need access to healthcare. Mental healthcare falls under this category as well. The literature shows that the effect on mental health of experiencing intimate abuse is significant (Jones, Hughes, & Unterstaller, 2001; Al-Modallal, 2012). Substance abuse services are also covered in this category. One study found that between 22% and 72% of the survivors in their study had past or present issues with substance abuse (Schumacher & Holt, 2011). With such a prevalent number, this is an important service to provide.

Table 1
Categories and Subcategories of Services Included in Survey

<u>Category</u>	<u>Subcategory</u>
Housing	<ul style="list-style-type: none"> Closeness To Family Distance away from family Closeness to Abuser Distance away from abuser Near a specific school district Safety of neighborhood Distance from place of employment Ability to provide accommodations for individuals with physical difficulties (wheelchair ramp, etc.)
Education/Employment	<ul style="list-style-type: none"> Help obtaining your GED Help applying for colleges Help obtaining your college degree Help completing a job certification program Job skills training Job preparation courses (how to create a resume, how to present yourself in an interview, etc.) Tutoring

<u>Category</u>	<u>Subcategory</u>
Access to Community Services	Public transportation DIIS (help applying for public assistance, food stamps, etc.) Domestic violence shelter Place of worship 12-step meeting Food/clothing pantry Legal aid
Services for Children	Medical healthcare Mental healthcare Childcare Tutoring Public assistance (WIC, Medicaid) Pharmacy Dental Afterschool programs
Healthcare	Medical Mental Healthcare Pharmacy Substance Abuse Services (Detox, Residential Treatment Programs)

Table 1

Procedure

This study was approved on February 15, 2013 by the Eastern Michigan University College of Health and Human Services Human Subjects Review. The survey was then given to the domestic violence shelter. Before potential participants were given the survey, a staff member went over an informed consent form. This stated the purpose of the survey. The staff was to sit down with the survivor and go through the form together. The form stated that the survey could elicit strong emotions and that the shelter staff was available to discuss those feelings. It was also explained that the survivor could choose not to participate and still receive services with no adverse consequences.

Staff also explained that participation brought no direct benefits to survivors; however, they would be contributing to knowledge about the needs of domestic violence survivors who are transitioning into post-shelter living situations. They may also feel empowered by helping to affect future service delivery. Survivors were also informed that they could stop participating at anytime without penalties or disruption to their shelter servicing.

To protect the survivors' identities, no names appeared on the survey. The survey was to be placed by the survivor into a locked box. Only the thesis advisor and the researcher held the key to the locked box.

The staff then was able to provide the survey to the participant. Survivors were asked to rate how important each service was to them the following response options were given: not at all, not very, neutral, somewhat, and extremely. They were then asked when information on these services would be most helpful. They could choose from the following response options: throughout your stay in shelter, when you are planning for leaving shelter, and once you have left shelter. These response categories were chosen not only to determine what services were needed but also to better understand the optimal time for service provision. The aim of the survey was to create a client-informed service delivery model. The majority of the survey was comprised of quantitative questions based on a Likert response scale. There was one qualitative question at the end asking if the survey had overlooked any essential information that the survivor thought was important. There was then space provided to write a response.

This research project was designed to discuss long-term care for domestic violence survivors. It was also designed to help empower the survivors. Many survivors

feel powerless as a result of their abuse. By giving them control over their own services, by asking what is important to them, the service provider can help the client regain that power.

Only the staff at the domestic violence shelter had contact with the survivors. This is because survivors of domestic violence are part of a vulnerable population. Therefore there were certain safeguards put in place to protect them. One was that only staff had contact with the survivor. Another safety measure was that a staff member would be available at all times to discuss the resident's feelings during and after completion of the survey. The wording was carefully chosen to eliminate phrases that potentially sounded victim-blaming.

To get the surveys completed, the researcher contacted multiple domestic violence shelters in three states: Ohio, Indiana and Michigan. Of these shelters, one agreed to distribute the survey. The researcher met with a member of the staff. During this meeting, the survey was explained, the informed consent document was reviewed, staff was given the lock box, and the need for staff to be present to discuss the residents' feelings was examined.

For the duration of this study, the shelter was called and emailed at least twice a month for five months. More shelters were continually contacted in an attempt to distribute the survey. The application process was started at several shelters, however barriers, such as the domestic violence shelter deciding to discontinue any access to their clients for research, prevented the distribution of surveys at these locations. Contact with the participating shelter was continued during this time.

Results

As discussed above, there were no results. Due to only one survivor completing the survey data was unable to be analyzed. Also, the one survey completed could not be found when attempts were made to retrieve it. Possible reasons for this as well as possible solutions will be outlined in the Barriers to Completing the Research section of this paper.

Implications

The lack of results also affects this section. Implications cannot be considered without data. Barriers to the research and directions for future research will be discussed further in this thesis.

Barriers to Completing the Research Project

There were many barriers to completing this research. Some of these were due to the shelters, some due to the researcher, and some due to random chance. All of these will be discussed in this section.

The biggest barrier faced in completing this research was finding a shelter that would allow the survey to be distributed. As mentioned above, shelters were contacted in three states. There are no publicly available comprehensive lists of domestic violence shelters because confidentiality is important to client safety. The location lists that are made public correspond to domestic violence centers, and one needs to work from there to find contacts for the confidential shelter site.

The researcher called the business offices associated with these centers and emailed if there was an email present. Many staff members at the shelters did not respond even after two attempts made to contact them. Staff members were called, and

emailed if an email address was provided. Out of all of the shelters contacted, only one agreed to allow the research to be conducted at their location. There are many reasons for this. One is that there are very few shelters. In 2005, there were 1,612 shelters in the continental United States (National Center on Domestic and Sexual Violence, 2005). One list of resources in Michigan included 70 listings (Michigan Coalition to End Domestic & Sexual Violence, 2012). About half of these only work with sexual assault. Of the remaining, many did not have shelters attached to the domestic violence center. Certain shelters were also discounted due to being too far for the researcher to access. The same process was repeated in Ohio and Indiana. Therefore seven to ten shelters were contacted in each of these states.

Another barrier faced was seemed to be that the researcher was an undergraduate student. Some of the domestic violence shelters' applications for research had no spots for undergraduate research and only had spots for professors or graduate students. One shelter said that due to the amount of research requests, undergraduate research probably would not be approved.

Shelters are also very protective of their residents. This is due to their being part of a vulnerable population as mentioned earlier. The research was almost accepted at one shelter and was approved at many levels until it got to the director of the shelter. At that point it was denied due to a new policy change about research. The shelter was not going to allow any more research to be completed at the present time. This was to keep their residents safe. Shelters tend to keep their doors closed to outsiders. This is also shown by the fact that the research was approved at the one shelter on the condition that

the researcher had no contact with the survivors except through the staff. This was also a condition at the shelter that almost approved the research.

Other barriers faced were random and neither the researcher, nor the participating shelter, was at fault. For instance, there were only two residents that came through the participating shelter during the data collection period. The shelter was located in a small town and it just did not get the volume of survivors that a shelter in a larger city, such as Ann Arbor, MI, for instance, would see. For that reason the pool of survivors was very limited.

The participating shelter also presented some obstacles that were hard to overcome. One was their lack of contact with the researcher. A specific staff member at the shelter was designated as the liaison. During the initial planning, she agreed to email the researcher when surveys were administered and completed. However, there were few updates and despite the researcher's various attempts to contact the liaison, communication was limited. The liaison often would not respond to either calls or emails and it took multiple attempts to actually get ahold of her. Throughout the collection period, contact was made twice a month. This usually took an email and at least two phone calls over multiple days.

One month prior to the completion of the research, the liaison sent an email that another resident had entered shelter. Due to the fact that the liaison had been proactive in contacting the researcher, attempts to contact her were put on hold to provide more time for the survey to be completed. The liaison was never heard from again. It was then discovered that she no longer worked at the shelter, and the researcher had not been informed.

Knowledge concerning the employment termination of the liaison was discovered at the end of the data collection period. During an attempt to contact the liaison through a phone call, another staff member stated that she no longer worked there. This new staff member had no idea that the research existed and had to call around and text the previous staff member to find out anything about it. When asked how many surveys were completed, the staff member that no longer worked there said only one despite her previous email saying she was giving the survey to another resident.

Once the new staff member conveyed this information, she was asked to find the lock box that contained completed surveys. She stated that there was nothing in the box. This meant that the safety precautions took to ensure the confidentiality of the residents was not followed. The one survey that was filled out was lost and there was absolutely no data to analyze.

Directions for Future Research

This section will outline possible solutions to the problems faced as a researcher. While the research was not completed, this is still an area that needs to be researched further. The lack of long-term stability planning may be impacting the large number of survivors that return to their abusers. The hope is that future researchers will take the base created here and go further than was possible in this study.

Research is an important component of a student's education. Therefore there should be more research opportunities for undergraduate students. If a school made connections with various agencies in the area and their students, both the agencies and students would benefit. A school could have a resource center dedicated to research. A student could then propose research and be matched with an agency. The student could

contact this agency and together they could decide if the research would be beneficial to both parties. Universities could even create a network that might provide research opportunities outside their immediate vicinity.

Specifically, domestic violence shelters are very protective of their residents and are often wary of letting outsiders in. This is good as the clients are vulnerable and need someone looking out for their safety. If schools foster a close relationship with domestic violence centers, shelters, students, and schools benefit. Students become part of the shelters in ways they cannot be as simply researchers. Shelters would be on the cutting edge of evidence-based practices. Schools would also reap the benefits of being able to have published research completed by students.

As for the barrier of no residents entering shelter, this is the hardest to overcome. No one hopes that victims will be abused so there will be more people to complete questionnaires in domestic violence centers. The statistics indicate that “more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime” (Black et al., 2010, p. 2). It is hypothesized that many of these violent incidents are not reported. It seems that the problem is not the lack of survivors, but perhaps the lack of knowledge and understanding in the community. It appears that many survivors don't know the resources available to them. In a research study in 2010, 121 female survivors were given a survey. Of the respondents 47.9% strongly agreed that survivors do not seek help because they don't know what services are available (Simmons, Farrar, Frazier, & Thompson, 2011).

More concentrated efforts are needed in the area of community education. We should be working with schools, and even law enforcement, to get the word out about what domestic violence is and where survivors can go to get help. Without this shelters in rural communities may stay empty, and survivors could stay in an abusive situation.

The literature shows that clients are the experts on their own situation (Sheafor & Horesji, 2012). This means that they know what is best for them and what they need. This is true for all clients not only survivors of domestic violence. There are aspects of clients that researchers or even service providers do not know. Therefore, research conducted on survivors should include asking them what they think and feel. This data can be collected in a variety of different ways including interviews, questionnaires, and surveys. Therefore, future research in this area should consult the survivors themselves.

There are also steps researchers should take when conducting future research in order to avoid many of the previously discussed obstacles. One such step is to find a shelter close to home. This was attempted in this research but one could not be found. This could have made a world of difference. For one, the researcher could have had more in-person interactions with the staff. This could have kept the research more vividly in their mind.

Another step that is recommended is to get to know multiple staff members. When the liaison at the shelter left without informing the researcher, no one knew about the research. This meant no one was distributing the survey, which may have contributed to no more than one survey being filled out. If contact had been made with the director as well as other staff members, this may not have happened.

There should also be an attempt to be more involved in the research. The decision to let the staff distribute the survey was based on getting the domestic violence shelter to be willing to accept the research proposal. It was thought that letting them distribute the surveys and talk to the survivors would make them more likely to do this. This assumption was correct, but not being a part of this portion of the research made it so that there was no knowledge of what was happening with the survey. This would have been okay if updates were received, but having a more active role in the data collection process would have helped even more.

Despite the inability to analyze the data, the belief is that this was valuable research. To create this survey, information was gathered from a lot of other pertinent research. It was then compiled into a new way to assess needs for survivors of domestic violence. This research also helped to see where potential barriers were and how to possibly overcome them in the future.

References

- Baker, C. K., Cook, S. L., & Norris, F. H. (2003). A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*(7), 754-783.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. Center for Disease Control, (2012). *The national intimate partner and sexual violence survey: 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control Centers for Disease Control and Prevention.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Future of Children, 35*(9314), 1331-1336.
- Catalano, S. (2012). Special report: *Intimate partner violence, 1993-2010* Retrieved from U.S. Department of Justice, <http://www.bjs.gov/content/pub/pdf/ipv9310.pdf>
- United States Department of Labor, Bureau of Labor Statistics. (2013). *Employment status of the civilian population 25 years and over by educational attainment*. Washington, DC: Author.
- Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in mental health nursing Issues in mental health nursing, 21*(5), 699-513.
- Domestic Violence Abuse Intervention Project. (1984). [Illustration of domestic violence power and control wheel]. Retrieved from <http://www.theduluthmodel.org/pdf/PowerandControl.pdf>.

- Emery, C. R. (2012). Controlling for selection effects in the relationship between child behavior problems and exposure to intimate partner violence. *Journal of Interpersonal Violence, 26*(8), 1541-1558.
- Gorde, M. W., Helfrich, C. A., & Finlayson, M. L. (2004). Trauma symptoms and life skill needs of domestic violence victims. *Journal of Interpersonal Violence, 19*(6), 691-708.
- Griffing, S., Ragin, D. F., Morrison, S. M., Sage, R. E., Madry, I., & Primm, B. J. (2005). Reasons for returning to abusive relationships: Effects of prior victimization. *Journal of Family Violence, 20*(5), 341-348.
- Grossman, S. F., Lundy, M., George, C. C., & Crabtree-Nelson, S. (2012). Shelter and service receipt for victims of domestic violence in Illinois. *Journal of Interpersonal Violence, 25*(11), 2077-2093.
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (ptsd) in victims of domestic violence : A review of the research. *Trauma, Violence, & Abuse, 2*(2), 99-119. doi: 10.1177/1524838001002002001
- Kernic, M. A., Wolf, M. E., Holt, V. I., McKnight, B., Huebner, C. E., & Rivara, P. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse and Neglect, 27*(11), 1231-1246.
- Klein, A. R. U.S. Department of Justice, (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors, and judges* (NCJ 225722). Washington, D.C.: Office of Justice Programs.

- Klevens, J., Baker, C. K., Shelley, A., & Ingram, E. M. (2008). Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. *Violence Against Women, 14*(3), 346-358.
- Lyon, E., Bradshaw, A., & Menard, J., (2012). *Meeting survivors' needs through non-residential domestic violence services & supports: Results of a multi-state study* (237328). Retrieved from U.S. Department of Justice, <https://www.ncjrs.gov/pdffiles1/nij/grants/237328.pdf>
- Michigan Coalition to End Domestic & Sexual Violence., (2012). Help near you. Retrieved from <http://www.mcadsv.org/help/locate.php>
- National Center on Domestic and Sexual Violence., (2005). *Domestic violence shelters in the U.S.—2005*. Austin, TX.
- Schumacher, J. A., & Holt, D. J. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. *Aggression and Violent Behavior, 17*(3), 188-197.
- Sheafor, B. W., & Horesji, C. J. (2012). *Techniques and guidelines for social work practice*. (9th ed.). Boston, MA: Parson Education Inc.
- Simmons, C. A., Farrar, M., Frazer, K., & Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to ipv services. *Violence Against Women, 7*(10), 1226–1243.
- Sullivan, C. M., Basta, J., Tan, C., & Davidson, W. S. (1992). Brief report after the crisis: A needs assessment of women leaving a domestic violence shelter. *Violence and Victims, 7*(3), 267-275.

Warshaw, C., Sullivan, C. M., & Rivera, E. A., (2013). *Practical implications of current domestic violence research: For law enforcement, prosecutors, and judges.*

Retrieved from U.S. Department of Health and Human Services, National Center on Domestic Violence, Trauma and Mental Health.

<http://www.nationalcenterdvtraumamh.org/wp->

[content/uploads/2013/03/NCDVTMII_EBPLitReview2013.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMII_EBPLitReview2013.pdf)

Appendix 1

Survey: A Needs Assessment for Post-Shelter Living

Needs Assessment for Post-Shelter Living

Housing: Please rate from not at all important to extremely important how you feel about each item below related to housing.	Scale of Importance				
	Not at all	Not very	Neutral	Some-what	Extremely
Closeness to family	1	2	3	4	5
Distance away from family	1	2	3	4	5
Closeness to abuser	1	2	3	4	5
Distance away from abuser	1	2	3	4	5
Near a specific school district	1	2	3	4	5
Safety of neighborhood	1	2	3	4	5
Distance from place of employment	1	2	3	4	5
Housing costs (monthly rent, local market value of homes, etc.)	1	2	3	4	5
Access to subsidized housing	1	2	3	4	5
Ability to provide accommodations for individuals with physical difficulties (wheelchair ramp, etc.)	1	2	3	4	5
When do you feel receiving information and services related to housing would be most helpful to you? Please rate the items below from 1-3 with 1 being Least Helpful and 3 being Most Helpful.	Scale of Helpfulness				
	Least Helpful	Somewhat Helpful	Most Helpful		
Throughout your stay in shelter	1	2	3		
When you are preparing to leave shelter	1	2	3		
After you have left shelter	1	2	3		

Education/Employment: Please rate from not at all important to extremely important how you feel about each item below related to education/employment.	Scale of Importance				
	Not at all	Not very	Neutral	Some-what	Extremely
Help obtaining your GED	1	2	3	4	5

Help applying for colleges	1	2	3	4	5
Help obtaining your college degree	1	2	3	4	5
Help completing a job certification program	1	2	3	4	5
Job skills training	1	2	3	4	5
Job preparation courses (how to create a resume, how to present yourself in an interview, etc.)	1	2	3	4	5
Tutoring	1	2	3	4	5
When do you feel receiving information and services related to Education/Employment would be most helpful to you? Please rate the items below from 1-3 with 1 being Least Helpful and 3 being Most Helpful.	Scale of Importance				
	Least Helpful	Somewhat helpful	Most Helpful		
Throughout your stay in shelter	1	2	3		
When you are planning for leaving Shelter	1	2	3		
Once you have left shelter	1	2	3		

Access to Community Services: Please rate from Not at All important to Extremely important how you feel about each item below related to access to community services.	Scale of Importance				
	Not at all	Not very	Neutral	Some-what	Extremely
Public transportation	1	2	3	4	5
DHS (help applying for public assistance, food stamps, etc.)	1	2	3	4	5
Domestic violence shelter	1	2	3	4	5
Place of worship	1	2	3	4	5
12-step meeting	1	2	3	4	5
Food/clothing pantry	1	2	3	4	5
Legal aid	1	2	3	4	5
When do you feel receiving information and services related to access to community services would be most helpful to you? Please rate the items	Scale of Importance				
	Least Helpful	Somewhat Helpful	Most Helpful		

below from 1-3 with 1 being Least Helpful and 3 being Most Helpful.			
Throughout your stay in shelter	1	2	3
When you are planning for leaving Shelter	1	2	3
Once you have left shelter	1	2	3

Services for Children: Please rate from Not at All important to Extremely important how you feel about each item below related to services for children.	Scale of Importance				
	Not at all	Not very	Neutral	Some-what	Extremely
Medical healthcare	1	2	3	4	5
Mental healthcare	1	2	3	4	5
Childcare	1	2	3	4	5
Tutoring	1	2	3	4	5
Public assistance (WIC, Medicaid)	1	2	3	4	5
Pharmacy	1	2	3	4	5
Dental	1	2	3	4	5
Afterschool programs	1	2	3	4	5
When do you feel receiving information and services related to services for children would be most helpful to you? Please rate the items below from 1-3 with 1 being Least Helpful and 3 being Most Helpful.	Scale of Importance				
	Least Helpful	Somewhat Helpful	Most Helpful		
Throughout your stay in shelter	1	2	3		
When you are planning for leaving Shelter	1	2	3		
Once you have left shelter	1	2	3		

Healthcare: Please rate from Not at All important to Extremely important how you feel about each item below related to healthcare.	Scale of Importance				
	Not at all	Not very	Neutral	Some-what	Extremely
Medical	1	2	3	4	5
Mental Healthcare	1	2	3	4	5
Pharmacy	1	2	3	4	5
Substance Abuse Services (Detox, Residential	1	2	3	4	5

Treatment Programs)					
Dental	1	2	3	4	5
	1	2	3	4	5
When do you feel receiving information and services related to healthcare would be most helpful to you? Please rate the items below from 1-3 with 1 being Least Helpful and 3 being Most Helpful.	Scale of Importance				
	Least Helpful	Somewhat Helpful	Most Helpful		
Throughout your stay in shelter	1	2	3		
When you are planning for leaving Shelter	1	2	3		
Once you have left shelter	1	2	3		

Are there any services that you feel would be helpful that were not already covered in this survey? Please describe them in the space provided.

When do you feel receiving the services you listed above would be most helpful to you? Please rate 1-3 with 1 being most helpful and 3 being least helpful.	Scale of Importance		
	Least Helpful	Somewhat Helpful	Most Helpful
Throughout your stay in shelter	1	2	3
When you are planning for leaving Shelter	1	2	3
Once you have left shelter	1	2	3