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SERVICES TO VICTIMS IN DOMESTIC VIOLENCE SHELTERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Judith Valerie Johnston
Mitchica Mia McNeair
June 1997

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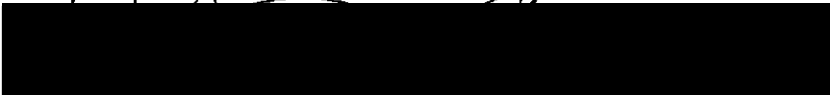
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ABSTRACT

The purpose of this positivist study is to describe the present services. The study also evaluates from the clients' perspective, the adequacy of services for victims in a domestic violence shelter. The survey design used in this research study brought attention to availability of services and competency of staff. The emphasis is on quantifying and measuring actual responses of the surveyed population. The questions answered by participants relate to how adequate are the available services in the domestic violence shelter? This study examined presently available services for the victims, and addressed what additional services are needed. Also, the need for more professionally trained staff for the shelter was entertained. The survey method for data collection was implemented. A questionnaire was developed to cover availability, quality, and quantity of services. The participants in the study were given the opportunity to list any services they felt were inadequate or unavailable to their specific needs. The results showed that although several clients were dissatisfied with some of the services offered, most clients would recommend the facility to other domestic violence victims.

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Introduction/Literature Review:

Problem Statement:

Domestic violence has been endured by women and kept quiet for centuries (Knapp, 1992). Although batterers can be men or women, the majority of domestic violence cases involve a male batterer (Bureau of Justice Statistics, 1993). Since women have traditionally been regarded as property, they have been denied protection in the home (Knapp, 1992).

The legacy of allowable abuse can be traced back over one hundred years. This is evident by rules of coverture that gave husbands the right to corporal discipline or chastisement over their wives (Blackstone, 1899). These rules of coverture did have boundaries. The "rule of thumb" originated from the right of the husband to beat his wife with a stick "no thicker than his thumb" (Prosser, 1971, p.136).

In this country, a woman is more likely to be assaulted, injured, raped or killed by a male partner than by any other assailant. Domestic violence is believed to be the most common, yet least, reported crime in our nation (Bureau of Justice Statistics, 1993). The National Resource Center (1991) revealed wife beating results in more injuries that require medical treatment than rape, auto accidents and

mugging combined. Their surveys show that more than 1,000 women, about four per day, are killed by their husbands or partners per year.

Domestic violence is defined in the social work dictionary (Barker, 1995) as:

(1) Abuse of children, older people, spouses, and others in the home, usually by other members of the family or other residents. (2) The social problem in which one's property, health, or life are endangered or harmed as a result of the intentional behavior of another family member(P.107).

The California Senate bill 169 (Hayden, 1995) defines a victim of domestic violence as:

Among other persons, a spouse or former spouse, a cohabitant or former cohabitant, a person with whom the defendant is having or has had a dating or engagement relationship, or a person with whom the defendant has had a child(p.1).

These two definitions help to explain the enormity and depth of those affected by the domestic violence problem.

Public policy concerning domestic violence as a crime, has still not received sufficient priority. This is illustrated by the fact that it has only been about twenty years since any laws were enacted that make domestic violence a crime (Post, 1996). There were no domestic abuse statutes in effect in the United States prior to 1975. In the most recent California law, domestic violence is referred to as a serious national problem and widespread crime that affects not only individual victims, but domestic violence

affects the entire community as well (Hayden, 1995).

In compounding the problem for the victims of this heinous crime, some research asserts that the court system still avoids or trivializes the crime of domestic violence (Van Hasselt, Morrison, Randall, Bellack, & Hersen, 1988). The researchers indicate that a new generational victimology has surfaced among researchers of domestic violence. A theory has evolved that states that the roots of crimes can be traced back to family violence.

The 1988 research further states that for the legal system to rectify the aforementioned oversight, it needs to realize that domestic violence cases are grounded in emotion not in logic or facts. Domestic violence cases require adjudication between intimates where emotional interdependence already exists. The results of this interdependent conflict hinders the adaptability of the persons involved for the requirements of traditional legal proceedings. Moreover, domestic abuse cases need to be separate and distinct issues in the courts and legislatures. Even though laws to protect victims of domestic violence were passed in the 1970's and early 1980's, the criminal justice system rarely enforced these laws on the batterers unless severe injury or death resulted (Van Hasselt, et al., 1988).

Violence involving strangers was considered more serious than domestic violence due to myths regarding the nature of this crime (Silberman, 1978). One of these myths explained by Brodie (1972) is a predominant myth in society that perceives family survival is managed within the family structure and without any outside interference. Roy (1977) provides another myth still largely accepted in society today in which victims provoke the violence or enjoy the abuse. These myths provide the criminal justice system with justification for inaction (Brodie, 1972).

The enormity of the domestic violence problem can also lead to the death of the perpetrator. Ann Jones (1980) points out, prisons across this country are filled with battered women, many serving time for defending themselves against their abusers or because they were coerced into other criminal activity. Victims are also incarcerated because they failed to protect their children from the abuser's violence (Browne, 1987). Prior to 1984, women had no legal defense against what the courts saw as criminal activity. The battered women syndrome was first allowed as a defense in 1984 in Minneapolis, redefining criminal activity by the victim (Post, 1996).

Mills (1996) points out that several studies show that when women are not provided with tools to change or modify

their social or economic circumstances, the chances of repeated abuse increases. She goes on to say, women should be empowered to design a course of action that the victim herself feels will abolish the violence from her life. Thus, by involving the victim in the treatment process, the victim will be more invested in following through with the necessary steps to eradicate abuse.

Many interventions currently offered are not directed to women within their relationships. Most shelters for battered women support the idea that women should leave the relationships. The National Resource Center on Domestic Violence (NRC, 1994) points out that battered women's shelters are important lifesaving responses to domestic violence. However, there are some disadvantages to shelters as well. For many women, leaving an abusive relationship may not be an alternative. For example, there are very few shelters, and of those shelters in existence, space and availability are limited. Because of religious, cultural, or socially learned beliefs, a woman may feel she should not leave the relationship and that it is her duty to keep the marriage together at all costs (Rose & Goss, 1989). Quite a few of these women want the violence, not the relationship, to end.

In the NRC it is explained that shelters are a critical

component of the community's efforts to ensure the safety and protection of the victims. Making available safe shelters for battered women and their children is essential to ensure such protection, particularly for low-income women who may lack the resources to find safety elsewhere. Shelters not only offer women refuge, but other essential supportive services, including legal, economic, housing, and medical advocacy; court accompaniment; employment and job training assistance; support groups for residents and nonresidents; and child care and special children's counseling programs (NRC, 1994).

One weakness of shelters is the inadequate support groups that are offered. The victim's support groups in shelters are often judgmental and non supportive of victims wanting to stay in their current relationships (NRC, 1994). As a result, the victims are torn between seeking help or remaining in the abusive situation.

The tradition of social work is to treat a client in the context of her/his relationship. These traditions should include, recognizing the uncertainty, emotional and cultural loyalties of women who have been abused, and the need of a safe and nonjudgmental environment in which they can look at all options (Mills, 1996).

There are many women who silently endure physical abuse

for several reasons. One of the reasons include that battered women frequently face the most physical danger when they attempt to leave (Adams, 1990). Another reason is that the victim fears for her safety, her children's safety, and the safety of those who help her (Knapp, 1992). Non fatal violence often escalates once the battered woman attempts to end the relationship (Adams, 1990). In addition, women are often at a high risk for homicide after they have left the abuser or when they make it clear to the abuser that they are leaving for good (NRC, 1994).

The NRC literature (1994) states that it is a myth that victims of domestic violence are passive when being physically abused. In fact, they actively try to get help from health care personnel, police, family members, lawyers and the church. It is the failure of these resources that trap women in abusive relationships (NRC, 1994). In reviewing the above points it is clear that the current laws are not sufficient in protecting victims.

The new California law (S.B. 169) also fails to mandate victim services. The Senate Bill 169 is a "get tough" law on domestic violence perpetrators. The bill became a law January 1, 1996. It states that, program staff must have specific knowledge regarding, but not limited to, spousal abuse, child abuse, sexual abuse, substance abuse, the

dynamics of violence and abuse, the law, and procedures of the legal system (Hayden, 1995). The bill further declares that program staff are encouraged to utilize the expertise, training, and assistance of local domestic violence centers. However, the law does not require the staff of these local domestic violence centers to have any specific training or certification.

Furthermore, S.B. 169 informs that the perpetrators' programs must possess adequate administrative and operational capabilities to operate a batterers' treatment program. The law continues in its requirements to include that the batterers' program provide documentation to prove that the agency has conducted batterers' programs for at least one year prior to application to county probation for referrals. There is no mention of documentation or credentials required for referrals to shelters or any other victim resources.

Domestic violence affects the entire family and family structure as well (Hayden, 1995). All members of the family experiencing domestic violence learn that violence is an acceptable way to cope with stress or problems. Due to this element in the abusive cycle, another condition of probation within the new law is a protective and/or stay away order prohibiting further acts of violence, threats, stalking and

harassment (Hayden, 1995). Often victims return to court requesting that the stay away orders be lifted or charges dropped. It is proposed that prior to lifting a stay away order, the victim should receive mandated education and intervention on the causes and effects of domestic violence.

In a widespread treatment program used for batterers (Anderson & Anderson, 1995) battering is viewed from the Psycho-educational model. The model suggests that person directed violence is learned, and therefore alternatives to violence can be learned to replace the unacceptable behavior. The teaching material in this model is designed to assist perpetrators to move away from violent abusive behavior and aim for equality-based male/female relationships.

Education for victims should be designed with the same premise as the batterers programs. Mills (1996) found that by teaching the victims of domestic violence the definition of abuse, the cycle of abuse and what an equality-based male/female relationship is, victims will also realize their own alternatives to victimization. This premise is derived from the systems theory which states that all members of the family system are interrelated and when one person in the system is altered the entire system is altered as well

(Johnson, 1995). The question that arises is how can domestic violence interventions be effective when only the perpetrator is receiving mandated quality services?

Problem Focus:

The positivist paradigm is a realistic inquiry that enables the researcher to exclude their values and other biases from influencing the results (Guba, 1990). This scientific approach to research uses questions and/or hypothesis in advance and subject them to empirical tests. In using a positivist approach to explore domestic violence, this research will reveal the possibility of inadequate available services for educating victims. This study will examine present services for the victims of domestic violence. From the examination, gaps in available services and competency of professional staff will be shown.

The major social work practice focus for this study is administrative/policy planning. In this research, the missing components in an existing shelter programs will be revealed. As a result, administrators will be able to assess the quality and quantity of services available to victims in a domestic violence shelter. Furthermore, a closer look at existing laws governing domestic violence will be reviewed. Shelter staff will be provided with improved intervention techniques for working with victims.

Moreover, educating victims will empower not only the individual but society as a whole in decreasing the possibility of further victimization.

In summary, this study answers the question of how adequate are the services in domestic violence shelters? The research shows whether or not services to domestic violence victims in a shelter are adequate in terms of: enough services and qualification of personnel. As a result the study will provide the social work profession with needed services as identified by shelter victims.

Methods Section:

Design of Study:

The positivist paradigm is a realist approach to inquiry that presumes that the researcher will exclude their values and other biases from influencing the results (Guba, 1990). This scientific approach to research uses questions and/or hypothesis in advance and subjects them to empirical tests. In using a positivist approach to explore services for domestic violence victims, this research reveals whether or not the available services for victims are adequate.

The purpose of the study is to describe the present services and determine whether services are adequate for victims in a domestic violence shelter. A survey questionnaire is used in this research. The emphasis is on

quantifying and measuring actual responses of the surveyed population. These measures control for researcher biases to allow for an objective analysis.

By surveying domestic violence shelter clients, the clients' perspective on quality and quantity of the available services will be reported. As a result, administrators may be able to assess the quality and quantity of services to victims that are available in domestic violence shelters. Again, the question to be answered in this research, is how adequate are the available services in the domestic violence shelter surveyed?

Sampling:

The population in this study is a purposive sample drawn from a San Bernardino domestic violence shelter for women and children who are victims of domestic violence. This shelter was selected based on locality and approved accessibility. The sample is made up of female victims presently using the services in that agency. The director of the shelter was contacted to obtain access to the clients. After approval, the clients were asked to volunteer for this study. A brief introduction of the proposed study was provided. The sample size was limited to the number of volunteers that gave their consent.

Data Collection and Instruments:

Data was collected through the use of a survey questionnaire (see Appendix A). The questions covered availability, quality, and quantity of services. Also, the participants in the study were given the opportunity to list any services that they felt were inadequate or unavailable to their specific needs. More importantly, the presence of the researchers throughout the survey process enabled the participants to clarify any questions.

The use of the questionnaire aided the researchers in studying actual participant responses to questions. It was important for this study to use a survey questionnaire because actual participant responses are needed to gain access to valid unbiased opinions of the available services.

In order to overcome any possible problems with the survey instrument, five questionnaires were given to co-workers as a pretest. After the pretest, suggested changes were made prior to administering to the actual participants. Instructions on how to answer the questions were verbally stated by the researchers.

Demographic information pertaining to the individual participant included, ethnicity, age, individual and family yearly income, and types and years of abuse experienced. Following the demographic section, the actual available

services at the shelter surveyed were listed. These services include: medical referrals and AIDS/HIV education, clothing and personal items, legal services, counseling services, child care and parenting information, financial and educational resources (by way of DPSS); nutrition and health education, court accompaniment, job leads and education services, support groups(e.g., Narcotics Anonymous, Alcoholics Anonymous, and other 12-step programs), anger management classes, sexual harassment classes, and domestic violence classes.

The first three questions asked were as follows: 1) What services have you used during your stay? 2) Did these services help you? And 3) How many times did you use each service?

The next question rated how immediate the response was to any required needs. A likert scale was used (one was the least immediate and 10 was the most immediate. The following three questions utilized the same likert scale: How immediate was the response to your required needs? Were the staff considerate of your personal needs? How knowledgeable did you feel the staff were with your specific needs?

Questions numbered 8 and 9 required a yes or no answer. The first of these questions asked whether twenty-four hour

service was available for any problems? The second question inquired whether the participant would recommend the shelter to others?

The final section permitted the participants to list any services that they felt were not available at the shelter. Victims were given the opportunity, in this section, to voice any personal comments or concerns regarding the experience during their stay. Additionally this final question allowed participants to expand on any personal issues.

Procedures:

The data was collected through the completion of the survey. Both members of the research team were present throughout the survey process and both collected the completed survey questionnaires. The amount of time required to complete the survey was approximately one hour. Within the hour the introduction, the actual completion of survey, and the debriefing of participants was achieved.

A purposive sample was selected, on a voluntary basis, from the entire client population residing at the domestic violence shelter. The survey questionnaire was given in group form to all clients who chose to participate. After a brief introduction of the research project, the questionnaire was handed to each client by the researchers.

The introduction included: (1) instructions on how to complete the questionnaire, (2) a statement addressing anonymity, (3) purpose of the study, (4) time required for completion of the survey, and (5) availability of professional counseling for any issues that may arise from the survey questions. Furthermore, information on obtaining results of the study was given to the participants.

Protection of Human Subjects:

The survey questionnaire did not identify any information regarding participant name, age, race, socioeconomic status, religion, marital status, or shelter location. Participants were advised of the anonymity of the informed consent form (see Appendix B) and the opportunity to receive any follow-up counseling needed for issues that may have surfaced after the survey process (see Appendix C). The counseling would be available for nine months after the survey process was completed. The clients were informed that their participation in the research project was totally voluntary.

Results:

Demographics:

Univariate analysis was used to determine the distribution of results. Demographic factors including age, ethnicity, individual and family income were reported. The

researchers obtained frequencies for demographic information and other questions asked on questionnaire.

The sample population included twenty-seven women who completed the questionnaire. However, some of the questions were not answered by all respondents. Therefore, the response rate is not 100 percent for all questions.

The average respondents were 32.8 years of age. As shown in Table 1. most of the respondents were under thirty-nine years old. Only four of the twenty-seven respondents were over forty. The majority of the respondents were between 20-29 years of age (see Table 1).

Table 1

Frequency Distribution for Age

Age	Frequency	Percentage
20-29	13	48.1
30-39	10	37.1
40-49	1	3.7
50-59	3	11.1
Total:	27	100%

The respondents were of a diverse ethnic population with a slight majority of respondents being Caucasian. The next largest ethnic category was African American. Hispanic respondents represented 22%. The smallest number of respondents was the Multiethnic group (2%). There were no Asian respondents (see Table 2).

Table 2

Frequency Distribution for Ethnicity

Ethnicity	Frequency	Percentage
Caucasian	10	37.0
African-American	9	34.0
Asian	0	0.0
Hispanic	6	22.0
Multiethnic	2	7.0
Total:	27	100%

The majority of respondents (76.9%) had incomes less than \$20,000. The next highest income group was the \$20,000- \$29,999 category (15.4%). Very few respondents (7.7%) had incomes above \$30,000 (see Table 3).

Table 3

Frequency Distribution of Individual Incomes

Income	Frequency	Percentage
0-9,999	12	46.2
10,000-19,999	8	30.7
20,000-29,999	4	15.4
30,000-39,999	0	0.0
40,000 & up	2	7.7
Total:	26	100%

As shown in Table 4 the majority of respondents (64%) had incomes less than \$20,000. The next highest income group (16%) was in the \$20,000- \$29,999 category. Very few respondents (20%) had an income above \$30,000 (see Table 4). Results indicate little difference between individual income and family income (see Tables 3 & 4).

Table 4

Frequency Distribution of Family Incomes

Income	Frequency	Percentage
0-9,999	10	40.0
10,000-19,999	6	24.0
20,000-29,999	4	16.0
30,000-39,999	2	8.0
40,000 & up	3	12.0
Total:	25	100%

Abuse Characteristics:

An equal number of the respondents reported physical (25) and emotional (25) abuse. Of the twenty-seven respondents, twelve reported sexual abuse. One respondent did not indicate which type of abuse she endured (see Table 5).

Table 5

Frequency Distribution for Types of Abuse

Types of abuse	Yes	No	No response	Total
Physical	25	1	1	27
Sexual	12	14	1	27
Emotional	25	1	1	27

The majority of the respondents' years of abuse was in the zero to ten range. The next highest range was the eleven to twenty year group which indicates that most of the respondents endured the abuse for less than twenty years (see Table 6). The number of years, reduced considerably in the thirty and above range in all three types of abuse.

Table 6

Frequency Distribution for Years of Abuse

Years	Physical		Sexual		Emotional	
	<u>Freq</u>	<u>%</u>	<u>Freq</u>	<u>%</u>	<u>Freq</u>	<u>%</u>
0-10	16	61.5	21	84.0	15	57.7
11-20	6	23.1	4	16.0	7	26.9
21-30	3	11.6	0	0.0	2	7.7
31-40	1	3.8	0	0.0	1	3.9
41-50	0	0.0	0	0.0	0	0.0
51-up	0	0.0	0	0.0	1	3.8
Total:	26	100%	25	100%	26	100%

Shelter Services:

The most frequently used service was counseling (82%). The next most frequently used service was domestic violence classes (70%). As shown in Table 7. anger management classes were used by 60% of the respondents, clothing (56%), legal, financial and nutrition services were used by 52% of the respondents. Support groups were used by 45% of the respondents, child care by 48% of the respondents, medical

services by 41%, court accompaniment and job leads by 30% and finally sexual harassment education was used by 26% of the respondents. However, of the twenty-seven respondents, services used were chosen on individual need. All services were not necessarily used by each respondent (see Table 7).

Table 7

Frequency of Services Used

Types of services	Frequency	Percentage
Anger management	16/27	26.0
Child care	13/27	48.0
Clothing	15/27	56.0
Counseling	22/27	82.0
Court accompaniment	8/27	30.0
Domestic violence Ed.	19/27	70.0
Financial	14/27	52.0
Job leads	8/27	30.0
Legal services	14/27	52.0
Medical	11/27	41.0
Nutrition	14/27	52.0
Sexual harassment Ed.	7/27	26.0
Support groups	12/27	44.0

The results indicate that financial, court accompaniment and sexual harassment classes were the least helpful. Whereas, the services respondents reported most helpful were anger management and domestic violence classes, clothing allotments and counseling. The services that had at least one "no response" were child care, clothing, medical, job leads, sexual harassment classes, and support groups (see Table 8).

Table 8

Frequency Distribution of Helpful Services

Types of services	Yes	No	No response	Total
Anger management	15	12	0	27
Child care	11	15	1	27
Clothing	14	12	1	27
Counseling	17	10	0	27
Court accompaniment	5	22	0	27
Domestic violence Ed.	15	12	0	27
Financial	10	17	0	27
Job leads	5	21	1	27
Legal services	11	16	0	27
Medical	9	17	1	27
Nutrition	12	15	0	27
Sexual harassment Ed.	6	20	1	27
Support groups	12	14	1	27

The majority of respondents indicated that most of the services were used less than five times each. Services used by the respondents 6-10 times were medical, counseling, child care, nutrition, support groups, anger management, sexual harassment, and domestic violence classes. Nutrition

was the only service used 11-15 times. Child care, financial, and anger management classes were used 16-20 times. The services used the most were legal, court accompaniment, job leads and domestic violence classes with at least one respondent using each service more than 21 times (see Table 9).

Table 9

Frequency Distribution of Services Used

Types of services	Number of Times Used				
	0-5	6-10	11-15	16-20	21-up
Anger management	24	2	0	1	0
Child care	23	3	0	1	0
Clothing	27	0	0	0	0
Counseling	23	4	0	0	0
Court accompaniment	27	0	0	0	0
Domestic violence Ed.	23	3	0	0	1
Financial	26	0	0	1	0
Job leads	26	0	0	0	1
Legal services	26	0	0	0	1
Medical	26	1	0	0	0
Nutrition	25	1	1	0	0
Sexual harassment Ed.	26	1	0	0	0
Support groups	24	2	0	0	1

Staff Performance:

Regarding staff response time to required needs, slightly more than one half of the respondents (Mean 5.2; S.D.=2.9) indicated that the response time was adequate. In

terms of staff consideration of respondents' personal needs, the results indicated a mean of 6.5 and a standard deviation of 3.5 for respondents who related that there was adequate consideration. Slightly more than one half of the respondents (Mean 6.1; S.D.= 3.2) reported the staffs' knowledge pertaining to their specific needs was sufficient (see Table 10).

Table 10

Means and Standard Deviations of Responses
Related to Competency of Staff

Professionalism of staff	Mean	*S.D.	Total
How immediate was response to required needs?	5.2	2.9	25
Were staff considerate to your personal needs?	6.5	3.5	26
How knowledgeable did you feel the staff were to your specific needs?	6.1	3.2	26
*Standard Deviation			

Table 11 shows that twenty-four-hour help was available to thirteen (50%) of the respondents. The other eleven respondents(42%) indicated that twenty-four-hour help was not available. Two of the respondents did not indicate if twenty-four help was available (see Table 11).

Table 11

Availability of Services

Answers	Frequency	Percentage
Yes	13	50
No	11	42
Don't know	2	8
Total:	26	100%

The majority of the respondents (81%) indicated that they would recommend the shelter to others. Five of the participants (19%) related that they would not recommend the shelter. One participant did not answer this question (see Table 12).

Table 12

Recommendation of Shelter

Answers	Frequency	Percentage
Yes	21	81
No	5	19
Total:	26	100%

Discussion and Implications:

The purpose of this study was to explore whether or not domestic violence shelter victims perceived the shelter services as adequate for their needs in the areas of availability, quality and quantity of services. This study examined services presently available for victims of domestic violence residing in a selected shelter. The last question of the survey questionnaire was open ended wherein participants were given the opportunity to express their opinions.

The ages of the participants ranged between twenty and fifty-nine years. The average age was approximately thirty-three. The majority of participants were between twenty and

twenty-nine years old. Only four of the respondents were over forty years old. This particular shelter appears to cater to a younger clientele. There were some clients who expressed on the open-ended question of the survey that they experienced ageism while residing in the shelter.

There was a diverse ethnic population living at the shelter during the survey period. Most of the respondents however, were Caucasian or African-American. There were a few Spanish speaking only Hispanic clients. The language barrier was limiting for this group of women. Also, the researchers noted a lack of cultural understanding of the different Hispanic populations. For example, although the respondents categorized themselves as Hispanic, their regional differences were not taken into consideration by the shelter staff. These regional differences were cause for several disturbances among the clientele.

The shelter housed several low income clients. The majority of the respondents had an income of less than \$20,000. Several women reported that their only income was from the Aid to Families with Dependent Children (AFDC) grants. The reported family incomes were less than \$20,000 for the majority of the respondents. There were two women who reported that their income was more than \$40,000 per year. These two women felt that they were ostracized by the

staff. Furthermore, they felt they were expected of staff and other clients to help themselves and contribute more to community funds.

The types of abuse experienced by the women were primarily physical (25 of 27) and emotional (25 of 27). However, twelve of the twenty-seven women reported sexual abuse as well. The majority of women have lived with physical abuse (62%), emotional abuse (58%), and sexual abuse (84%) for up to ten years. The remaining respondents endured their abuse for more than ten years. One respondent reported having lived with her abuser for over fifty years.

The services offered at this shelter included medical referrals, clothing allotments, legal advice, individual and group counseling, child care services, financial advice, nutritional education, court accompaniment, job lead information, support groups, anger management, sexual harassment, and domestic violence classes. Of these services, the most frequently used were the counseling and domestic violence classes.

The majority of respondents indicate that most of the services were used less than five times each. The services used by the respondents 6-10 times were medical, counseling, child care, nutrition, support groups, anger management, sexual harassment, and domestic violence classes. Nutrition

was the only service used 11-15 times. Child care, financial, and anger management classes were used 16-20 times. The services used the most were legal, court accompaniment, job leads and domestic violence classes with at least one respondent using each service more than 21 times.

More than half of the respondents indicated that the domestic violence classes, anger management classes and the counseling services were the most helpful of all the available services. Of the respondents who used the clothing allotments, 14 women stated that this service was very useful.

The likert scale was implemented to give the participants an opportunity to rate the quality of the staff level of professionalism. The first of these questions asked, how immediate was the staff response time for required needs? The scores showed a fairly even distribution between the least immediate response time and the most immediate response time. The majority of respondents indicated scores at the lower end.

The other question posed using the likert scale asked: How considerate were the staff of client's personal needs? The staff were rated higher in this area. The majority of the participants felt that the staff were considerate of

their personal needs.

The final question using the likert scale asked: How knowledgeable are the staff to specific needs? Again, the majority of the respondents (14) indicated that the staff were knowledgeable. Although the 12 remaining respondents felt that the staff were not knowledgeable of their specific needs, this indicated a fairly even distribution.

The availability of staff and services were also questioned. The results of this question revealed 50% of respondents indicated that there is 24 hour help available. Forty-two percent said there was not 24 hour help available. Two of the respondents indicated that they did not know if 24 hour help was available.

The last question asked the respondents was whether they would recommend the shelter to others. The results indicated favorable responses. Many respondents stated that they would recommend the shelter to others. It appears that even though several clients had some complaints, they would recommend this facility to other women in need of help.

The final section of the survey was an open-ended question which gave the participants an opportunity to list services, ideas or comments they felt necessary. As mentioned previously, two women in higher income levels stated that there was a lack of available staff with

knowledge to help them with their particular problems. Both of these women were disappointed that it was assumed they had other resources and did not need to be in the shelter. They felt discriminated against due to their financial situations but also due to the fact that they had no small children to support. Moreover, these two respondents felt that the program emphasized solutions for women with little or no income and for women with children.

Several women reported a lack of services and the need for additional help within the shelter. One particular client expressed a need for a more empathetic response to her emotional attachment to the abuser. Furthermore, several respondents mention the negative attitudes of various staff members. Some acknowledged that the staffs' personal biases had a tendency to overshadow the imparting of information.

The lack of professionalism was brought to the attention of the researchers from several respondents. This was apparent in many instances of blaming the client for what the staff considered unruly children, poor parenting skills, poor attachment skills and low self-esteem. The respondents indicated that they felt ashamed and inadequate as parents by staff who reprimanded them openly in front of their children and peers. Some respondents mentioned

incidences of open ridicule by staff.

Even though this shelter was highly recommended by the respondents, there is still a need for improvements. The anonymity of the survey enabled the respondents to report their personal concerns without the risk of recrimination or repercussions. The respondents shared their gratitude for being able to participate in research that would help others in similar situations.

As the respondents indicated there are some missing elements within the shelter. However, they expressed how clean, well kept, uplifting and welcoming the shelter appeared to them upon arrival. The shelter was a safe haven from the violence the victims had endured. Although not the ideal living situation, most felt the shelter saved their lives.

A disturbing rule for this shelter is the fact that if a client returns to her abuser she may not reenter this shelter. Even though the shelter has good intentions, the pressure to have victims resolve their problems by leaving their partners may alienate women who do not want their relationship to end. The result of this alienation may leave some victims feeling more alone and misunderstood.

As professionals working with domestic violence victims, one needs to be trained to be sensitive and

understanding to the plight of these victims. Intensive training on domestic violence and crisis intervention is necessary for effectiveness in working with domestic violence victims. Society as a whole must realize the need for more services for victims of domestic violence. The focus of the services should include preventing further victimization in present relationships and preventing the possibility of serial abusive relationships.

APPENDIX A: Domestic Violence Questionnaire

Directions: Answer all questions as honestly and as accurately as you can. Please indicate your answers in the space available.

ID#_____

Ethnicity_____

Age_____

Individual Yearly Income_____

Family Yearly Income_____

Type or types of abuse experienced:

Physical_____, Sexual_____, Emotional_____.

Years of Abuse for each:

Physical_____, Sexual_____, Emotional_____.

1. What services have you used during your stay in the shelter? (Circle all services used.)

- Medical Referrals/AIDS & HIV Education
- Clothing/Personal Items
- Legal Services
- Counseling Services
- Child Care/Parenting Information
- Financial/Resources Education (DPSS)
- Nutrition/Health Education
- Court Accompaniment
- Job Leads & Education Services
- Support Groups(NA, AA, CODA, ALANON)
- Anger Management Classes
- Sexual Harassment Classes
- Domestic Violence Classes

2. Did these services help you? (Y=Yes, N=No)

- Medical Referrals/AIDS & HIV Education _____
- Clothing/Personal Items _____
- Legal Services _____
- Counseling Services _____
- Child Care/Parenting Information _____
- Financial/Resources Education(DPSS) _____
- Nutrition/Health Education _____
- Court Accompaniment _____
- Job Leads & Education Services _____
- Support Groups(NA, AA, CODA, ALANON) _____
- Anger Management Classes _____
- Sexual Harassment Classes _____
- Domestic Violence Classes _____

3. How many times did you use each service?

- Medical Referrals/AIDS & HIV Education _____
- Clothing/Personal Items _____
- Legal Services _____

- Counseling Services _____
- Child Care/Parenting Information _____
- Financial/Resources Education(DPSS) _____
- Nutrition/Health Education _____
- Court Accompaniment _____
- Job Leads & Education Services _____
- Support Groups(NA, AA, CODA, ALANON) _____
- Anger Management Classes _____
- Sexual Harassment Classes _____
- Domestic Violence Classes _____

4. On a scale from 1 to 10, how immediate was the response to your required needs? (1=least immediate and 10=most immediate) (Circle your answer.)

1 2 3 4 5 6 7 8 9 10

5. On a scale from 1 to 10, were the staff considerate to your personal needs?

(1= least considerate and 10= very considerate)

(Circle your answer.)

1 2 3 4 5 6 7 8 9 10

6. On a scale from 1 to 10, how knowledgeable did you feel the staff were with your specific needs? (1=least knowledgeable and 10=very knowledgeable)

(Circle your answer.)

1	2	3	4	5	6	7	8	9	10
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7. Is there 24 hour help for any problems you may have?

(Circle your answer.)

- Yes
- No

8. Would you recommend the shelter to other victims?

(Circle your answer.)

- Yes
- No

9. What problems has the shelter not been able to help you with?

[illegible]

APPENDIX B: INFORMED CONSENT

The study in which you are about to participate in is designed to investigate, through a survey questionnaire, the adequacies of available services in a domestic violence agency. This study is being conducted by Judith Johnston and Mitchica McNeair under the supervision of Dr. Ira Neighbors, a professor of Social Work, and with the approval of Veleata Scott, Director of Option House. This study has been approved by the Institutional Review Board of California State University San Bernardino.

The survey process will take approximately one hour to give each participant sufficient time to complete the survey. This time will include the introduction, the actual survey time needed, and the debriefing of the participants.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your names be reported along with your responses. At the conclusion of this study, a report of the results may be received by calling Dr. Neighbors at 909-880-5565.

Your participation in this research is voluntary. You are free to withdraw and to remove data without penalties at any time during this study.

APPENDIX C: DEBRIEFING STATEMENT

This research is being conducted to study actual services that are available to clients who utilize a domestic violence shelter. The study is being used for partial fulfilment of requirements for the degree of Master of Social Work.

There are a number of agencies that provide services for the kinds of problems we've been discussing. If you feel you would like to contact these agencies yourself, the numbers are as follows:

Option House.....	909-381-3471
Doves.....	909-866-5723
House of Ruth.....	909-988-5559
Self Esteem House.....	619-242-9179
Unity Home.....	619-366-9663
Desert Sanctuary.....	619-252-3441
A Better Way.....	619-955-8010

Your assistance is greatly appreciated. If you have any further questions, please feel free to contact us through our advisor Dr. Ira Neighbors at 909-880-5565. A copy of the survey can be provided to you upon your request.

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