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**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

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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.

Many thanks go to the research assistants (listed in alphabetical order) at the University of Connecticut, School of Social Work, for the care and commitment they showed in all phases of this effort: Rosalie Baldwin, Christina Chiarelli-Helminiak, Michele Eggers, Tangel McFadden, Jessica Morneault, and Jamilah Tigner. Additional thanks are due to the study's research consultants (again, listed in alphabetical order), who provided invaluable assistance at different stages of this process, especially in drafting study instruments: Adrienne Adams, Julia Perilla, Cris Sullivan, Carolyn West, and Mieko Yoshihama. And finally, a special thank you to our study partners at the National Resource Center on Domestic Violence, who provided invaluable technical and administrative support: Annika Gifford Brothers, Samantha Fair, Kenya Fairley, Erica Keim, and Farzana Safiullah.

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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.

I. INTRODUCTION

Problem Statement and Rationale

Although there are currently an estimated 1,920 domestic violence programs across the United States, recent research on survivors' experiences has been limited, especially studies with large sample sizes that can document the range of services provided, and provide analyses within and across race/ethnicity and geographic region. This study was designed to obtain information from a diverse sample of survivors and 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.

Literature Review

Specialized services and programs for people who have experienced domestic violence have only begun to emerge in the last thirty-five years. Domestic violence shelters were among the first specialized support services available to women who experienced abuse by an intimate partner (Schechter, 1982). As awareness of domestic violence and its impact increased over the years, available resources expanded, and there are now over 1,920 domestic violence programs across the United States (National Network to End Domestic Violence, 2011; National Research Council, 1998). Over time, services have expanded from the earliest shelter programs, which

offered little more than beds and short-term support, to today's expanded array of supportive programming, including support groups, counseling services, increasingly specialized advocacy, and programs for children (Barner & Carney, 2011). Early studies of domestic violence programs found them to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (e.g. Bowker & Maurer, 1985; Gordon, 1996; Sedlak, 1988; Straus, Gelles, & Steinmetz, 1980). For example, Berk, Newton, and Berk (1986) reported that women who were actively pursuing a variety of strategies while they were in shelter (such as getting help from an attorney, seeking counseling, and contacting police) experienced dramatic reductions in the likelihood of further violence. Subsequent literature, including a recent study of domestic violence shelter residents (Lyon, Lane and Menard, 2008), has continued to indicate that shelters can be invaluable resources for people who experience abuse (Bennett et al., 2004; Tutty, Weaver, & Rothery, 1999), although ongoing services and supports may be needed (e.g. Brown, Trangsrud & Linnemeyer, 2009).

Research on counseling in domestic violence programs has provided promising results. Among the few evaluations, some have found improved well-being and coping (Howard et al., 1994; McNamara et al., 2008). One study involving abused women with PTSD symptoms reported decreases in several psychological symptoms after three months of services (Foa et al., 2006). Similarly, the limited number of evaluations of support groups (offered by most domestic violence programs) have provided evidence that such groups can be helpful. For example, Tutty, Bidgood, and Rothery's (1993) evaluation of twelve closed 10-12 week support groups involving 76 women found significant improvements in women's self-esteem, sense of belonging, locus of control and overall stress over time. However, just 32 of the women completed the 6-month follow-up

assessment. These findings were supported by a more recent experimental study (Constantino, Kim, & Crane, 2005), in which women who had participated in an 8-week group showed greater improvement in symptoms of psychological distress and higher feelings of social support than those who were not in the group.

Evaluations of general individual advocacy have been even more uncommon. Zweig and Burt (2007) evaluated services associated with the STOP Formula Grants Program funded by the Office on Violence Against Women, U.S. Department of Justice. They reported on findings from 26 communities, in which survivors reported that non-profit victim services were the most helpful (such as those provided by domestic violence programs), and that survivors who felt more control in working with advocates rated the services as more helpful. One of the best-designed advocacy evaluations (Allen, Bybee, & Sullivan, 2004; Bybee & Sullivan, 2002) examined the impact of community-based advocacy following a stay in a domestic violence shelter. Women were randomly assigned to a comprehensive 10-week advocacy intervention (average meetings 2 times/week to provide information and assist with obtaining a wide range of community services and supports based on individual need) or the control group (the usual services: responding to further contacts/needs initiated by the women). Follow-up interviews were conducted over a period of two years. Compared to the control group, survivors who worked closely with advocates experienced less violence for the two years, reported higher quality of life and social support, and were able to obtain community resources more readily. However, interviews conducted after three years showed more complex results: those who received the extended advocacy were no less likely to report experiencing violence in the third year, but still had more social support and higher overall quality of life; the authors conclude that access to resources and social support

continued to serve as protective factors (Bybee & Sullivan, 2005). The primary evaluation of a legal advocacy program conducted to date (Bell and Goodman, 2001) showed that women who worked with advocates reported decreased abuse six weeks later; their qualitative findings also supported the use of paraprofessional legal advocates.

Most of the recent literature on interventions for domestic violence survivors, however, has focused on the legal system, and on individual programs that offer counseling and services provided in non-shelter settings, such as health care (Barner & Carney, 2011; Shepard, 2005; Sullivan, 2005). Further, the literature on survivors' experiences with services has not fully reflected differences in access to services or the current increasing variety of services available, created in an effort to respond to the complexity of survivors' needs. Supportive programs are less likely to be available to survivors in rural areas, for example, and most struggle continually for enough money to stay open (Grossman, Hinkley, Kawalski, & Margrove, 2005).

Additionally, there is some evidence that not all survivors feel that domestic violence programs are options for them, and that some are distrustful of the experiences they might have there. Lesbian survivors, for example, have been found to be more likely to have negative shelter experiences and/or to believe that domestic violence programs are for heterosexual women only, or will not be helpful (Giorgio, 2002; Helfrich, & Simpson, 2006; Irvine, 1990; Renzetti, 1992). Eaton, Kaufman, Fuhrel, Cain, Cherry, Pope & Kalichman (2008) found that lesbian victims of intimate partner violence were less likely than non-victims to be comfortable asking family for help and were more distrustful of law enforcement; they argue that perceived barriers and prejudices may inhibit help seeking. Brown and Groscup's (2009) convenience sample of 120 crisis center staff found that in vignettes describing the same incident, with only

sex of abuser and victim varied, staff found the scenarios of same-sex abuse to be less serious, less likely to recur or get worse, and easier to leave. This suggests that in some cases, the concerns of survivors in same-sex relationships may be well-founded. Vignette studies do not always reflect respondents' behavior, however.

Some women of color also hesitate to turn to traditional domestic violence programs for various reasons. Historically, many programs have been staffed primarily by white women (Barner & Carney, 2011), who may be insensitive to needs and issues within cultures other than their own. In addition, some people of color simply prefer being with other people from their own culture and background, and this may not be provided by their local domestic violence program. Some relatively recent studies have suggested that survivors of color may prefer informal sources of support, or experience barriers in accessing existing services, although Hamberger, Ambuel and Guse (2007) found few differences between African American and European American survivors in their experiences and orientations toward medical help. Studies more directly related to domestic violence services have found differences, however. Yoshioka, Gilbert, El-Bassel & Baig-Amin (2003) found differences in preferred informal support among Asian, African American and Latina survivors. Hollenshead, Dai, Ragsdale, Massey & Scott's (2006) study found that African American survivors were more likely to seek help from law enforcement than from a family violence center, while the reverse was true for the European Americans in their sample. Henning and Klesges' (2002) study of 1,746 abused women using pretrial services found that just 15% had used counseling or support services. Women who were younger, African American, dating, and from lower socioeconomic backgrounds were less likely to use formal services. Gillum (2008) reported dissatisfaction with

shelter programs among 13 African American focus group participants, due to lack of cultural competence. Taylor (2005, 2000) has provided evidence of African American survivors' preference for racially homogeneous support groups, and argued that programs that can address multiple issues, including racism and poverty, are critical. Taft, Bryant-Davis, Tillman & Torres (2009) have echoed these concerns about services for African American women.

Similar issues have been documented for other marginalized populations, as well. For example, Bui's (2003) study of 34 abused Vietnamese women and 11 people who had contacts with victims found that personal networks were the preferred source of support, and cultural isolation, language and economic dependency were barriers to seeking outside help (see also Huisman, 1996) . Similarly, Kulwicki, Aswad, & Carmona's (2010) focus groups with Arab community leaders found that concerns about programs' cultural and linguistic competence were barriers.

Recent literature has documented the need for domestic violence programs to be able to respond to the needs of immigrant victims of abuse, in particular. Immigrant women often face language, cultural, and sometimes legal (e.g., documented status) barriers to accessing services (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Dasgupta, 1998). Vidales (2010) is among the most recent to analyze barriers faced by Latina immigrants; her interviews with 86 abused women found barriers in language, cultural values, and in social structural factors, such as poverty, low educational attainment and immigration status. These barriers have been identified for Latinas by others, as well (e.g. Edelson, Hokoda & Ramos-Lira, 2007; Dutton, Orloff & Hass, 2000). Similar barriers have been found for Asian (Lu & Hadeed, 2009; Runner,

Yoshihama & Novick, 2009) immigrants in general (although the authors stress the distinctive features of different “Asian” cultures), and Korean (Lee, 2007) immigrants, in particular.

Many domestic violence programs promote women’s independence as their guiding principle of service delivery. Survivors from more collectivistically-oriented cultures may not find this approach as helpful as do many from middle class Anglo backgrounds. Clearly, limits in the diversity and language capacities of program staff can reduce the helpfulness of services for some survivors, although the recent study of shelter programs found diverse linguistic capacity among staff and volunteers (Lyon, Lane & Menard, 2008).

Domestic violence victim service programs have continued to struggle with these issues as they seek to design and provide culturally competent services (Bent-Goodley, 2005; Donnelly, Cook, Van Ausdale, & Foley, 2005; Lipsky, S. Caetano, et al, 2006). Cultural competence extends to services for Native Americans (Weaver, 2009; Jones, 2008), as well as survivors in their advancing years and men. Literature about services for these last two populations is also quite limited.

Lundy and Grossman (2009) compared 2,740 survivors over the age of 65 with 2,495 under age 65 who had used domestic violence services over a 5-year period. They found that the older survivors were more likely to have been abused by a relative and to have used legal services in particular; they also accessed individual counseling more than the remaining types of services, but at lower rates than the younger survivors. Beaulaurier, Seff, Newman & Dunlop (2009) conducted 21 focus groups with 134 older survivors. They found that many survivors reported that they were reluctant to seek help because they may not want to leave their abusive partner, and face different issues than younger survivors. They recommended that

programs offer age-specific support groups. Brandl, Dyer, Heisler, Otto, Steigel & Thomas (2006) have emphasized the potential danger of intimate partner elder abuse, and urged collaborative approaches to intervention.

Attention to male survivors of domestic violence has grown in recent years, but literature on services for them remains limited. Cheung, Leung & Tsui (2009), for example, conducted a web-based search for programs designed specifically for men; they found just 32 sources. The same authors (Tsui, Cheung & Leung, 2010) also conducted a survey of 68 agency representatives about help-seeking among male victims of partner abuse. They found 5 types of barriers—similar to those reported for other marginalized populations. The most common barrier was the perception that services were designed for women, followed by shame and embarrassment. Hines, Brown & Dunning’s (2007) analysis of data from the National Domestic Violence Hotline for 190 men who had called for themselves found that, while many of the issues described were similar to those found for female callers, some had noted the domestic violence service system was designed for women, and some said they had been rejected by programs. Similarities were also found in a comparative study of male and female victims of domestic abuse drawn from the National Comorbidity Survey Replication (Afifi, MacMillan, Cox, Asmundson, Stein & Sareen, 2009). Both men and women had poor mental health outcomes following abuse, although women had a wider range of symptoms. More research is clearly needed on these issues.

Gaps related to these and other issues in the available literature on domestic violence services have been increasingly recognized by advocates and researchers alike. For example, advocates have conducted a series of “National Census on Domestic Violence Services” to

document the numbers of survivors receiving services from domestic violence programs on a given day. The most recent count (NNEDV, 2011) obtained responses from 78% of identified domestic violence programs. It found that all programs provided individual support/advocacy, while over 90% provided court or legal accompaniment and general support; 89% offered emergency shelter, 85% provided advocacy related to public benefits, 84% provided children's support/advocacy and transportation. An additional 14 types of services were provided by more than half of the responding programs.

Further, advocates and state administrators have been working with researchers since 1998 to develop viable strategies to record survivors' needs, services, and immediate outcomes through the "Documenting Our Work" project of the National Resource Center on Domestic Violence (NRCDV). This work culminated in new short-term outcome measures being adopted as part of mandatory services reporting by the grantees of the Family Violence Prevention and Services (FVPSA) Program at the US Department of Health and Human Services (DHHS).

In addition, researchers such as Goodman and Epstein (2005) have highlighted the need for renewed research and policy focus on the complexity of survivors' needs, and the importance of flexible services that address the particular combinations of needs experienced by individual survivors of domestic violence (see also Allen, Bybee & Sullivan, 2004; Cattaneo, Stuewig, Goodman, Kaltman & Dutton, 2007; Macy, Ferran & Crosby, 2009; Macy, Giattina, Sangster, Crosby & Montijo, 2009; Macy, Nurious, Kernic & Holt, 2005; Trotter & Allen, 2009; Vatnar & Bjorkley, 2009). More recently, a modified Delphi study with domestic violence coalition staff about needed research identified studies of interventions as one of three top priority areas (Murray and Smith, 2009). Similarly, Yoshioka and Choi (2005) have argued that

services need to be enhanced to recognize the full range of survivors' cultural backgrounds, and the fact that not all are seeking to leave their abusive partners (see also Davies, 2008; Davies, Lyon & Monti-Catania, 1998). Newer services, such as longer-term housing and employment assistance, are being advocated (Lloyd, 1997; Melbin, Sullivan & Cain, 2003; Menard, 2001), and also need careful evaluation.

Although domestic violence survivors seek and obtain support and services from many different types of people and organizations, most are served in non-residential parts of domestic violence programs (NNEDV, 2011; Peled and Edleson, 1994). A large-scale, multi-state study of non-residential services was sorely needed for several reasons. First, little is yet known about the range of services and survivors' experiences with them, as just reviewed. Second, a large-scale study of survivors' experiences in domestic violence shelters had just been finished (Lyon, Lane & Menard, 2008); a companion study of non-residential services could provide a more comprehensive picture of the services available and those that are still needed. A survey completed at the end of a series of webinar presentations of the shelter study found that a range of 65% to 95% of participants (primarily state domestic violence coalition and local program staff) thought a similar study of non-residential services would be helpful to the field. It is important to programs, policy-makers and funders to examine the immediate (as well as longer-term) impact these services are having on survivors of abuse. Third, domestic violence programs are currently trying to expand the array of services they offer, the people to whom services are offered, and the way they are offered. Information about priority needs and their distribution across different groups of survivors, geographic regions and population size is

crucial for effective program planning and support. It is also vital that services information, as much as possible, capture the complexity of survivors' needs and help-seeking behavior.

The present study is built on an understanding of the gaps in knowledge just reviewed. It draws on the experiences of advocates and program administrators, and the documentation tools developed for "Documenting Our Work" and the FVPSA Outcomes project. These efforts brought together advisors from a range of settings to develop mechanisms for documenting the work done by state coalitions and local programs. They have resulted in a diverse set of pilot-tested instruments that measure services, advocacy, collaboration, systems change, and organizational practice as reported by survivors or staff of programs and coalitions. This study worked with and built upon the relevant instruments to complete its survey of survivors.

II. METHODOLOGY

This study had four basic components: a survey of domestic violence non-residential program service recipients, a brief survey of the programs from which they received services, Census data from the county served by each program, and focus groups conducted with targeted survivor populations.

An advisory group was formed of state domestic violence coalition and local domestic violence program staff, as well as representatives from the Asian & Pacific Islander Institute on Domestic Violence (APIIDV), Casa de Esperanza (Casa), the Institute on Domestic Violence in the African American Community (IDVAAC), and the Women of Color Network (WOCN), each of which provide extensive technical assistance and support to culturally-specific programs across the country. This advisory group held an initial planning meeting before the proposed beginning of the grant period to develop the specific instrument(s), sampling plan, and management approach. A second planning meeting was held within the first two months of the grant to finalize all instruments, study protocols, and training plans.

Sampling

Surveys

The survey samples were drawn from programs in four states, and from programs identified by the Asian & Pacific Islander Institute on Domestic Violence (APIIDV) Casa de Esperanza (Casa), the Institute on Domestic Violence in the African American Community (IDVAAC), and the Women of Color Network (WOCN), a project of the National Resource Center on Domestic Violence, based on collaboratively-developed criteria. Recruitment of states to participate in this study was determined collaboratively by the Principal Investigator, Project Director, and research

consultants. The states were selected to maximize the diversity of programs and survivors. In combination, the states included programs with a broad range of survivor racial/ethnic/cultural diversity, staff size, capacity, and specialization. Several states, for example, have specialized projects to work with survivors who are immigrants, and/or with lesbian/gay/bisexual survivors, survivors with disabilities, and male survivors. These projects enhanced the likelihood of survivors with these backgrounds participating in the survey. The selected states also included major urban centers, as well as vast rural areas. Major national geographic regions (north, south, east and west) and types of local economies were also included. The states selected were Alabama, Illinois, Massachusetts, and Washington.

Additionally, APIIDV, Casa, IDVAAC, and WOCN recruited culturally-specific programs from across the country (including programs from California, Georgia, Indiana, Iowa, Minnesota, New Mexico, New York, North Carolina, Rhode Island, Texas, and Wisconsin) with a preponderance of survivors from specific cultural groups to be approached for inclusion in the study. This purposive sampling supplement helped to ensure that sufficient numbers of survivors from diverse racial/ethnic/cultural backgrounds were included to accomplish the within- and across-group analyses envisioned. This approach also helped to ensure that a wide array of service delivery models, including those utilizing new approaches to outreach and service delivery, were included.

Within each participating state coalition and culturally-specific organization, a study coordinator was assigned responsibility for the recruitment of DV provider programs to the study. Each coalition coordinator was asked to contact all DV programs in their state (including those not affiliated formally with the coalition) that provided non-residential services to

encourage their participation. The study was focused on non-residential *services*, not non-residential *programs*. APIIDV, Casa, IDVAAC, and WOCN were asked to create a list of provider programs that met the study criteria and to encourage their participation. Programs had to have a focus on providing domestic violence services (such as some type of advocacy, counseling, support groups), and be identified as such, have the ability to discuss and administer surveys safely, provide services with at least some in-person contact (e.g. hotline-only services were excluded), be community-based (e.g. court-based advocates paid by the court system and lacking a formal community-based connection were excluded), and have some continuity. Programs staffed by a single person could be included, but an individual person with known DV knowledge in a larger organization (such as a clinic therapist in a treatment program) was excluded.

A total of 290 DV programs were contacted about the study and invited to participate. It was originally estimated that an average of three-quarters of the programs would agree to take part (the participation rate was 81% for the recently completed shelter study). Program recruitment started informally in the late fall of 2009; formal recruitment with distribution of study materials started in January 2010. Initial recruitment efforts were difficult and moved slowly. There were two main reasons offered by programs that declined to participate in the study: 1) the program was currently understaffed due to funding pressures and/or going through staffing changes, and administrators felt that this was not a good time to engage in additional projects, and/or 2) the program was already engaged in one or more research or other data collection processes and they felt that asking survivors to complete “another survey” would be too burdensome. In an effort to increase program recruitment, the research team

offered to make individual program data available to each participating program in the form of simple frequency reports; this added benefit seemed to encourage program administrators who had been hesitant about making the time commitment. A total of 121 programs agreed to participate in the study, a participation rate of 42%.

Of the 121 programs that initially agreed to participate in the study, 31 programs did not have survivors submit any surveys to the research office. In a few cases, the programs reported that they distributed some surveys (these were small programs), but apparently the survivors chose not to complete and/or mail in their surveys. In most other cases, the programs were not able to follow through and participate in the study as agreed upon. In one situation, the program closed its doors due to funding shortages in the state. Several other programs experienced dramatic funding reductions that resulted in staffing cuts, leaving the program unable to manage the additional research responsibilities. In other programs, high rates of staff turnover at all levels of the agency resulted in a lack of trained and dedicated staff to manage the research process, and in some cases a lack of administrative support did not allow the study to proceed. A total of 90 programs had survivors submit surveys, with an adjusted overall program participation rate of 31%, and a range of 20% for one culturally-specific group to 60% for another (see Table 1).

Table 1: Program Participation Rates¹

	# of Programs Invited to Participate	# of Programs that Agreed to Participate	Participation Rate	# of Programs that Submitted Data	Adjusted Participation Rate
Alabama	27	19	70%	13	48%
APIIDV	37	13	35%	11	30%
Casa de Esperanza	45	17	38%	9	20%
IDVAAC	4	2	50%	2	50%
Illinois	51	20	39%	15	29%
Massachusetts	53	26	49%	21	40%
Washington	68	21	31%	16	24%
WOCN	5	3	60%	3	60%
TOTAL:	290	121	42%	90	31%

Focus Groups

Focus group targeted populations were determined by the research team and consultants after reviewing preliminary findings of the survivor survey. The goal of the focus groups was to expand findings from the survey, as well as fill in the gaps for populations not well represented in the survey or in the DV services literature. The team planned to conduct four culturally-specific focus groups (African American, Asian, Brazilian, and Hispanic/Latina) and five focus groups with targeted populations (LGBTQ, men, survivors in recovery from substance abuse, survivors living in a rural area, and older adults).

Programs serving these populations were identified by the research team, consultants, participating state coalitions, and culturally-specific organizations. They were approached by the research team and/or study partners about their willingness to host a focus group. A finalized list of participating programs was created in the early spring of 2011. A unique flyer

¹ While it would have been highly desirable to be able to calculate the percentage of respondents out of those eligible and who received copies of surveys, this was not possible. Programs record the number of people served in a given time period, but do not keep records of attendance—that is, for study purposes, the number served at

was created for each individual focus group; all flyers were approved by the University of Connecticut's Institutional Review Board (IRB). Survivors interested in participating in the focus group contacted the assigned program staff to inquire about the focus group. Focus group participants were required to meet the same basic participation criteria as those completing the survey, as well as identifying as a member of the targeted population of that specific focus group. Focus group participants were provided a \$35 gift card to express appreciation for their participation in the focus group. Focus groups were planned for 8-10 survivors, with an expectation that 12 survivors would be recruited per group—understanding that survivors' lives are often unpredictable, and some would be likely to change their mind about participation or be unable to attend at the scheduled time. Focus group participants were provided with an information sheet about the focus group and asked to verbally consent to participate; they were not asked to provide their name and/or signature or to provide any other personally identifying information. Ultimately, a total of 10 focus groups were conducted.

Implementation Protocols

The state coalition and culturally-specific organization study coordinators (SCs) assigned responsibility for program recruitment were also responsible for managing communications and study coordination with their participating programs. The SC relayed communication between the research team and the participating programs, enabling the identity of the participating programs to remain anonymous to the research team. Each state and culturally-specific organization was assigned a state code by the research team. Each participating program was assigned a program code number by their SC and only the SC maintained the list that connected the program codes to the program names. Surveys listed both a state code and

a program code; the surveys did not contain a place for any identifying information (e.g. program name or survivor name). This level of confidentiality for programs was designed to insure that neither the survivors nor the program staff would be concerned that any critical/negative reports from the survivors would have an impact on the future resources offered to them through their state coalition or state administrator. This procedure also added an additional level of protection for the identities of individual survivors who participated in the study.

It was originally planned that data collection would be a six month period, but due to slower than anticipated return rates (and lower program participation rates), data collection was extended for an additional three months. A total of 1,467 survivors completed surveys over a 9-month period, from April 1, 2010 to December 30, 2010. Participating programs were asked to distribute the survey to all survivors who met criteria every other week. The criteria for participation in the study were: 1) the survivor had a minimum of two face-to-face contacts with program staff within the past year;² 2) the survivor was not currently using residential services with this program; and 3) the survivor was not currently in crisis.

In order to encourage survivors to participate, each program was asked to design and implement a schedule and routine for talking to survivors about the study. Every program was

² This criterion was subject to some debate. Some advisors argued that restricting survivor eligibility to those who had a minimum of two program contacts would eliminate those who would be most critical of program services from the sample, and bias the results in the direction of favorable outcomes. The majority argued that if surveys could be administered at first contact, most would be done that way, because it would be easier for program staff. This would lose the potential for survivors to be able to report meaningfully about short-term outcomes, and their experience with an array of services. Analysis of pilot data from the FVPSA Outcomes initiative found significant differences in reports of meaningful support between those who had a single contact with a program and those who had 2 or more. The minimum of 2 was determined to be an acceptable resolution, particularly when many survivors do not have multiple options for obtaining services, and might be willing to approach a program a second time, even with a mixed or negative experience.

provided with written guidelines for staff on how survivors should be invited to participate, so that this was done consistently across programs. Survivors were provided with a cover sheet that briefly explained the study and different ways they could participate (i.e. paper survey, electronic survey, phone-based oral administration of survey). Survivors were also provided with an *Information Sheet* that described the study purpose, assured the anonymity of their responses, and clearly stated that while their participation was encouraged, it was completely voluntary. Programs were provided with recruitment materials, such as posters and flyers to encourage survivors to participate in this research. All recruitment materials were approved by the University of Connecticut's IRB.

In order to ensure that survivors would know that their survey responses were not being read by the program staff that provided their services, each survivor was also provided a self-addressed stamped envelope (SASE) addressed to the "DV Study Research Staff" at the University of Connecticut. This SASE was stapled to the paper survey and the survivor was instructed to place their completed survey in the SASE once they had finished. The survivors had the option of mailing the sealed SASE themselves, or dropping it off in a designated area within the program, where it would be mailed by program staff weekly.

Measurement

Survivor Survey

The survivor survey is a 6-page instrument that asks a total of 28 questions (see Appendix A). This survey used a combination of items from the instruments revised for the FVPSA Outcomes Project from ones originally developed by the "Documenting Our Work" Project. Earlier versions of these instruments were pilot tested in four states in 2007. As part of

the pilot, survivors were asked for feedback on the instruments to assess clarity, completeness, and ease of use. Minor revisions were made based on their responses. Additional minor revisions were made at that time to include new issues and services at the suggestion of program advocates.

The survey for this study was greatly expanded from the earlier versions, based on extensive discussion with the research consultants, so that study goals would be met and contributions to literature on the context of help-seeking across populations could be made. 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 items -- responses indicate whether or not they wanted that particular type of help, and if they wanted it, the degree to which they received it: all they wanted, some of what they wanted, or none at all), and demographic information (race/ethnicity, gender, age, sexual orientation, level of education, history in 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 contained Likert-type items regarding respectful treatment by program staff and special areas of service (e.g. "program staff helped address any needs related to my disability"). Finally, survivors were asked to indicate which of a list of outcomes for themselves they attribute to their current services in this program (e.g. "I know more ways to plan for my

safety,” “I know more about community resources,” “I feel more hopeful”, and “I can do more things I want to do”).

The survey was translated into Spanish and 9 additional languages: Arabic, Chinese, French, Korean, Polish, Portuguese, Russian, Tagalog, and Vietnamese. The surveys were translated and back-translated by native speakers who were familiar with domestic violence programs and services. The research team used Census data for “languages spoken at home” in the participating states and locations of the identified culturally-specific programs, as well as input from participating programs, to determine the final list of translation needs.

The survey was available in 3 formats: paper, electronically, and orally. All programs were provided with hardcopy paper versions of the survey, in all the languages they indicated they would need for the people they served. The survey was made available electronically online 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 such as confidentiality. The on-line survey was hosted by *SurveyMonkey* and available in both English and Spanish. Programs were encouraged to make internet-accessible computers in a private space available to survivors, where possible. Survivors were also provided with instructions for accessing the survey from computers located elsewhere. 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.

Survey administration was pilot-tested during support groups (with participants who had agreed to this process in advance) at two programs before study data collection began.

One test was with the English version of the survey, and the other was with the Spanish version. Although it took the survivors who responded in Spanish longer to complete the survey, the general response in both groups was that the survey was clear and “very interesting”. Although they were asked to circle any words they found confusing or unclear, no words were circled.

Program Survey

The program survey is a 6-page instrument that asks a total of 22 questions (see Appendix B). This brief survey asked a limited but important set of questions of the participating programs, including 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 to the program data gathered in the program survey, additional information about the population and demographic characteristics of the county in which the program is located was gathered from the Census. The Census data used was the American Community Survey, 2005-2009, 5-year estimates. Some examples of data gathered include average household size and family size, population, percent foreign born, percent who speak a language other than English at home, percent in labor force, gender, median age, and race/ethnicity. Additionally, information about disability status was gathered from the Census S1801: Disability Characteristics Report 2007.

Focus Group Questions

The focus group questions were developed in conjunction with consultants, participating state coalitions, and culturally-specific organizations (see Appendix C). Questions addressed issues of the context and complexity of help-seeking by domestic violence survivors. Some examples of the questions include: Where did you first turn for help with DV and how helpful was that experience?; Who else did you turn to for help and how did you get to this current program?; How is the current program helping?; What has been most helpful and what could be improved? Questions were structured as a standardized interview guide with a semi-structured format; facilitators were encouraged to follow-up on issues raised in the group rather than strictly adhere to the prepared list of questions. Facilitators were selected in consultation with the programs involved. In each case, the facilitators had experience conducting focus groups, were familiar with the program's services and basic issues confronting the particular population involved, and either conducted the group in the survivors' preferred language or used culturally and linguistically-specific translators. All facilitators also completed approved training in protection of human subjects.

Training

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. There was time at the end of each training event for coordinators and staff to ask questions of the research team.

Each participating program was sent a “master binder” that contained original copies of all the training and study materials. Training materials included 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 all of the translated languages identified by the program.

Initial webinar trainings were held in February and March of 2010. A few additional webinars were held later in the spring and summer to accommodate programs who were recruited later in the study. Webinars were conducted in both English and Spanish. In total, 8 webinars were conducted, and approximately 150 staff participated in those trainings. Program staff turnover was an on-going issue, and when possible newly hired staff were able to participate in live webinar trainings. In other cases, new staff were trained one-to-one by the research staff via conference call and/or they were able to view a recorded webinar online.

Technical Assistance

Conference calls were held bi-weekly throughout the first six months of survey data collection, and monthly during the final three months. These calls included the study coordinators from each of the participating states and culturally-specific organizations, as well as staff members from the NRC DV and the research staff from the University of Connecticut. Calls were primarily designed as a method of disseminating information and providing assistance with any issues or questions. These calls were also an opportunity to provide encouragement for the study coordinators; they allowed the study coordinators to share best practices with each other on topics such as training, recruitment, and data collection challenges.

A listserv was created and hosted by the NRCDV to allow information about updates or answers to questions to be communicated immediately to all study team members. Study and research staff were also available via email and telephone to provide technical assistance to study coordinators and program staff. Research staff conducted intensive follow-up with study coordinators throughout the course of data collection to ensure that questions were answered, protocols were being followed, and programs were continuing to participate.

Study coordinators were also provided electronically with a bi-weekly report that gave them several updates. The report included the total number of surveys that had been received from their state/organization and the number of surveys that had been received since the last update. Both of those numbers were also broken down by program, so that study coordinators could see whether there had been any significant decrease in participation by an individual program; they would then contact that program to troubleshoot any potential problems.

Many of the issues that were identified through technical assistance related to staff turnover. Given that turnover is a common issue in the domestic violence field at both the program and coalition level, attention had to be paid to ongoing training of new program staff and new program administrators, and continued efforts to engage staff at both levels. Other issues included competing demands of other studies or data collection requirements, and data collection fatigue during the extended data collection period. All of these issues were addressed through continuing technical assistance and support from both research staff and study coordinators.

In addition, (again with approval of UConn's IRB) a lottery was instituted from late October through December, 2010, to provide further incentive to programs to continue

participation during the “home stretch”. Each week, a drawing was held among programs from whom surveys had been received that week. The first program selected was sent a \$100 gift card, the second one selected received \$50, and the third one selected received \$25. This strategy substantially increased the number of survivor surveys received per week, from about 10 to an average of about 40 (76 were received in one of the final weeks). It must be remembered that this was the only supportive funding provided to individual participating programs.

Data Collection and Entry

Data collection began for most programs in April 2010, and continued to start on a rolling basis in other programs as the training of participating program staff was accomplished. The completed survivor surveys and program surveys were sent in sealed envelopes to the DV Study staff at the University of Connecticut. There, the surveys were coded and entered into SPSS by master’s level and doctoral level students from the School of Social Work. The data entry of every survey was double-checked by a second person who had not performed that data entry and standard data cleaning methods were used in order to ensure accuracy. These included running frequencies to check for anomalous results and checking the specific surveys yet again. All open-ended answers in English were recorded into SPSS exactly as written; responses in other languages were first translated, then checked by a second person, and finally recorded in English. The vast majority of translation needs were in Spanish (85.2%); two research assistants fluent in Spanish were able to translate and double-check these data. Translation of other languages was provided by other students and volunteers fluent in each language.

Analysis

The analysis of the study data focuses on descriptions of survivors and their needs, their experiences using non-residential services and supports, and immediate outcomes. Analysis also examines the ways in which survivors' demographic characteristics and local program and community variables may be related to service receipt, perceived treatment, and outcomes. The data generated from these measures and supplemented by data from focus groups, permit a wide range of useful descriptive analyses intended to address all of the issues previously outlined as study goals.

Quantitative analysis

First, basic frequencies provide descriptions of the survivors, the help they wanted, the type and extent of the help they feel they received, their assessment of staff respect, and attention to their needs. Cross-tabular analyses show the extent to which survivors' needs, concerns, outcomes, and other experiences differed across a number of variables, including race/ethnicity, age, sexual orientation, history in the U.S., gender, education, and number of program contacts. Cross-tabular analyses also address potential variations in these areas across program and staff size and capacity, range of services, local population size, local population demographics, and geographic region. Finally, factor analyses show the relationships among the 54 different needs included in the survivor survey.

Qualitative analysis

Responses to the open-ended survey items were analyzed and coded thematically where appropriate. Non-English open-ended survey responses were translated into English before including them in the analysis, as just described. Open-ended responses to survey items were

not subsequently coded formally, but were analyzed for range of responses and thematic patterns.

Focus group audio files were transcribed verbatim; all transcripts were double-checked to ensure accuracy. The transcripts were analyzed using the software Atlas.ti. Open-ended analysis was done independently by two study staff members to ensure reliability. Data were coded using identified themes, with open coding of culturally-specific themes within each group. A brief summary was written for each individual focus group that includes group demographic information and contextual information on group setting. An integrative summary report identifies commonalities and between-group differences, as well as providing demographic information for the entire focus group sample.

III. RESULTS: PROGRAM & SURVIVOR SURVEYS

Information about Participating Programs

A total of 90 non-residential domestic violence programs participated in the survey portion of the study. The programs were recruited within 4 states and by 4 culturally-specific organizations (CSO) (see Table 2). An average of 16 programs was recruited by each state, and an average of 6 was recruited by each CSO, with a range of 2-21 programs.

Table 2: Number of Participating Programs by State/Culturally-Specific Organization

	# of Participating Programs
Alabama	13
APIIDV	11
Casa de Esperanza	9
IDVAAC	2
Illinois	15
Massachusetts	21
Washington	16
WOCN	3
TOTAL:	90

Participating programs had an average total of 16 (median of 13) staff, with a range of 1 to 70. These program staff filled an average of 11 (median of 8) full-time equivalent (FTE) positions, with a range of 1 to 50. Culturally-specific programs were smaller: staff size ranged from 1 to 27, with a median of 10, and FTE's ranged from 1 – 22, with a median of 8. For those programs reporting ages for their staff (n= 82), the modal age range was 31 to 40 years with an overall range of 21 to over 70 years. For those programs reporting the gender of their staff (n=85), the majority of staff were female (92.7%); 5.83% were male, 0.38% were transgender, and 0.99% reported gender of staff as unknown.

Programs often reported that they did not know the race/ethnicity of all of their staff, so information was inconsistent. Table 3 shows the percentages of staff identified as belonging to each of the major racial/ethnic categories. It shows, for example, that 52% of the programs that reported this information had no identified African American staff; similarly, 74% of the reporting programs had no staff identified as Asian, 22% had no Caucasians, and 41% had no Latino/as. Twenty-four of the programs with data reported having staff from a single background; 46% of those were exclusively Caucasian.

Table 3: Percentages of Staff with Each of Four Reported Racial/Ethnic Backgrounds

Percentage of program staff from each background	African American N = 79	Asian N = 78	Caucasian N = 79	Latino/a N = 82
None (0%)	52%	74%	22%	41%
1 – 10%	18%	7%	3%	17%
11 – 20%	10%	3%	7%	17%
21 – 49%	12%	2%	13%	9%
50% or more	8%	14%	55%	16%
TOTAL	100%	100%	100%	100%
# (%) of programs with staff from a single background	3 (4%)	6 (8%)	11 (14%)	4 (5%)

In addition to the data reported in the table, 4 programs reported having Middle Eastern staff (one person each); 4 programs reported having Native American staff (2 programs had one, 1 program had 3 of 20, and the fourth had 7 Native American staff out of 8); 4 programs had Native Hawaiian staff (3 programs had 1, and the fourth had 3 of 20 staff); and 3 programs reported having African staff (1 each). “Other” race/ethnicities were also reported: 3 programs with a staff member from Cape Verde, 3 programs with a Brazilian staff member, 1 with a Russian staff member, and 1 program with a staff member described as “indigenous Indian from South America”.

On average, programs also had 18 volunteers per month, with a range of 0 to 300.

Including both staff and volunteers, programs reported being able to provide services and supports in 48 different languages (see Table 4).

Table 4: Languages in Which Programs Are Providing Services & Supports

American Sign Language	English	Kurdish	Sinhala
Amharic	Farsi	Laotian	Somali
Arabic	French	Malayalam	Spanish
Bangla/Bengali	German	Mandarin	Tagalog
Bosnian	Gurajati	Mien	Tai-Pan
Bulgarian	Haitian Creole	Nepali	Tamil
Burmese	Hebrew	Polish	Telugu
Cambodian/Khmer	Hindi	Portuguese	Thai
Cantonese	Indonesian	Punjabi	Ukranian
Cape Verdean/Criuolo	Italian	Russian	Urdu
Creole	Japanese	Serbian	Vietnamese
Croatian	Korean	Setswana	Yoruba

Programs were asked to report the average starting salary of a full-time salaried (not hourly) DV employee who works directly with survivors as an advocate, a counselor, or in another role (not supervisory). A total of 66 programs provided a salary figure; the average salary was \$28,976; the range was \$19,000 to \$80,000. 6 programs provided an hourly rate of pay. The average hourly rate was \$13.97; the range was \$12.00 to \$20.00.

On average, participating programs have been in existence for 23 years, with a range of 3 to 41 years. Programs were provided with a list of different categories to best describe their agency or organization (see Table 5). The majority of programs fell into 4 categories: DV organization (stand alone), dual DV and sexual violence organization, DV program house within a social service agency, and DV program as part of a community-based organization.

Table 5: Program Description

	N=90	%
DV organization (stand alone)	34	37.8
Dual DV and sexual violence organization	21	23.3
DV program as part of a community-based organization; including cultural and/or civic organization	13	14.4
DV program housed within a social service agency	12	13.3
DV and sexual assault and “other” services	5	5.6
DV program housed within a religious or faith-based organization	2	2.2
Crime victim service organization	1	1.1
Dual DV and homeless shelter	1	1.1
Other Specify : Dual DV and substance abuse program	1	1.1

Five programs identified as providing DV, sexual assault, and other types of services³. Culturally-specific programs were more likely than the rest to be part of a community-based organization (24% vs. 11%, or to be a stand alone DV program (44% vs. 35%); none was housed within a social service agency.

Of the 90 participating programs, 2 reported that their program is on tribal land, and 4 reported that their program is adjacent to tribal land. Seventy-two programs reported that they are voting members of their state coalition against domestic violence (82.8%); 10 programs reported that they are non-voting members (11.5%), and 5 programs reported that they are not members of their coalition (5.7%).

Programs were asked to provide information about their sources of funding (see Table 6). The majority of programs were able to identify if their funding was received from different sources, but less than 50% of programs were able to provide data about what percentage of their budget came from specific sources. The majority of programs received FVPSA funding

³ A total of 9 programs originally selected “other specify” for program description. Five were re-coded into a new category: DV/SA/Other; three were re-coded into existing categories, and only 1 was left as an “other”.

(65%), as well as other federal funding (73% - 75.9%). The most common source of funding was “other” (90.7%), identified as donations, foundations, grants, annual giving, fundraising, private giving, and United Way.

Table 6: Sources of Program Funding

	N=	% Yes	% No	% Not Sure	N=	Avg. % of budget
Family Violence Prevention and Service Program (FVPSA)	80	65.0	28.7	6.3	28	17.96
Other Federal: Victims of Crime Act (VOCA)	89	73.0	19.1	7.9	45	21.03
Other Federal: Violence Against Women Act (VAWA, e.g. grants to encourage arrest, legal assistance to victims, rural grants, etc.)	79	75.9	17.7	6.3	45	14.57
BYRNE grants	52	9.6	75.0	15.4	6	4.75
State Government (e.g. general fund, marriage license, other)	77	80.5	10.4	9.1	48	30.58
Local Government	69	69.6	21.7	8.7	41	8.96
Other	75	90.7	1.3	8.0	53	24.04

Programs were asked to report their program’s annual budget and, if they are part of a larger agency, to only include the budget for DV services (see Table 7). The most common annual program budget was \$150,000 - \$349,000 (mode); the median budget was \$350,000 - \$499,999. Culturally-specific programs reported smaller budgets than the others: 53% reported \$499,000 or less, compared to 19% of the others, but they were also less likely to report knowing their budget (81% did, compared to 94% of the others).

Table 7: Program Annual Budget

	N=77	%
Less than \$75,000	1	1.3
\$75,000 - \$149,999	3	3.9
\$150,000 - \$349,000	25	32.5
\$350,000 - \$499,999	10	13.0
\$500,000 - \$999,999	18	23.4
\$1,000,000 or more	20	26.0

Of the 90 programs, 51 reported providing emergency shelter services within the past year (56.6%), in addition to the non-residential services that were the focus of this study. On average, 185 persons were provided with emergency shelter during the past year, with a range of 3 to 617. For non-residential services, an average of 1,166 persons were provided with services and supports during the past year, with a range of 26 to 8,519.

Programs were asked to report approximately what percentage of the people to whom they provide non-residential services and supports come from rural, suburban, and/or urban communities/areas. A total of 22 programs reported providing services in *only one* type of community: 12 programs were 100% rural (13.3% of total programs); 4 programs were 100% suburban (4.4%), and 6 programs were 100% urban (6.6%). The remaining 68 programs provide services across a mix of communities. Analysis of where the preponderance of survivors served come from for the 90 programs showed that 29% of programs reported that half or more of the survivors they serve come from rural areas; 44% reported that half or more of their services are provided to survivors from urban areas, and 18% reported that half or more of the people they serve come from suburban areas.

Programs were asked about the types of services and supports they offered. They were provided with a list of 38 different types of services and supports that might be offered by a DV

program, and asked to identify if they provide that service as part of their DV program, if they provide outside referrals for that service, or if that service is not available in their community.

In many cases, programs identified that they both provide the service directly and make outside referrals, so total percentages often equal more than 100%. Table 8 (below and on the next page) provides a ranking of the 38 services by percentage of those provided directly, the percentage of outside referrals, as well as the number of programs that reported that the service is not available in their community.

Table 8: DV Program Services & Supports

		N =	% Provided Directly	% Outside Referral	# Reporting Service Not Available
1.	Support groups for survivors	86	94.2	5.7	2
2.	Crisis counseling	86	93.0	9.3	0
3.	Case management	85	91.8	5.9	0
4.	Protective or Restraining Order	82	87.8	19.5	0
5.	24-hour Hotline/Crisis line	89	84.3	14.6	2
6.	Court-related support	86	83.7	18.6	0
7.	Counseling	84	75.0	31.0	0
8.	Interpretation/translation	84	71.4	39.3	1
9.	Children's support services	85	70.6	37.6	0
10.	Transportation	83	68.7	28.9	4
11.	Financial skills/budgeting	84	67.9	33.3	4
12.	Emergency DV shelter	88	65.9	33.0	2
13.	Helpline/Infoline (not 24 hr)	75	58.7	30.7	6
14.	Arrest-related support	82	51.2	39.0	1
15.	Safe homes, hotel vouchers	81	49.4	34.6	9
16.	Programs for teens	86	48.8	46.5	4
17.	Benefits for immigrants	80	48.8	58.8	2
18.	Child care	84	45.2	50.0	6
19.	Parenting classes	81	42.0	59.3	3
20.	Economic issues, e.g. credit	82	41.5	58.5	2
21.	Job training/finding a job	80	37.5	61.3	2
22.	Divorce	83	37.3	63.9	0
23.	Housing/landlord issues	83	37.3	57.8	2
24.	Welfare/Govt. benefits	83	37.3	61.4	1

		N =	% Provided Directly	% Outside Referral	# Reporting Service Not Available
25.	Help with residency status	84	36.9	63.1	4
26.	Custody & visitation	84	36.9	60.7	0
27.	Other immigration issues	58	32.8	58.6	2
28.	Other civil legal matters	63	30.2	64.5	0
29.	Transitional housing	88	28.4	63.6	5
30.	Other criminal legal matters	64	23.4	70.3	1
31.	Child welfare/protection	83	22.9	69.9	0
32.	Substance abuse counseling	83	18.1	79.5	1
33.	Disability issues	80	17.5	80.0	1
34.	Batterer intervention programs	82	17.1	67.1	9
35.	Placement/care for animals	80	15.0	66.3	9
36.	Adult protective services	82	12.2	75.6	1
37.	Healthcare	80	10.0	80.0	3
38.	Long-term housing	83	3.6	84.3	6

The services and supports that programs are most likely to provide directly are support groups for survivors (94.2%), crisis counseling (93.0%), and case management (91.8%). The services that programs are most likely to make outside referrals for are long-term housing (84.3%), disability issues (80%), and healthcare (80%). The services that were most commonly reported as being unavailable in the community are safe homes/hotel vouchers, batterer intervention programs, and placement/care for animals.

Beyond the list of 38 services and supports, programs were asked to identify any other services or supports (including resources and advocacy) that they provide to survivors. Some other resources identified included food, clothing, toys for children, computer classes, English as a Second Language (ESL) classes, fees for academic needs/scholarships, gift cards, relocation assistance, utility/rent assistance, and a matching savings program. Some of the other services and supports identified included advocacy between tribal and mainstream DV programs, community outreach, crime victims group, high risk team, supervised visitation, sexual assault

program, court accompaniment, and a full-time paralegal on DV staff.

Programs were also asked if they provide any support groups that are specialized for a particular population or issue. A total of 51 programs (58.6%) responded that they have *specialized support groups*. Many of these programs reported that they provide culturally-specific support groups, often in the native language of that cultural group. The cultural groups identified include: Asian/Pacific Islander, Brazilian, Cape Verdean, Jewish, Korean, Latina, Portuguese, Native American, Russian, and South Asian. Other support groups targeted special populations such as children, people who are homeless, immigrants, LGBTQ, men, older adults, parents, survivors in recovery from substance abuse, refugees, sex workers, teens, and women with children.

Beyond support groups, programs were asked if they include any other specialized activities, beyond their general activities, for a particular population of survivors. A total of 44 programs (51.8%) responded that they provide *other services specialized for a particular population*. Many of these programs reported that they provided culturally-specific activities, including comprehensive language services, substance abuse services (including in-patient detoxification), court advocacy, immigration assistance, culturally and linguistically appropriate case management, batterers' program, financial literacy training, homicide bereavement support, jail outreach, language table, sewing program, leadership development, mental health/behavioral services, transitional living, parenting classes, and wellness activities. These services were sometimes provided in the native language of that cultural group, identified as: African American, Asian/Asian American, Brazilian, Jewish, Korean, Latina, Portuguese, Native American, and Russian. Culturally-specific programs were more likely than others to provide

language-specific services. Other activities targeted special populations such as batterers, immigrants, grandparents raising grandchildren, LGBTQ, older adults, parents, survivors in recovery from substance abuse, and teens.

The survey asked programs to report on the accessibility of the building where they provide non-residential services to people with disabilities. Fifty-three programs (67.1%) reported that their building is fully accessible, 22 programs (27.8%) reported that their building has some accessible features, and 4 programs (5.1%) reported that their building is not at all accessible. Programs were also asked to identify any additional accommodations that they might have implemented in order to make services and supports more accessible to survivors who have specific needs. Programs were provided with a list of 9 specific types of disability or area of need that survivors might have, and they were asked to describe any accommodations made specific to those needs. Table 9 on the next two pages shows the number of programs that reported making accommodations for each type of need; the table highlights the types of accommodations programs are providing to address those needs. It shows that the most common type of accommodation (by over half of participating programs) was for survivors who have limited proficiency in English. They provide bi-cultural staff and interpreters, as well as culturally-specific services. They also offer ESL classes and collaborate with other agencies in the community to provide comprehensive services. The remaining accommodations are shown in descending order.

Table 9: Description of Special Accommodations

Specific Need:	N=	Description of accommodations provided to address need:
Limited English proficiency	48	• Bi-lingual staff • Bi-cultural staff • ESL classes • Translators/interpreters • Brochures/materials/website translated • Use of language line • Partner with local agencies • Culturally-specific services • Agency voicemail in different languages • Tutor
Physical disability	36	• ADA compliance with building codes (accessible rooms, bathrooms, doorways, hallways, lowered towel racks, hand rails and handles, etc.) • Ramp, elevators, chairlift (i.e. wheelchair accessibility) • Accessible parking spaces • Specialized staff training in client-centered advocacy
Deaf/hearing impairment	28	• ASL interpreters • TTD and/or TTY machine available • Video relay services available • Flashing door knocker, flashing alarm clock and/or fire alarm • Use computer to communicate -- email or text; or write out communication by hand • Utilize national resources • Identify local services with whom to partner
Limited literacy	22	• Read materials to survivors as needed • Advocacy, information, and referral • Agreement with local library – adult literacy program • Assistance with forms and paperwork • Brochures created using literacy guidelines /materials written at 8th grade reading level • Free ESL and other classes
Mental health disability	17	• 1-to-1 advocacy • Advocacy, information, and referral • Assist with dietary needs • Collaborative agreement/partnerships with local mental health and/or counseling agencies • Counselor 1 time per week • Masters level counselors/therapists on-site • Behavioral health resources

Specific Need:	N=	Description of accommodations provided to address need
Blind/visual impairment	14	• Materials available in large font • Materials available in Braille • Braille signs throughout building • Read information or use of talking tapes. • Advocacy, information, and referrals • Trained volunteer • Identify local services with whom to partner
Special health needs	14	• Collaboration with local clinics • Medical clinic within residential facility / care providers within shelter • Modify program schedule to meet survivors needs • Primary health care center • Provide clients with health kits, and special food according to dietary requirements • Visiting nurse 1 time per month • Medical advocacy
Cognitive disability	10	• 1-to-1 advocacy • Meeting client “where they are at” • Agreements with area providers specializing in cognitive disabilities • Staff training
Older adults/elderly	9	• Advocacy, information, referral, and direct services • Assistance with transportation / Register for transportation programs and accompaniment programs • Home counseling visits • Outreach • Partnerships with local programs/councils on aging • Use of 1st floor rooms

Programs were next asked about staff development opportunities. All but one program indicated that their program offers structured orientation or initial training to new staff and volunteers (98.9%). The median range of hours spent by staff and volunteers in initial training was 26 – 40 hours (see Table 10 on the next page). Seventy percent of programs had offered diversity training within the past year; 28.2% had offered diversity training once, 14.1% offered the training twice, and 28.2% offered the training more than twice.

Table 10: Hours of Initial Staff Training

	N=78	%
Less than 10	7	9.0
11 – 25	14	17.9
26 – 40	24	30.8
Over 40	33	42.3

Finally, programs were asked to report how they ensure representation of survivors in the program’s decision-making processes and feedback loop. The most common way the programs include survivors’ voices was through the use of surveys or feedback forms (85.6%). Some programs have survivor representative(s) on their board of directors (31.1%), and others have a survivor advisory group (8.9%). Other ways in which programs include survivors in the feedback loop include informal dialogue or feedback, focus groups, exit interviews, grievance procedures, and having survivors on staff.

Census-Based Information about the Program Service Areas

The participating programs served regions with populations as small as 3,975 persons and as large as 9,785,295. The median size of the areas served was 1,161,223. These communities varied widely in many respects. While all were between 48% and 53% female, they varied greatly in age. The youngest region had a median age of 31, while the oldest had a median age of 52. The mix of racial/ethnic groups in each region was diverse, as well, as shown in Table 11.

Overall, the “White” racial/ethnic group was the largest in most regions, but some regions had a predominant population of African American, and others had a near majority of Hispanic/Latino residents.

Table 11: Racial/Ethnic Data on County of Participating Programs

Racial/ethnic group	Mean %	Minimum %	Maximum %
White	73.37	30.6	96.4
Black or African American	13.26	0.0	66.5
Hispanic or Latino	11.85	0.4	47.3
Some other race	5.393	0.0	23.6
Asian	4.86	0.0	30.2
Two or more races	2.28	0.5	5.9
American Indian or Alaska Native	0.69	0.1	4.9
Native Hawaiian or other Pacific Islander	0.11	0.0	0.9

The average household size in these communities was 2.56, and the average family size was 3.18. An average of 85.6% of adults in the covered areas had graduated from high school, while an average of 30.7% had graduated from college. The average percentage of the population 5 years and older with one type of disability was 4.71%; the average with two or more types of disabilities was 6.30%. The average percentage of the population ages 16 to 64 years with any disability was 9.76%. An average of 14.1% of the population in the study communities was foreign born; an average of 18.9% speak a language other than English at home. An average of 65.3% were in the paid labor force. The median household income was \$54,640 and the mean per capita income was \$28,682. An average of 9.9% of families and 13.4% of individuals lived below the federal poverty level; these rates are comparable to the national averages of 9.9% for families and 13.5% for individuals.

Findings from Survivor Surveys

A total of 1,467 individual survivors participated in this survey. Table 12 shows the number of surveys that were completed by the programs recruited from each state and by each culturally-specific organization.

Table 12: Number of Surveys Received from Each State/Organization

	N=1467	%
Alabama	133	9.1%
APIIDV	73	5.0%
Casa de Esperanza	192	13.1%
IDVAAC	275	18.7%
Illinois	93	6.3%
Massachusetts	439	29.9%
Washington	219	14.9%
WOCN	43	2.9%

The majority of respondents (98.6%) completed the paper version of the survey (n=1447). Nineteen respondents (1.3%) completed the survey on-line via *SurveyMonkey*; of those, one survey was completed in Spanish and 18 in English. Only one respondent completed the survey orally using the National Domestic Violence Hotline, via the Language Line.

The paper survey was available in 11 languages; Table 13 shows the languages in which the surveys were completed. The survey translations that were not used were French, Polish, and Tagalog. The survey was completed in English by 69.1% of respondents and in other

Table 13: Languages Used for Survey Completion

	N=1467	%
Arabic	6	0.4
Chinese	13	0.9
English	1014	69.1
Korean	16	1.1
Portuguese	15	1.0
Spanish	374	25.5
Russian	6	0.4
Vietnamese	23	1.6

languages by 30.9% of respondents; Spanish was the most commonly used other language (25.5%). Of the 453 surveys completed in languages other than English, 324 (71.5%) contained qualitative responses in a language that required translation.

Respondents' Demographic Characteristics

Racial/ethnic identity

There was a broad range of racial/ethnic identities reported by survivors who participated in this survey (see Table 14). The largest racial/ethnic groups were white/Caucasian (39.2%), Hispanic/Latino/a (32.1%), African American/Black (15.1%), and Asian (6.8%); these 4 racial/ethnic groups accounted for 93.2% of respondents.

Table 14: Survivors' Racial/Ethnic Identity

	N=1412	%
White/Caucasian	553	39.2
Hispanic/Latino/a	453	32.1
African American/Black	213	15.1
Asian/Asian American	96	6.8
Multi-Racial	37	2.6
Native American / Alaska Native	28	2.0
Middle Eastern	8	0.6
African	8	0.6
Native Hawaiian / Pacific Islander	1	0.1
Other	15	1.1

For the survivors who identified as “other,” the racial/ethnic identities listed included Argentinean, Brazilian, and Cape Verdean. Two survivors identified as “other” but did not provide additional information. In a follow-up question, survivors were asked: “If there is a particular ethnic background or identity that is important to you, please identify.” A total of 46 survivors responded to this question. The range of responses included: Armenian, Bangladeshi, Brazilian, British, Cape Verdean, Chinese, Cuban, Czech, Eastern European, Filipino, German, Hispanic, Indian, Irish, Italian, Karen, Mexican, Native American, Portuguese, Puerto Rican, Russian, South Asian, Spanish, and Taiwanese.

Age

There was a broad age range reported by survivors, with the majority clustering between 21 to 50 years of age (see Table 15). The most common age range was 31 to 40 years. The majority of the survivors under age 18 were attending teen support groups; all were teens and all had experienced abuse.

Table 15: Age

	N=1417	%
17 or younger	89	6.3
18 – 20	58	4.1
21 – 30	345	24.3
31 – 40	432	30.5
41 – 50	320	22.6
51 – 60	130	9.2
61 – 70	34	2.4
Over 70	9	0.6

Gender and sexual orientation

The majority of survivors who participated in this survey identified as female (95.6%). Sixty survivors identified as male (4.2%) and 2 survivors identified as transgender (.1%). The majority of survivors described their sexual orientation as heterosexual/straight (93.8%). Twenty survivors self-identified as lesbian/gay (1.5%), 36 survivors self-identified as bisexual (2.8%), and 25 survivors self-identified as “other” (1.9%). Some examples of responses provided for “other sexual orientation” included normal, loving, born again Christian, and celibate survivors. Many (11.7%) chose not to answer this question.

Education

Table 16 shows that there was a wide range of educational backgrounds reported by survivors participating in this survey. A significant portion of survivors (33.4%) had not

completed high school or received their GED. The median level of education completed was high school graduate or GED; 18.3% of survivors were college graduates or held advanced degrees.

Table 16: Highest Level of Education

	N=1408	%
8 th grade or less	148	10.5
9 th – 11 th grade	323	22.9
High school graduate or GED	341	24.2
Some college	335	23.8
College graduate	201	14.3
Advanced degree	60	4.3

Time in the U.S.

Survivors were asked to report how long they and their families have been in the United States (U.S.). Forty-six percent of survivors reported that they came to the U.S. from another country, 5.5% reported that at least one parent came to the U.S. from another country, 11% reported that at least one grandparent came to the U.S. from another country, and 37.5% reported that their ancestors were here before their grandparents were born.

Of those coming to the U.S. from another country, 6% identified as a refugee, 70% identified as an immigrant, and 23.9% identified as “other”. Of 125 the survivors who identified as “other”, 36 indicated they were citizens, 19 indicated they were residents, 4 wrote they were Puerto Rican, and the remainder provided a variety of responses, including: the number of years in the U.S., job transfer, marriage, status pending, student, and visiting visa.

Language spoken and preferred

Survivors were asked how well they speak English. The majority (64.2%) reported that they speak English very well; 6.8% reported that they speak English well; 9.6% indicated that

they speak English okay; 9.3% reported not well; and 10.1% reported “not at all” (only know a few words). Survivors were also asked to report the language they prefer to speak (see Table 17; languages are listed alphabetically). The majority of respondents preferred to speak English (62.5%); the second most commonly preferred language was Spanish (29.5%). In total, 23 different languages were identified as the languages respondents preferred to speak.

Table 17: Language Survivors Preferred to Speak

	N=1122	%
American Sign Language (ASL)	2	0.2
Bengali/Bengla	4	0.4
Cantonese	1	0.1
Chinese	14	1.2
Czech	1	0.1
English	701	62.5
French	4	1.4
Gaelic	1	0.1
Gujarati	1	0.1
Hindi	5	0.4
Hungarian	2	0.2
Indian	1	0.1
Italian	1	0.1
Japanese	1	0.1
Karen	1	0.1
Korean	9	0.8
Portuguese	16	1.4
Russian	5	0.4
Spanish	331	29.5
Telugu	2	0.2
Thai	1	0.1
Urdu	1	0.1
Vietnamese	17	1.5

Financial situation

Survivors were asked to report their current financial situation and to compare it to their situation two years previously. The majority of survivors (51.1%) indicated they have

trouble paying their bills or they simply can't pay them (see Table 18). Only 8.1% of survivors reported that they don't need to worry about paying for things they want and need.

Table 18: Current Financial Situation

	N=1296	%
I simply can't pay my bills.	217	16.7
I have trouble paying regular bills.	446	34.4
I can pay regular bills, but a big expense would cause a hardship.	367	28.3
I can easily pay my bills, but need to be careful.	156	12.0
I do not worry about paying for things I want and need.	105	8.1

Survivors from the culturally-specific programs were less likely to describe having trouble with bills (44% did, compared with 54% of others). When asked to compare their current financial situation to two years previously, nearly 45% over all described themselves as worse off, compared to 26% who rated themselves as doing better (see Table 19). Survivors from culturally-specific programs were less likely than others to say they were doing worse or much worse (35% compared to 48%), and more likely to report doing better or much better (33% compared to 24%).

Table 19: Financial Situation Now Compared to Two Years Ago

	N=1334	%
1 Much worse	324	24.3
2	271	20.3
3	389	29.2
4	188	14.1
5 Much better	157	11.8

Disabilities

Survivors were asked if they consider themselves to have a disability or a disabling condition; 21% of survivors responded "yes"—9% of those from culturally-specific programs,

and 25% of those from the remaining programs. Survivors were not directly asked to specify their disability or disabling condition, but they were provided space to provide information related to ways in which the program did or did not make accommodations to meet any specific needs. In that section, many survivors provided information about their disabling condition. Survivors indicated that they live with a wide variety of disabling conditions, primarily involving mental health disorders and physical impairments or limitations.

The mental health disorders that survivors identified as disabling included anxiety, bipolar disorder, borderline personality disorder, depression, obsessive-compulsive disorder, and post-traumatic stress disorder. Some of the physical conditions that survivors reported as disabling involved recovery from injury as a result of abuse, including back injury, leg injury, broken teeth, and head trauma. Other physical conditions described as disabling included asthma, cancer, fibromyalgia, hearing impairment, joint disease, pregnancy, HIV, and use of a wheelchair. One survivor identified as having dyslexia, a learning disability. Another survivor identified her economic status and current earning potential as disabling condition: “My disability is that I was a stay at home mom for 15 years and have absolutely no way of supporting me and my kids at a living wage. I can get a minimum wage job but I cannot support us. Yes, this is a disability when you are 48.”

Comparison of Sample Characteristics with Census Data

Compared to the population in the county where the sampled survivors obtained help with domestic violence, the sampled survivors were more likely to be marginalized or face challenges. Survivors were less likely to report their race/ethnicity as White/Caucasian (39% vs. mean of 73%); less likely to have graduated from high school (67% vs. 86%); more likely to

experience poverty (17% cannot pay their bills, and another 34% have trouble paying, vs. 10% of families and 13% of individuals living below the poverty line); and more likely to have a disability or disabling condition (21% vs. 10%). In contrast, 19% report speaking English not well or not at all, compared to 19% of average households speaking a language other than English at home. Educational levels are associated with length of time in the U.S.: 49% of those who came from another country report having less than a high school education, compared to 20% of those with a longer family length of time in the U.S.

The Help-Seeking Process

Survivors were asked when they first heard about the program from which they are currently receiving services and supports (see Table 20). The largest group of survivors (44.8%) first heard about the program more than year ago.

Table 20: First Heard About Program

	N=1450	%
Less than a month ago	165	11.4
Between 1 month and 6 months ago	400	27.6
Between 6 months and a year ago	236	16.3
More than a year ago	649	44.8

Survivors were also asked when they first came to this program (see Table 21). The largest group of survivors (36.6%) came to the program more than a year ago.

Table 21: First Came to the Program

	N=1446	%
Less than a month ago	231	16.0
Between 1 month and 6 months ago	461	31.9
Between 6 months and a year ago	225	15.6
More than a year ago	529	36.6

Sixteen percent were new to receiving services and supports from this agency; they reported coming to the program for the first time less than a month before completing the survey.

Survivors were asked where they heard about the program from which they are currently receiving services. They were provided with a list of 15 options of where they might have heard about the program, plus an “other” category; survivors could select multiple options, so responses total well over 100% (see Table 22; responses are shown in descending order). The places survivors most commonly heard about the DV program were from a friend(s), DV program staff member, police, people at court, or family members. A total of 209 survivors indicated hearing about the program from other sources. Some other sources that were commonly cited included school (n=95), lawyer or legal center (n=13), jail or prison (n=11), addiction program (n=9), or from a Latino organization (n=6).

Table 22: Places Survivors Heard about Program

		N=1448	%
1.	Friend(s)	284	19.4
2.	DV staff; including other DV program ⁴	246	16.8
3.	Police	231	15.7
4.	People at court	183	12.5
5.	Family member	164	11.2
6.	Social service agency staff, including homeless shelter	111	7.6
7.	Mental health counselor/therapist	101	6.9
8.	Flyer/brochure/poster	84	5.7
9.	Health care provider	78	5.3
10.	Child protective services staff	74	5.0
11.	People from my religious/spiritual community	65	4.4
12.	TANF (welfare) staff	59	4.0
13.	Telephone book	50	3.4
14.	On the internet	46	3.1
15.	Information line (e.g. 211 Info Line)	28	1.9

⁴ It should be noted that survivors could encounter DV staff in multiple places, such as community service fairs, without at that point receiving services from them.

Survivors were asked how many times they had been to this program since their first/initial visit. A small percentage (2.1%) had only been to the program once since their initial visit, for a total of two times—the minimum for participation in this study (n=30). Twenty-two percent had been to the program twice since their initial visit (n=305). Twenty percent had been to the program 3-6 more times (n=277), 11% had been to the program 4-7 more times (n=154), 15.8% had been to the program 11-20 more times (n=221), and 29.6% had been to the program more than 20 times since their initial visit (n=414).

Survivors were asked to indicate whether or not they had received any of 5 types of DV services from another program, either within the past year or more than a year ago. Just a small percentage (ranging from 4% to 8% in each time period) indicated they had. Notably, however, although the differences were not large, survivors who were receiving services and supports from a culturally-specific program were less likely than others to report participating in either support group or counseling from another program in either time-frame.⁵

Survivors were asked about the kind of help they received when they first sought services from the program. They were provided with a list of 5 types of services and supports they might have received from the program, plus an “other” category; survivors could select multiple options, so again percentages surpass a total of 100% (see Table 23). Survivors were most likely to have initially received counseling, attended a support group, and/or received support services.

⁵ Differences were just 3-4% compared to 9-10%; $p < .05$ using chi square analysis.

Table 23: First Kinds of Help Received from the Program

	N=1435	%
Counseling	657	44.8
Support Group	598	40.8
Support Services	557	38.0
Legal Advocacy	407	27.7
Shelter	207	14.1

A total of 86 survivors indicated they had initially received “other” kinds of help from the program. Some other help commonly cited included tangible goods (n=17), DV education (n=9), housing (n=7), help for their child (n=4), medical/mental health services (n=4), and substance abuse services (n=3).

Services & Supports Being Used: 4 Types of Help

There are four main types of services and supports that many DV programs offer other than shelter (again, survivors who had been in shelter within the past year were not included in this sample): support groups, support services, counseling, and legal advocacy. Survivors were provided with the following definitions of each service:

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled regularly. 1 or 2 people who work or volunteer at the domestic violence program generally lead the discussion or provide information, but sometimes group members may take turns leading.

Support services = help or support provided by someone who works or volunteers at the domestic violence program. This includes providing information and emotional support, helping you get other services and resources, going with you to important appointments or meetings, and helping you think about your choices and options, among other things.

Counseling = talking with someone from the domestic violence program (counselor) about your experiences with being hurt and its impact on you and/or your children, including your feelings and choices, and developing ways to improve your safety and well-being. You usually meet with a counselor alone, or with other members

of your family. The meetings are often scheduled, and may take place over a period of weeks, months, or longer.

Legal advocacy = help or support related to criminal or civil legal matters. Examples include help getting a protective or restraining order, or with arrest-related concerns, immigration issues, child custody and visitation issues, and other matters that involve the court system.

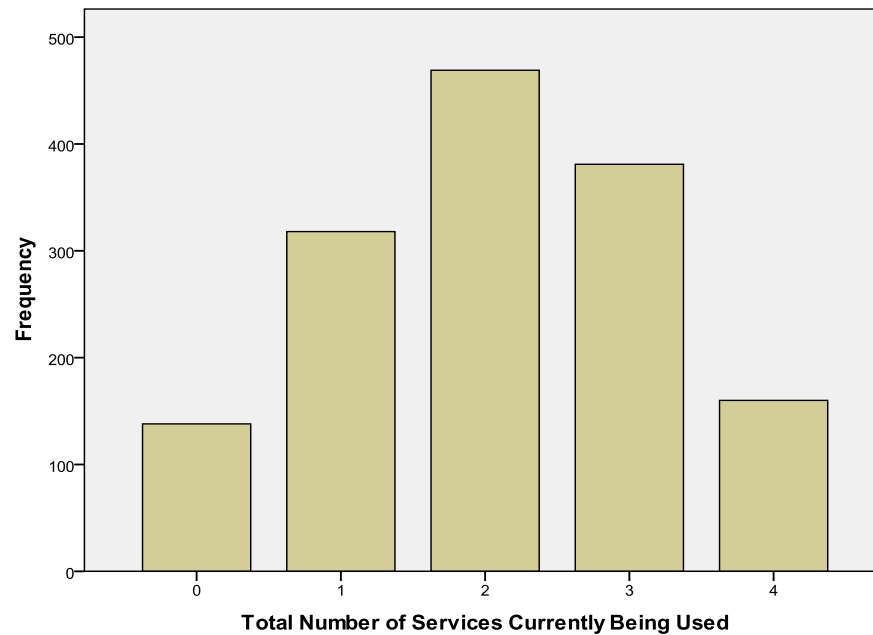
Survivors were asked to report if they were currently using each of these four services (see Table 24). The majority of survivors (75.3%) reported currently using support services; the service being used least often (35.8%) was legal advocacy. Twenty-two percent of survivors were using just one service; 32% of survivors were using two services; 26% of survivors were using three services, and 10.9% of survivors were using all 4 services (see Figure 1).

Table 24: Types of Services Used

	%
Support Services	75.3
Support Group	56.9
Counseling	55.9
Legal Advocacy	35.8

For the survivors using just one service at this time, the most commonly used service was support groups, followed by support services, counseling, and legal advocacy. For survivors using two services at this time, the most likely combination of services was support group and support services, followed by support services and counseling, and support services and legal advocacy. For those using three services, the most likely combination of services was support group, support services, and counseling.

Figure 1: Total Number of Services Being Used



Specific Services & Supports: 54 Different Types of Help

In addition to the 4 main types of services and supports that DV programs typically offer (other than shelter), there are a host of specific types of help that a DV program might provide. In order to understand the types of help that survivors want, and the issues they confront, the survey provided respondents with a list of 54 different types of help and support they might have sought. Survivors were asked to rate each item on the list according to the amount of help they felt they had received, using the following codes: 3 = I got all of the help of this kind that I wanted; 2 = I got some of the help of this kind that I wanted; 1 = I wanted this kind of help, but I didn't get any; 0 = Doesn't apply to me, I didn't want or need this.

Ranking of Services Wanted

Table 25 (on the next several pages) provides a complete list of the 54 items ranked in descending order by the percentage of survivors who wanted that type of service or help. Note

that percentages of the extent to which survivors said they received the help they wanted are based *only* on those who said they wanted that type of help.⁶ The most commonly desired services (as identified by more than 90% of survivors) were “talking to someone who understands my situation”, “support to make decisions and changes in my life”, “finding out who to call or where to get help”, and “learning more about why/how DV happens”.

Table 25: Complete Ranking of Services Wanted

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
1	Talking to someone who understands my situation.	1323	97.6	84.1	13.8	2.2
2	Support to make decisions and changes in my life.	1262	94.4	81.5	15.3	3.2
3	Finding out who to call or where to get help.	1242	94.2	83.9	13.4	2.7
4	Learning more about why/how DV happens.	1231	92.5	83.1	13.8	3.1
5	Information about counseling options.	1173	88.5	78.3	17.7	4.0
6	Help being safe from the person abusing me.	1128	84.9	81.7	16.0	2.3
7	Hearing what other people have done in similar situations.	1105	84.9	75.5	19.4	5.2
8	Help staying in my community safely.	1042	79.9	77.6	17.9	4.5
9	Information about my legal rights and options.	1018	79.8	74.4	19.4	6.2
10	Help with access to legal services.	945	72.2	72.7	17.7	9.6
11	Someone to go with me to get help.	842	65.2	72.7	18.9	8.4
12	Help ending my relationship.	828	63.8	74.6	20.3	5.1
13	Help with protective or restraining orders.	797	62.4	79.4	14.6	6.0
14	Help with previous or other forms of abuse.	762	59.8	71.0	22.4	6.6
15	Help with safety for my family members.	646	50.7	73.1	18.9	8.0

⁶ 44 survivors who wrote that they received all the help they wanted with all 54 services were excluded from this table. See a more detailed description of the issues involved in the next section, on the number of services received by survivors.

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
16	Help staying in my relationship safely.	648	49.7	78.2	18.5	3.2
17	Help supporting the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case).	598	47.8	73.2	15.2	11.5
18	Help with government benefits.	569	45.7	67.8	17.9	18.8
19	Help with issues related to unwanted sex.	542	42.6	70.7	19.6	9.8
20	Counseling for my children.	531	42.3	70.4	19.6	10.0
21	Help paying rent/utilities bills.	522	42.1	60.5	14.0	25.5
22	Help with cash assistance/ vouchers.	509	40.8	59.7	17.7	22.6
23	Help with mental health services.	502	40.0	68.7	20.5	10.8
24	Help with health care for myself.	499	39.8	67.5	18.6	13.8
25	Help getting housing.	493	39.8	65.1	16.2	18.7
26	Help with other benefits for my children.	502	39.7	69.9	16.1	13.9
27	Help related to custody of my children.	500	39.6	69.6	19.2	11.2
28	Help maintaining safe visitation with my children.	483	38.0	74.3	18.2	7.5
29	Help with financial matters, such as budgeting.	468	37.8	59.0	20.7	20.3
30	Help with children related to their abuse.	460	36.7	69.6	21.5	8.9
31	Help with grief related to family losses.	457	36.2	63.2	25.4	11.4
32	Help for the person who hurt me.	428	33.8	61.2	17.8	21.0
33	Help dealing with my abuser's arrest.	409	32.9	72.4	17.6	10.0
34	Help with transportation.	401	32.	63.8	15.2	20.9
35	Help with medical benefits (e.g. Medicaid).	395	31.8	68.4	15.7	15.9
36	Help with reproductive/women's health issues.	389	31.3	69.7	20.6	9.8
37	Help with a job or job training.	369	29.9	51.5	20.1	28.5
38	Help with child protection hearings or requirements.	373	29.5	69.2	19.0	11.8
39	Help with child care.	369	29.2	66.9	17.9	15.2
40	Help with child support.	362	28.7	62.4	18.5	19.1
41	Help understanding my rights and	349	27.8	75.1	16.6	8.3

		# who wanted this type of help	% who wanted this type of help	% who got ALL of the help they wanted	% who got SOME of the help they wanted	% who got NONE of the help they wanted
	options related to my residency/immigration status.					
42	Help with health care for my children.	350	27.8	70.6	16.9	12.6
43	Help with translation/interpretation.	316	25.4	80.7	15.2	4.1
44	Help with immigration issues.	291	23.5	72.9	16.2	11.0
45	Help meeting needs related to my disability.	274	22.0	66.4	21.5	12.0
46	Help contacting family who are far away.	260	21.2	64.2	16.9	18.8
47	Help learning English.	234	18.8	67.9	16.7	15.4
48	Help with substance abuse services.	230	18.6	71.3	20.0	8.7
49	Help stopping the court case against the person who hurt me.	189	15.4	65.6	20.1	14.3
50	Help keeping my pets safe.	187	15.0	67.4	14.4	18.2
51	Help meeting needs related to my child's disability.	165	13.4	66.7	22.4	10.9
52	Help dealing with my arrest.	165	13.4	70.9	16.4	12.7
53	Help with benefits as a refugee.	143	11.6	65.7	20.3	14.0
54	Help learning to drive.	121	9.9	55.4	15.7	28.9

The data reflects that for all 54 services items, the vast majority of survivors who wanted the particular service got some or all of the help they wanted. The highest percentage of those who wanted a certain type of help but got none of the help they wanted was 28.9%, for “help learning to drive” (also the least frequently selected type of help wanted); this was closely followed by “help with a job or job training”, at 28.5%--not surprising in the midst of a dramatic economic downturn. These were followed by five other specific services where over 20% of survivors reported they had received none of the help they wanted - “help paying rent/utilities” (25.5%), “help with cash assistance/vouchers” (22.6%), “help for the person who hurt me”

(21.0%), “help with transportation” (20.9%), and “help with financial matters, such as budgeting” (20.3%). Notably, most of these relate to financially-related resource issues, as well.

It is important to remember here that survivors completed these surveys after a minimum of two contacts with the program. Accordingly, analyses were also run to examine potential relationships between the number of reported contacts with the program and the extent to which desired services had been obtained.⁷ For 21 of the 54 types of services listed, the relationships were significant statistically at the $p < .05$ level, at least. In these cases, the more contacts a survivor had with the program, s/he was significantly more likely to report having received *all* of the particular type of help s/he wanted. These were:

- Talking to someone who understands my situation
- Learning more about how/why DV happens
- Learning about who to call/where to go to get help
- Hearing about what others have done in my situation
- Help for the person who hurt me
- Help ending my relationship
- Information about counseling options
- Someone to go with me to get help
- Help staying in my community safely
- Help with child care
- Help with child support
- Help with grief related to family losses
- Help with safety for family members

⁷ Cross tabular analyses were run, since both variables are categorical. Statistical tests were chi square, $p < .05$.

- Help meeting needs related to my child's disability
- Help with previous or other forms of abuse
- Help supporting the court case against the person who hurt me (or help getting the *system* to bring a court case)
- Help with reproductive/women's health issues
- Help contacting family who are far away
- Help with financial matters, such as budgeting
- Help with benefits as a refugee
- Help with immigration issues

In nearly all of the other cases, differences were not significant statistically, but indicated that survivors were more likely to report receiving all the help they wanted after extensive services—at least to some degree. For example, among survivors who wanted help staying in their relationship safely, 71% said they had received all the help they wanted after 2 contacts, and 14% had received no help; after more than 20 contacts, 82% had received all the desired help, and just 2% had received none. In some cases, the percentage change was substantial, but the number of people who wanted the service was relatively small, so the differences were not significant statistically. For example, just 187 survivors wanted help keeping their pets safe. After 2 contacts, 40% had received all the help they wanted, and 40% had received no help. After 20 or more contacts, 68% had received all the help they wanted, and 16% had received no help of this kind.

Total Number of Services Wanted

To better understand the range of help that survivors wanted, the list of 54 potential types of help a survivor might have wanted was re-coded into a tally of the total number of

services wanted. This tally was created by re-coding all original scores of 1, 2, and 3 into a score of 1 = wanted; the score of 0 remained the same (did not want).

There were two types of response errors in the original data that were addressed in the re-coding of these data. First, there were a number of survivors (n= 42) who marked a score of 3 for all 54 items on this question. While it is possible that these scores reflect accurate reports, it is more likely that these responses reflect systematic measurement error from either a social desirability bias or an acquiescent response pattern. The assumption that these responses reflect systematic error is supported in many cases by a simple review of the survivors' responses to other questions; for example, only 15 of these 42 survivors report that they came to the U.S. from another country, but they all indicated they received a number of services related to immigration. Since these 42 cases may well represent inaccurate data they were not included in this (or the previous) analysis.

The other measurement error associated with this question was a number of survivors (n=62) who did not follow the directions for responding to this question. Rather than recording a number between 0-3, this group of respondents put a check mark next to certain items. While it is not possible to determine exactly what the check mark represents, there is reason to believe that the check mark represents that the item was "wanted". For the purpose of this analysis, all items originally coded as "-8" (answered incorrectly, and not included in Table 24) were re-coded to "1." Additionally, all individual items not answered and originally coded as "-9" (missing for a particular item) were re-coded to "0"—if the survivor had responded to

several individual items from this list.⁸ A total of 42 survivors did not respond to *any* items in the question; those cases remained coded as missing data and were not included in any analysis related to services wanted and/or received.

On average, survivors wanted a total of 21 of the 54 different types of help. A total of 15 survivors wanted none of the 54 specific services listed and another 15 wanted only 1 of 54 services. A total of 7 survivors wanted 53 of the 54 services.

Services Wanted for Children

Within the list of 54 potential different types of help that a survivor might have wanted, there were 10 types of services specific to children. While the survey did not include a question about parental status or number of children, responses to these 10 items did provide some insight into parental status. A total of 60.3% of adult survivors (n=813) sought at least one of the 10 services for children. It is quite likely that more of the survivors who participated in the survey were also parents and/or guardians of children, but did not want or need any of these particular services for their child/children.

The types of services sought for children were ranked according to the percentages of how often the service was sought (see Table 26). The responses of only those survivors who sought at least one of the 10 services for children were included in this analysis (n=813). The top three services sought for children were counseling, help with other benefits, and help related to custody. The type of help wanted by the least number of survivors was help with needs related to a child's disability.

⁸ The logic for this procedure was similar to that for coding the check marks "yes". Since these survivors selectively responded to items from throughout the list (not just adjacent items, not just the first or last items) we considered the selective items without a response as indicating no interest in that item.

Table 26: Ranking of Services for Children

	# who wanted this service	%
Help with counseling for my children.	504	61.8
Help with other benefits for my children.	478	58.7
Help related to custody of my children.	480	58.9
Help maintaining safe visitation with my children.	461	56.6
Help with children related to their abuse.	427	52.4
Help with child protection hearing or requirements.	344	42.2
Help with child care.	341	41.8
Help with child support.	335	41.1
Help with health care for my children.	320	39.3
Help meeting the needs related to my child's disability.	126	15.5

Factor Analysis of Services Wanted

In an effort to determine the relationship among the 54 different needs, and to see if any meaningful groups might be found for this sample of survivors, factor analysis was conducted. This can be complicated to describe, but the analytic process pursued is outlined in the following paragraph and accompanying notes.

Principal components analysis (PCA) with orthogonal rotation⁹ (Varimax) was used to collapse the 54 different types of help that a survivor might have wanted into meaningful groups capturing broad areas of need. The initial PCA revealed the presence of 10 factors with eigenvalues greater than 1.0 (Kaiser, 1960), explaining a total of 55% of the variance. Several of the variables loaded equally well on multiple factors, one factor consisted of conceptually

⁹ The PCA was first conducted using oblique rotation due to the potential likelihood of correlated factors. Examination of the resulting component correlation matrix showed no correlations exceeding .32, indicating little overlap in the variance among factors, and supporting the use of orthogonal rotation (Tabachnick & Fidell, 1996). Prior to performing the PCA, the factorability of the data was assessed. The correlation matrix contained several sizable ($r > .5$) and no excessively high ($r > .9$) correlations, and the high bivariate correlations became low partial correlations, indicating the relationships were influenced by more than just the respective variables. In addition, the Kaiser-Meyer-Olkin (KMO) value was .922 and the Barlett's Test of Sphericity reached statistical significance. Taken together, these findings supported the factorability of the correlation matrix.

disparate variables, and one variable, “help learning to drive,” did not reach the established cut-off of .45 (considered “fair”; Tabachnick & Fidell, 1996).¹⁰ After a series of steps, the analysis was conducted again with 11 factors retained and the poorly and ambiguously loading variables excluded in turn (“help learning to drive,” “help with substance abuse services” “help with contacting family who are far away,” and “help staying in my relationship”). The final rotated 11 factor solution, accounting for 59.1% of the total variance, is presented in Table 27.

Table 27: Factor analysis of service & support needs

Factors	Associated variables (factor correlation)	% of variance explained	Cronbach’s Alpha
1 Child-related needs	Help with other benefits for my children. (.743) Help related to custody of my children. (.736) Help with child protection hearings or requirements. (.736) Help with counseling for my children. (.729) Help with child care. (.715) Help with child support. (.715) Help with health care for my children. (.702) Help maintaining safe visitation with my children. (.683) Help with children related to their abuse. (.661)	10.74%	.904
2 Economic needs	Help paying rent/utilities bills. (.759) Help getting housing. (.694) Help with financial matters, such as budgeting. (.691) Help with cash assistance/vouchers. (.688) Help with a job or job training. (.603) Help with transportation. (.594) Help with government benefits (e.g. welfare/TANF, food stamps, social security, SSI, SSD, others). (.571)	7.68%	.846
3 Information & support needs	Support to make decisions and changes in my life. (.740) Finding out who to call or where to get help. (.715) Learning more about why/how DV happens. (.708) Information about counseling options. (.677) Hearing what other people have done in similar situations. (.621) Talking to someone who understands my situation. (.604)	6.66%	.796

¹⁰ The scree plot showed no clear indication of the appropriate number of factors to extract. The analysis was conducted again with 10 factors extracted and the poorly performing variable excluded, and again the solution contained factors that were difficult to interpret. For comparison purposes, successive solutions were examined with 7, 8, and 9 factors extracted, and in each case multiple factors were conceptually uninterpretable. After a series of steps, another PCA was performed with 11 factors extracted. The solution accounted for 57.1% of the total variance and the pattern of loadings were conceptually meaningful.

Factors	Associated variables (factor correlation)	% of variance explained	Cronbach's Alpha
4 Immigration –related needs	Help understanding my rights & options related to my residency/immigration status. (.845) Help with immigration issues (e.g. visa, work permit, others). (.841) Help with translation/interpretation. (.751) Help learning English. (.706) Help with benefits as a refugee. (.588)	6.56%	.846
5 Legal advocacy needs	Help with access to legal services. (.746) Information about my legal rights and options. (.738) Help with protective or restraining order. (.730) Help supporting the court case against the person who hurt me (or helping get the system to bring a court case against the person who hurt me). (.597)	5.45%	.801
6 Physical / mental health needs	Help with medical benefits (e.g. Medicaid). (.716) Help with healthcare for myself. (.712) Help with reproductive/women's health issues. (.586) Help with mental health services. (.568)	4.74%	.764
7 Safety needs	Help staying in my community safely. (.601) Help ending my relationship (.553) Someone to go with me to get help. (.541) Help being safe from the person abusing me. (.511)	3.69%	.621
8 Vulnerability-related needs	Help meeting needs related to my disability (.753) Help meeting needs related to my child's disability (.717) Help keeping pets safe. (.585)	3.67%	.631
9 "Criminal Legal" needs	Help dealing with my arrest. (.684) Help stopping the court case against the person who hurt me. (.655) Helping deal with my abuser's arrest. (.548)	3.52%	.557
10 Family-related needs	Help with grief related to family losses. (.654) Help for the person who hurt me. (.640) Help with safety for my family members (.610)	3.40%	.604
11 Victimization-related needs	Help with previous or other forms of abuse. (.672) Help with issues related to unwanted sex. (.715)	3.00%	.619

These factors were used to create variables capturing 11 areas of need. When examined in this way, needs had the following ranking:

1. "Information/support needs": 93% of survivors indicated they wanted help with at least one of these needs, and 64% wanted help with all six areas.
2. "Safety needs"; 88% of the sample wanted help with at least one item, and 33% wanted help with all four areas.

3. “Legal advocacy needs”: 76% wanted help with at least one item, and 31% wanted help with all four areas.
4. “Child-related needs”: 65% wanted at least one 12% wanted at least seven of the nine areas.
5. Economic needs”: 59% of the sample wanted help with at least one item, and 14% wanted help with at least five of the seven areas.
6. “Victimization-related needs”: 57% wanted at least one, and 30% wanted help with both areas.
7. “Family-related needs”: 57% wanted help with at least one, and 13% wanted help with all three areas.
8. “Physical/mental health needs”: 51% wanted at least one, and 22% wanted at least three of the four areas.
9. “Criminal legal needs”: 32% wanted at least one, and 11% wanted help with at least two of the three areas.
10. “Immigration-related needs”: 30% wanted at least one, and 16% wanted at least three of the five areas.
11. “Vulnerability-related needs”: 24% wanted at least one, and 9% wanted help with at least two of the three areas.

Survivors who obtained services and supports from one of the culturally-specific programs differed significantly from those who went to one of the other programs on only 2 of these 11 factors. They were more likely to report wanting help with at least one of the 5 immigration-related needs (62% compared to 22%), and less likely to report wanting help with at least one of the 2 vulnerability-related needs (17% compared to 26%).

Satisfaction with Program Staff

Survivors were provided with a series of nine statements about their interactions with program staff, and they were asked to rate each statement on a scale of strongly agree, agree, disagree, or strongly disagree (see Table 28). These statements reflected a measure of how

respectful and supportive program staff members were in their interactions with survivors overall, and in relation to some key demographic features.

Table 28: Satisfaction with Program Staff

	N	Strongly Agree	Agree	Disagree	Strongly Disagree
Program staff treated me with respect.	1438	89.0%	9.1%	0.3%	1.5%
Overall, my racial/ethnic background(s) were respected.	1324	88.4%	9.6%	0.5%	1.4%
Overall, my sexual orientation was respected.	1256	88.0%	10.0%	0.6%	1.4%
Program staff were caring and supportive.	1438	86.7%	11.3%	0.4%	1.5%
Overall, my religious/spiritual beliefs were respected.	1304	86.3%	11.8%	0.7%	1.2%
Program staff spent enough time talking about my safety.	1423	84.5%	12.6%	1.2%	1.5%
Program staff helped address any needs related to my being a young person (under age 18).	82	82.9%	13.4%	1.2%	2.4%
Program staff helped address any needs related to my disability.	231	80.5%	13.0%	3.0%	3.5%
Program staff helped address any need related to my advancing age (age 61 or older).	35	80.0%	17.1%	2.9%	0.0%

For each of the 9 statements, over 95% of survivors reported that they agree or strongly agree with the statement, a reflection of high levels of satisfaction with program staff. Notably, there were no significant differences between culturally-specific and other programs on these satisfaction measures.

In the open-ended sections of the survey instrument, many survivors provided additional feedback about their interactions with program staff. The vast majority of the feedback about program staff was very positive; survivors often reported having developed strong relationships with their advocates, counselors, and other staff, after they had had

several contacts. The following examples show responses about survivors' experiences across sites:

- The program staff have always been willing to help me and to listen to me when I needed it. *Survivor from program identified by IDVAAC*
- The advocate helps me learn what rights I have, how to navigate the legal system and how to take my power back. The advocate gives support, hope and encouragement. *Survivor from Washington*
- My advocate has been the best. She has helped me through the most difficult experiences I have ever been through and I am surviving and becoming the person I want to be and can be with her help. *Survivor from Massachusetts*
- I am not fluent in English, so I appreciate that I can receive the service in Korean. The social workers understood my native language and culture, so I can overcome adversities with them. *Survivor from program identified by the Asian & Pacific Islander Institute*
- These people from [program name] are the most caring and nice people that there could be at a time like this. They really make you feel you're safe & not alone! *Survivor from Illinois*
- They helped me a lot in my thoughts; I see life differently I appreciate all the support that they have given to me and every one of my companions; the person who gives us therapy is very good and makes us feel better every day. He/she supports us a lot and makes us feel stronger and safe. *Survivor from program identified by Casa de Esperanza*
- The feeling that someone is there if & when I need them. It made my safety even more secure. *Survivor from Alabama*
- Amazing staff...when I found them, so many doors opened, they helped me so much, filing police reports internationally, dealing with added stress of international issues and limit of what I could do with 3 children under age 5 and pregnant. *Survivor from program identified by Asian & Pacific Islander Institute*
- This program allowed me to be helped by someone who looked like me, understood my culture and supported me in MY decisions. *Survivor from program identified by Women of Color Network*

Satisfaction with Services & Supports

Considering the four main types of services and supports that many DV programs offer in addition to shelter (support groups, support services, counseling, and legal advocacy), survivors were asked to rate their experiences with using that service on a scale of 1 to 5, where 1 is not at all helpful and 5 is very helpful (see Table 29). Support services were ranked as being the most helpful (over 95% rated it at “5” or “4”). Legal advocacy was the service with the lowest overall rankings, although it was still quite high (nearly 92% rated it at “5” or “4”). Again, there were no significant differences between culturally-specific and other programs in measures of satisfaction with the four types of program services.

Table 29: Satisfaction with Program Services¹¹

	N	Very Helpful: 5	4	3	2	Not helpful at all: 1
Support Services	998	78.1%	17.3%	3.1%	0.7%	--
Counseling	729	78.7%	15.9%	4.5%	0.8%	--
Support Groups	767	74.6%	17.7%	6.3%	1.4%	--
Legal Advocacy	467	76.2%	15.4%	6.6%	0.9%	0.9%

For each of the 4 types of services and supports, survivors were provided with a space to provide comments. The comments provided about services and supports received were overwhelming positive; survivors reported that these services and supports have been critical in understanding the reasons for DV, gaining access to needed resources, and in learning how to heal emotionally and move beyond their experiences with abuse. The excerpts that follow reflect the range of responses in types of help and in the sampled programs.

¹¹ The Ns shown in this table are based on those who said they were receiving the service *and* provided a rating. For this reason, they are slightly lower than the Ns reported previously for survivors receiving the service.

Feedback about Support Services

Comments were volunteered by 28% of the survivors who indicated that they were receiving support services. Survivors offered the following comments:

- I have been going through a divorce for over three years. I have gone through different phases of abuse, depression, fear and financial hardship. I don't know what would have happened without this program! *Survivor from Massachusetts*
- I could not have gotten through the end of last year without their support services. *Survivor from Washington*
- Constant and very helpful consultations. Daily emotional help and in-kind (food and furniture) help also. *Survivor from Massachusetts*
- This program helped me to get out of my denial of the domestic violence occurring in my 7 yr. relationship with the father of my boys (4). After he was deported, I thought I couldn't make it by myself. But coming to [program name] I didn't feel alone and my boys & I understand each other more. We understand we are still going to have recurring memories but [program] has & is helping us with tools on how to cope & live on. *Survivor from Illinois*
- Only half of support services pertain to the help I need. *Survivor from Massachusetts*
- I like that they are always listening to me and they pay attention to me and give me advice but they NEVER make you to do anything that I don't decide myself. Thank you. *Survivor from program identified by Casa de Esperanza*
- The program gave me strength to follow through with pressing charges against my husband. And realizing that I deserve a better life. *Survivor from Illinois*

Feedback about Counseling

Comments were volunteered by 27% of the survivors who indicated that they were receiving counseling services. The selections that follow reflect the range of responses.

- This program saved my life. I had no place to go, no money. I now have a job, apartment, and I am learning how to get over my fears. I don't have nightmares anymore thanks to counseling. *Survivor from Washington*
- [Counselor's name] has been there for me throughout the whole process of leaving. Her support was integral to my leaving my abuser. *Survivor from Massachusetts*

- When I felt lonely and challenged, thoughtful counseling gave me strength to go on. *Survivor from program identified by Asian & Pacific Islander Institute*
- Very helpful in talking about situations & how to get past them -- in order to keep you safe. *Survivor from Alabama*
- They help me with my depression and now I don't have depression. *Survivor from program identified by Casa de Esperanza*
- My husband always told me I was not worth anything. The counselor told me that I deserve respect and love. And not feel small and beaten down. *Survivor from Massachusetts*
- It helps me, when I'm MAD! And very, very, very ANGRY. *Survivor from program identified by IDVAAC*
- They have helped me a lot and I feel better as a person and mother. *Survivor from program identified by Casa de Esperanza*
- It doesn't matter how busy my advocate is, she finds and makes time for all my needs, including just someone to air out issues. *Survivor from Illinois*
- The person that gave me counseling helped me think deeper about my problem and then I could discover more profoundly the internal strength I have. *Survivor from Massachusetts*
- I need it. I feel off balance when I can't get it. *Survivor from program identified by WOCN*
- The case manager who speaks Cantonese is good, helpful and kind. But the one who speaks Mandarin had an attitude and was not helpful. *Survivor from program identified by Asian & Pacific Islander Institute*
- First counselor in my whole life who ever understood and made progress with me [name]. *Survivor from Massachusetts*
- The counselor gives me great advice on how to help my son with his emotions. *Survivor from Massachusetts*

Feedback about Support Groups

Comments were volunteered by 36% of the survivors who indicated that they were attending support groups. The selections that follow reflect the range of responses.

- When your family hurts you, you have nowhere to go. Friends feel compromised if you talk with them. Other family doesn't see or understand. I really needed an outlet. *Survivor from Illinois*
- In group - was nice to hear I am not alone or crazy. People are going through same thing (or have). *Survivor from Massachusetts*
- Too many people not enough staff, for help right away. *Survivor from program identified by Casa de Esperanza*
- The support groups are great in finding other options from others who have been in that same situation. *Survivor from Alabama*
- I was so ashamed. They taught me it was not my fault. I was so afraid even to go out. I have made good friends in group and I am so grateful. *Survivor from Massachusetts*
- I felt validated for the first time in my life. The leader of the group acknowledged my lonely upbringing and trauma I experienced - I slept better that night than I can remember. *Survivor from Illinois*
- Some class members talk too much & want too much attention distracting others from topic. *Survivor from Washington*
- Helps a lot when talking and listening to others. *Survivor from program identified by WOCN*
- Great to have others relate to losing children to foster care. *Survivor from Illinois*
- The support groups help me know what I am worth and how to defend myself and value myself. *Survivor from program identified by Casa de Esperanza*

Feedback about Legal Advocacy

Comments were volunteered by 31% of the survivors who indicated that they were receiving legal advocacy services. The selections that follow reflect the range of responses.

- They helped me write letters for the court and develop the calendar that the judge came up with for the sharing of visitation with my children. *Survivor from program identified by IDVAAC*
- Not enough time. Not enough help getting my problem to the court and all the way to the finish line. I need more firm guidance. People always say they can't give me legal advice. *Survivor from Washington*

- Without their encouragement and support I would not have the courage to even show up in court and I probably would still be blaming myself for the violence. *Survivor from program identified by IDVAAC*
- I'm getting help with family law, it's been very informative. They are also supporting me with my immigration case. *Survivor from program identified by Asian & Pacific Islander Institute*
- The advocate helps me learn what rights I have, how to navigate the legal system and how to take my power back. The advocate gives support, hope and encouragement. *Survivor from Washington*
- My kids and I are more united due to the legal support that they offered us. *Survivor from program identified by Casa de Esperanza*
- Advocate helped me understand court proceedings & be less fearful of court dates. *Survivor from Alabama*
- The advocate accompanied me to court to obtain a restraining order and to request for its extension. I would not have had the courage to get through this process alone. *Survivor from Massachusetts*
- Staff was with me at the courthouse when requesting the restraining order and helped me filling out and filing papers for my child's custody. *Survivor of program identified by IDVAAC*
- I was completely unaware of my parental rights and remedies until I became involved with this program. It has eased my mind greatly. Very supportive program also. *Survivor from Illinois*

Help Survivors Wanted but Did Not Get

Survivors were also asked to describe any help or support they wanted but did not get from the program in the past year. 28% (N=418) provided a response. Their answers ranged widely, although the most common responses related to financial resources of some kind, legal supports, or housing. Examples are provided here in more detail than for other items, to demonstrate the range of supports desired, and also to document survivors' perceptions of gaps in program services. These responses also demonstrate, however, the varied capacity across programs, since the types of supports some survivors noted they had not received are

precisely the same as those other survivors were especially happy to have obtained. Since any type of service might not have been obtained by an individual in any site, locations are not identified for these responses.

- Children group while attending support group of children with special needs. Teens group different location. Drive unaccessible.
- Group counseling - loss of loved one. I just lost my 6-yr-old son last Sept. - and I need people not counselors to talk to!
- Help with children's homework, transport to kids' school, access to community property in our home country.
- Help understanding what to anticipate in the family court process. Help with legal strategy. My abuser had a lot of money and power. I didn't expect that to be such a disadvantage.
- I really want my family back together -- my husband to get help, but accepting he doesn't want us hasn't quite sunk in.
- What's the best way to talk to your parents about sex. [from a teen]
- I received NO help with deposits, or rent, food, etc. etc. Since I don't have kids no one seems to give a shit.
- I really need a free lawyer but the center does not have one. They sent me to the lawyer of the day at court. That helped a little but I wish they had a lawyer right there. Lawyers are so expensive if you want a divorce. And my husband has always done the money and I know he has hidden a lot of it. He told me I will not get anything.
- I wanted support regarding being able to ride Access Bus because of my disability (visual) but was told that was beyond scope of [program initials]. Just informed lost right to it.
- I was in need of financial assistance to save my apartment and needed help with finding a safe place to live and being financially able to maintain for a short period of time.
- I wish they would help me more financially or with finding a job but some of that has to do with my immigration status.
- I would like if a volunteer accompanies me to go places like see a lawyer, as I find driving directions to new places challenging.

- In group, couldn't/didn't feel I was in same place (emotionally) as others. Haven't left husband, all others have.
- More financial support would have helped -- I came 758 miles to leave and had little or no money.
- More respect for PTSD.
- Really need to know who to contact about child support as I am laid off and only have husband in home now because I can't afford to kick him out.
- Talk about the correlation between the domestic violence and the use of drugs alcohol or another substance.
- Teen counseling especially for young men not to repeat violent behavior they have seen or been brought up into.
- Visitation for my twelve-year-old son, it has been four months since I've heard anything about him.
- Well I think they need more people so they can handle all of the cases. Because there are few people.
- Advice and legal guidance about informational reports with the police. My abuser is a danger to all women he comes in contact with. There are most likely some unsolved cases in which my abuser can't be identified as the perpetrator simply because his victims didn't know his real identity, or cannot recall who he was.
- I want to first get my baby back who is DCFS involved then the rest of my boys who are not DCFS involved but I cannot afford a lawyer or house.
- I was reassured he wouldn't find me. He found me the same day. Many people in this town know about this place. Don't promise people they or he won't find you.
- It would be nice to have free mental health care on site in the regular bases who understand DV.

Survivor Outcomes

Survivors were asked about the broad outcomes they might have achieved as a result of receiving non-residential services and supports. They were asked about how the help they received from the program affected their sense of self-efficacy, optimism about the future,

knowledge about safety planning, comfort with help-seeking, and knowledge about community resources. Survivors were provided a list of 9 statements and were asked to respond whether or not the statement described how they felt. Table 30 shows a ranking of survivor outcomes.

Table 30: Ranking of Survivor Outcomes

Because of the various help I have received from this program so far, I feel...	N	% “Yes”
...more hopeful about the future.	1384	95.4%
...I know more ways to plan for my safety.	1400	95.0%
...that I will achieve the goals I set for myself.	1365	94.7%
...I know more about my rights and options.	1387	93.4%
...more comfortable asking for help.	1369	93.3%
...like I can do more things I want to do.	1371	91.3%
...more confident in making decisions.	1378	92.7%
...I know more about community resources.	1370	88.5%
...I get more support from family & friends.	1343	78.4%

Survivors who participated in FVPSA-funded programs were compared to the others on these outcomes. There were no differences that reached statistical significance¹² except one: “I feel more comfortable asking for help” (92% for FVPSA-funded programs, vs. 97.5% for those that did not receive such funding). Comparisons of culturally-specific programs with those not so defined also revealed only two with significant differences. Ratings for culturally-specific programs were a bit higher for “I feel more hopeful about the future” (97.3% vs. 94.6%) and “I feel more confident in making decisions” (95.5% vs. 91.7%).

In the later open-ended sections of the survey instrument, 43% of survivors provided additional feedback about their personal outcomes as a result of receiving services. Many of the survivors reported feelings of increased self-worth, self-awareness, and independence;

¹² Although these differences are small, chi square analyses indicated they were significant statistically, using chi square analyses, at $p < .05$.

others reported feeling more hopeful about the future. And many survivors reported increased stability in multiple areas of their lives. The following excerpts reflect the range of responses that describe the “other help” survivors received from the programs.

- This program has been very important for my life; it helped me know myself and know what I want, I obtained confidence and I understood why I fell in an abusive relationship. I lost my fear and I obtained a lot of security. *Survivor from Illinois*
- I got a job and help putting my life back together. It took a long time, but...I feel safe now for the first time that I can remember. *Survivor from Alabama*
- I feel stronger and do feel more hopeful towards the future. *Survivor from program identified by Asian & Pacific Islander Institute*
- It has helped me a lot in the form of knowing that I'm worth something and I'm someone important. And in the group I feel comfortable again to be able to accept friendships and to have trust in myself. *Survivor from Washington*
- It is helping me a lot to move forward with my son. *Survivor from Illinois*
- It gave me strength to move forward and stop the abuse. *Survivor from program identified by Casa de Esperanza*
- Understanding the real meaning of relationships and abuse in relationships. *Survivor from program identified by IDVAAC*
- Understanding that I am worth something and deserve better in life. *Survivor from Alabama*
- To control my anger, learn to just walk away from danger. *Survivor from program identified by WOCN*
- More confidence in myself. *Survivor from program identified by Asian & Pacific Islander Institute*
- Learned more about things that happened to me were not my fault. *Survivor from Illinois*
- It helped me to gain understanding of domestic violence, the court system, lawyers, and government agencies, who will help me with my problems. *Survivor from program identified by Asian & Pacific Islander Institute*

- I am a survivor of past abuse & by listening to other people & how they handle situations inspires me to reach out & help others that are going thru difficult times right now "In Present". *Survivor from Alabama*
- I've learned everything necessary to stay safe. *Survivor from program identified by IDVAAC*
- Be very optimistic and to know that I can achieve what I want, to be persevering. *Survivor from program identified by Casa de Esperanza*
- They opened my eyes and the doors to a better future. Not of luxuries but without hindrances and tranquility. It's beautiful to wake up and see the happiness that surrounds my kids. They have given me a lot to feel proud of. *Survivor from Massachusetts*
- It's very needed and much appreciated. I would have had nowhere to turn if not for the program. *Survivor from Washington*
- I learned how much I'm worth and my rights as a person and a woman. I have a better life together with my kids and we live in peace and harmony. *Survivor from Illinois*
- I came to this program a scared, beaten woman and I am now a strong, proud woman who will NEVER BE BEATEN AGAIN. *Survivor from Massachusetts*

Born in the U.S. and Born Outside U.S.: Differential Findings

A significant portion of this sample consisted of survivors born outside of the U.S. (46.3%). The data were divided into two groups by the survivors' birth location: those survivors who were U.S. born compared to those born outside the U.S. All the data analysis reviewed in the previous sections was re-run to compare these two groups of interest. Those differences that are both statistically significant and substantively meaningful are reported here.

Demographics

There were significant differences in the racial/ethnic identities between survivors born outside of the U.S. and those U.S. born (see Table 31).¹³ Those born in the U.S. were most likely

¹³ All comparisons reported as "differences" in this section were found to be statistically significant using chi square tests, with $p < .05$.

to be White/Caucasian (63%) or African American/Black (21.3%). Those born outside the U.S. were most likely to be Hispanic/Latino/a (64.4%) or Asian (15.3%).

Table 31: Racial/Ethnic Identity by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=570	%	N=662	%
African American/Black	35	6.1	141	21.3
African	8	1.4	0	-
Asian/Asian American	87	15.3	5	0.8
Hispanic/Latino-a	367	64.4	46	6.9
Native Hawaiian/Pacific Islander	0	-	1	0.2
Native American/Alaska Native	0	-	25	3.8
Middle Eastern	8	1.4	0	-
Multi-Racial	4	0.7	26	3.9
White/Caucasian	49	8.6	417	63.0
Other	12	2.1	1	0.2

Those born in the U.S. were most likely to complete the survey in English (97.3%), while only 32.8% of those born outside the U.S. completed the survey in English (see Table 32).

Table 32: Languages Survey Completed In by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=585	%	N=678	%
Arabic	6	1.0	0	-
Chinese	11	1.9	0	-
English	192	32.8	660	97.3
Korean	14	2.4	1	0.1
Portuguese	12	2.1	0	-
Russian	6	1.0	0	-
Spanish	322	55.0	17	2.5
Vietnamese	22	3.8	0	-

Those born in the U.S. overwhelmingly preferred to speak English (95.6%), while those born outside the U.S. were most likely to prefer to speak Spanish (59.4%) and then English (24.5%). There were also dramatic differences reported in ability to speak English (see Table

33). For those born in the U.S., 95% report being able to speak English very well, while 65.9% of those born outside the U.S. report speaking English either not at all, not well, or “okay”.

Table 33: Ability to Speak English by History in U.S.

How well you do speak English?	Born Outside U.S.		U.S. Born	
	N=574	%	N=675	%
Not at all (only know a few words)	130	22.6	1	0.1
Not well	126	22.0	3	0.4
Okay	122	21.3	7	1.0
Well	69	12.0	20	3.0
Very well	127	22.1	644	95.4

There were also age differences between these two groups. The youngest groups of survivors participating in this survey, those ages 17 or younger and those ages 18-20, were mostly likely to be survivors born in the U.S. (see Table 34). Survivors born outside of the U.S. were more likely to cluster in the age bracket of 31-40 (40.4%).

Table 34: Age by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=572	%	N=666	%
17 or younger	10	1.7%	61	9.2%
18 – 20	14	2.4%	35	5.3%
21 – 30	136	23.8%	165	24.8%
31 – 40	231	40.4%	144	21.6%
41 – 50	117	20.5%	170	25.5%
51-60	47	8.2%	70	10.5%
61-70	13	2.3%	16	2.4%
Over 70	4	0.7%	5	0.8%

There were also differences in level of education (see Table 35 on the next page). Those born outside the U.S. were twice as likely to have less than a high school graduate level of education, compared with those born in the U.S. (47.6% vs. 19.5%). Further analysis suggested that this difference was partly attributable to differences among those born outside the U.S., of

whom 63% of Hispanic/Latino/as had less than a high school education, compared to 26% of Asian/Asian Americans. There were no significant differences in sexual orientation or gender.

Table 35: Highest Level of Education by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=567	%	N=666	%
8 th grade or less	130	22.9%	10	1.5%
9 th – 11 th grade	150	26.5%	122	18.3%
High school graduate or GED	115	20.3%	171	25.7%
Some college	82	14.5%	204	30.6%
College graduate	72	12.7%	118	17.7%
Advanced degree	18	3.2%	41	6.2%

There were no significant differences between these two groups in their current financial status. In comparing financial status now to two years ago, U.S. born survivors were more likely to report their current financial situation as *much worse* than two years ago (29.9% vs. 19.1%). As Table 36 shows, 39.1% of those born outside the U.S. reported being worse or much worse off today, compared to over half (50.6%) of U.S. born survivors. Differences in improved situation are less dramatic: 27.7% of those born outside the U.S. report being better/much better off, compared to 23.1% of those who were U.S. born.

Table 36: Financial Situation Now Compared to Two Years Ago by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=555	%	N=629	%
1 Much worse	106	19.1%	188	29.9%
2	111	20.0%	130	20.7%
3	184	33.2%	162	25.8%
4	89	16.0%	78	12.4%
5 Much better	65	11.7%	67	10.7%

Survivors born outside of the U.S. were also less likely to report having a disability or disabling condition than U.S. born survivors (12.6% vs. 26.2%). For those survivors who did

comment on their disability or disabling condition, the types of disabilities indicated were similar for both groups.

The Help-Seeking Process

There were moderate differences in the help-seeking process for survivors born outside of the U.S. when compared to U.S. born survivors. Those born outside the U.S. were more likely to have heard about the program more than a year ago (50.0% vs. 42.2%) and they were more likely to have come to the program for the first time more than a year ago (44.2% vs. 31.8%). Survivors also differed in sources of information about the program from which they were currently receiving services. Survivors born outside the U.S. were more likely to have heard about the program from a friend (27.2% vs. 13.7%), family member (12.0% vs. 9.6%), a flyer/brochure/poster (7.9% vs. 4.1%), or a healthcare provider (7.7% vs. 3.4%). U.S. born survivors were more likely to have heard about the program from other DV staff (17.3% vs. 14.0%) or from other sources (18.3% vs. 9.9%).

There were significant differences between these two groups in the kinds of help they used initially when they came to the program (see Table 37). Survivors born outside the U.S. were more likely to receive counseling (52.5% vs. 40.3%), support services (46.7% vs. 32.4%), legal advocacy (37.3% vs. 22.4%), and shelter (16.4% vs. 11.2%) when they first came.

Table 37: Initial Kinds of Help Received from the Program by History in U.S.

	Born Outside U.S.		U.S. Born	
	N=yes	%	N=yes	%
Counseling	307	52.5	273	40.3
Support Group	242	41.4	278	41.0
Support Services	273	46.7	220	32.4
Legal Advocacy	218	37.3	152	22.4
Shelter	96	16.4	76	11.2

Both groups equally accessed support groups as an initial kind of help with DV. Since survivors could indicate multiple types of help initially received, these data suggest that survivors born outside the U.S. were more likely to approach the program for multiple modes of services.

Services & Supports Currently Being Used: 4 Types of Help

There were differences between these two groups in types of services currently being used, as well. When they were asked which of the four main types of services and supports that many DV programs offer *other* than shelter (support groups, support services, counseling, and legal advocacy) they were currently using¹⁴, there were differences in both the types (see Table 38 below) and the number of types of services being used.

Table 38: Types of Services Being Used Now or Within the Past Year by History in U.S.

	Born Outside U.S.		U.S. Born	
	N	%	N	%
Support Services	510	82.5	650	70.2
Support Group	529	60.1	661	54.2
Counseling	515	59.4	639	53.2
Legal Advocacy	523	48.9	664	26.7

Survivors born outside of the U.S. were especially more likely to be receiving legal advocacy services (48.9% vs. 26.7%). Over 42% of survivors born outside of the U.S. used 3 or 4 of the 4 different types of services available, compared to 32 % of U.S. born survivors.

Services & Supports: 54 Different Types of Help

In addition to the 4 main types of help, history in U.S. also affected the specific types of help survivors wanted. Table 39 represents a revised ranking of the 54 items for survivors born in the U.S, compared to those born outside of the U.S. This table is shown in full detail because

¹⁴ It is important to remember here, again, that survivors were excluded from the study if they had used shelter services within the past year, but not if they had *ever* been in shelter.

this sample provides a valuable opportunity to learn more about this comparison. The *top 5* services and supports wanted are the same for both groups and in the same order. The next 5 are the same, although they are ranked in a slightly different order. The items are shown in descending order for those born in the U.S. Statistically significant differences between the two groups are indicated; they were different for exactly half (27) of all items.¹⁵

Outside of the top 10, there are considerable differences in the ranking of some items between groups. For example, those born in the U.S. were more likely than those born outside the U.S. to want help with “previous or other forms of abuse”, help with grief related to family losses, and hearing what others have done in their situation. Survivors born outside the U.S. had higher percentages wanting help with more of the items, including several of the items related to child-related help and financial resources, as well as immigration-related issues and help staying in their relationship safely.

Table 39: Comparison of Services Wanted for Survivors Born Inside & Outside the U.S.

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Talking to someone who understands my situation.	96.4	97.2
Support to make decisions and changes in my life.	92.7	91.5
Finding out who to call or where to get help. *	92.1	88.6
Learning more about why/how DV happens.	90.6	88.2
Information about counseling options.	85.4	84.7
Hearing what other people have done in similar situations. *	82.5	76.2
Help being safe from the person abusing me.	80.4	83.8
Help staying in my community safely.	76.2	74.8
Information about my legal rights and options.	70.6	78.3
Help with access to legal services.	64.5	72.9
Help with previous or other forms of abuse. ***	60.4	45.5

¹⁵ Statistical significance was determined for each item using chi square analysis. * = $p < .05$; ** = $p < .01$; *** = $p < .001$.

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Help ending my relationship.	57.1	61.0
Someone to go with me to get help. ***	54.0	66.1
Help with protective or restraining orders.	53.3	60.4
Help with safety for my family members.	48.1	43.6
Help staying in my relationship safely. ***	41.6	50.5
Help supporting the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case).	40.4	45.1
Help with government benefits. *	36.9	44.9
Help with issues related to unwanted sex. **	36.0	40.1
Help with grief related to family losses. **	36.0	27.3
Help paying rent/utilities bills.	35.1	37.2
Help with cash assistance/vouchers.	34.4	37.8
Help with mental health services.	34.1	35.4
Counseling for my children. *	33.4	41.4
Help with financial matters, such as budgeting.	33.2	31.9
Help with health care for myself.	32.8	35.9
Help getting housing.	32.5	36.3
Help with other benefits for my children. **	30.7	41.3
Help related to custody of my children. *	31.6	39.8
Help maintaining safe visitation with my children.	31.0	36.3
Help with children related to their abuse.	29.3	34.3
Help for the person who hurt me.	28.5	29.7
Help dealing with my abuser's arrest.	25.9	29.7
Help with transportation. ***	22.3	33.1
Help with medical benefits (e.g. Medicaid). ***	21.9	33.1
Help with reproductive/women's health issues. ***	17.8	38.3
Help with a job or job training.	24.9	26.3
Help with child protection hearings or requirements.	22.3	28.4
Help with child support. ***	20.3	30.0
Help with child care. ***	20.0	30.8
Help meeting needs related to my disability.	18.7	14.7
Help with health care for my children. ***	17.8	30.2
Help with substance abuse services. *	15.3	10.7
Help contacting family who are far away. **	14.0	19.5
Help keeping my pets safe. ***	13.7	6.6
Help dealing with my arrest.	9.4	9.0
Help stopping the court case against the person who hurt me. **	8.8	14.0
Help meeting needs related to my child's disability.	8.8	9.6

	% of U.S. born who wanted this type of help	% of those born outside the U.S. who wanted this type of help
Help understanding my rights and options related to my residency/ immigration status. ***	4.7	50.8
Help with translation/interpretation. ***	3.8	45.1
Help learning to drive. ***	3.6	9.4
Help learning English. ***	3.5	30.8
Help with immigration issues. ***	3.0	42.5
Help with benefits as a refugee. ***	2.4	14.9

As might be expected, significant differences were found between these groups on the 11 identified factors. Those born *outside* the U.S. were significantly more likely to want help with at least one immigration-related need (62% vs. 6%), health-related need (59% vs. 49%), child-related need (64% vs. 55%), and family-related need (62% vs. 55%). Survivors born *inside* the U.S. were more likely to want help with at least one victimization-related need (62% vs. 52%), and one vulnerability-related need (27% vs. 19%). Although strong majorities of both groups (88% and 90%, respectively) wanted help with at least one safety-related need, 39% of those born outside the U.S. wanted help with all 4, compared to 29% of those born within the U.S.

Services Wanted For Children

A total of 63.9% of survivors born outside the U.S (n=364) sought at least one of the 10 listed services for children, compared to 53.6% of survivors born in the U.S (n=353). Looking at each type of child-related help individually, survivors born outside the U.S. were significantly more likely to want 7 of the 10 services specific to children, with the exception of services related to safe visitation, a child's abuse, and a child's disability (see Table 40). *Among those who wanted at least one service for children*, however (our closest measure of whether or not a

survivor was a parent), the only significant differences were in the desire by those born outside the U.S. for help with child care (46% vs. 37% for those born inside the U.S.) and health care for their children (45% for those born outside the U.S. vs. 33% for those both inside the U.S.).

Table 40: Services for Children by History in U.S.: Full Sample¹⁶

	Born Outside U.S.		U.S. Born	
	N = wanted this service	%	N = wanted this service	%
Help with counseling for my children. *	225	41.4	220	33.4
Help with other benefits for my children. *	224	41.3	202	30.7
Help related to custody of my children. *	216	39.8	208	31.6
Help maintaining safe visitation with my children.	197	36.3	204	31.0
Help with children related to their abuse.	186	34.3	193	29.3
Help with child care. *	167	30.8	132	20.0
Help with health care for my children. *	164	30.2	117	17.8
Help with child support. *	163	30.0	134	20.3
Help with child protection hearing or requirements. *	154	28.4	147	22.3
Help meeting the needs related to my child's disability.	52	9.6	58	8.8

There was also some variation in survivor outcomes based on length of time in the U.S. On 4 of the 9 outcome variables (shown in Table 41), survivors born outside the U.S. more frequently reported experiencing that outcome than U.S. born survivors.¹⁷

Table 41: Survivor Outcomes by Length of Time in the U.S.

Because of the various help I have received from this program so far, I feel...	Born Outside U.S.	U.S. Born
	%	%
...more hopeful about the future.	97.5	93.6
...more comfortable asking for help.	95.8	91.0
...more confident in making decisions.	95.1	90.2
...like I can do more things I want to do.	93.5	89.1

¹⁶ Differences that were significant at $p < .05$ using chi square analysis are indicated by *.

¹⁷ The percentage differences are not large, but they are statistically significant at the $p < .05$ level using chi square analysis.

Differences Across Four Major Racial/Ethnic Groups¹⁸

Separate analyses were conducted to learn more about differences across the four major racial/ethnic groups of survivors participating in the study: African American/Black, Asian/Asian American, Hispanic/Latino/a, and White/Caucasian. A total of 55 survivors did not report their race/ethnicity. Of the remainder, 93.1% identified in one of these four groups, as shown earlier.

Demographics

The survivors who identified as African American/Black were younger than the other groups: 30% were under age 18 (most participated in a teen support group), compared to none of the Asian/Asian Americans, 3% of the Hispanic/Latino/as and 1% of the White/Caucasians. The modal age ranges for the others were ages 31-40 (34% of Asian/Asian Americans and 40% of Hispanic/Latino/as) and 41-50 (28% of White/Caucasians).

Hispanic/Latino/as were least likely to have a high school diploma. Sixty percent did not, compared to 40% of African American/Blacks, 24% of Asian/Asian Americans and 12% of White/Caucasians. Asian/Asian Americans had the highest level of education: 39% had a college degree or more, compared to 28% of White/Caucasians, 9% of African American/Blacks and 8% of Latino/as.

Differences in reported sexual orientation were not large, but they were significant statistically. Ninety-six percent of African American/Black survivors identified as heterosexual, compared to 92% of Asian/Asian Americans, 93% of Hispanic/Latino/as, and 94% of White/Caucasians. Gender was predominantly female, although just 86% of African

¹⁸ This section reports only differences across groups that are statistically significant at the $p < .05$ level using chi square analysis unless otherwise noted.

American/Black respondents reported they were female, compared to 97-98% of the other three groups.

There were dramatic differences in country of origin across groups. Ninety-five percent of Asian/Asian American survivors came to the U.S. from another country, as did 89% of Hispanic/Latino/as. In contrast, this was true of just 20% of those who identified as African American/Black and 11% of White/Caucasians. Differences in reported ability to speak English varied accordingly: 51% of Hispanic/Latino/as and 37% of Asian/Asian Americans indicated they speak English “not at all” or “not well”, compared to none of those who identified as African American/Black or White/Caucasian.

Table 42: Differences in Current Financial Circumstances Across Racial/Ethnic Groups

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
I simply can't pay my bills	12.9%	2.3%	16.7%	20.8%
I have trouble paying regular bills	31.2%	34.1%	36.5%	34.4%
I can pay regular bills, but a big expense would cause a hardship	18.2%	48.9%	28.9%	28.3%
I can easily pay bills, but need to be careful	15.9%	5.7%	12.0%	10.7%
I don't worry about paying for things I want and need	21.8%	9.1%	5.9%	5.9%

Financial circumstances differed across groups, as well, as shown in Table 42. When the two options at either end of the financial continuum are combined, we see that 55% of White/Caucasians reported having financial difficulties, compared to 53% of Hispanic/Latino/as, 44% of African American/Blacks and 36% of the Asian/Asian Americans. At the other end of the financial spectrum, 36% of African American/Black respondents reported that they don't worry or need to be financially careful, compared to 18% of Hispanic/Latino/as, 17% of White/Caucasians, and 15% of Asian/Asian Americans. In addition, White/Caucasian survivors

were most likely to report they were worse or much worse financially now than two years ago. Fifty-two percent did, compared to 42% of Hispanic/Latino/as, 37% of Asian/Asian Americans, and 36% of African American/ Blacks. Some survivors reported they were “better” or “much better” off: 35% of those who identified as African American/Black, 29% of Asian/Asian Americans, 27% of Hispanic/ Latino/as, and 22% of White/Caucasians.

Finally, differences were found across groups in reports of a disability or disabling condition(s). White/Caucasians were most likely to so indicate (31%), compared to 18% of Asian/Asian Americans, 17% of African American/Blacks, and 10% of Hispanic/Latino/as.

Help-Seeking Process

Survivors differed significantly in the identification of the person who hurt them. Asian/Asian Americans were most likely to report that this person was their current partner (73%, compared to 52% of White/Caucasians, 51% of Hispanic/Latino/as, and 41% of African American/Blacks). African American/Blacks were most likely to identify an ex-partner (47%, compared to 43% of White/Caucasians, 42% of Hispanic/Latino/as and 15% of Asian/Asian Americans). Asian/Asian Americans were more likely than others to identify in-laws as people who had hurt them; 13% did, compared to 4% of Hispanic/Latino/as, 3% of White/Caucasians, and 1% of African American/Blacks.

Asian/Asian American survivors were more likely than the others to have heard about the program more than a year ago (53%, compared to 49% for Hispanic/Latino/as, 47% for White/Caucasians, and 37% for African American/Blacks). The source of information about the program also differed, as shown in Table 43. The table shows percentages of survivors who heard about the program from a particular source, for items on which there were significant

differences across the 4 racial/ethnic groups. Some survivors heard about the program from more than one source. Notably, the most common source of information about the program was “friend(s)” for both Asian/Asian American and Hispanic/Latino/a survivors, while it was

Table 43: Source of Information about Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
DV staff/volunteer; including other DV prog.	20%	17%	12%	19%
Friend(s)	8%	29%	28%	15%
Family member	7%	7%	14%	11%
Mental health counselor/therapist	3%	3%	7%	9%
Health care provider	3%	6%	8%	4%
Flyer/brochure	2%	2%	9%	5%
Internet	1%	9%	2%	4%

“DV staff/volunteer, including at another program” for both African American/Black and White/Caucasian survivors. Differences in the percentages who first heard about the program from police approached significance ($p < .06$); they were lowest for African American/Black survivors, at 10%, and highest for Hispanic/Latino/as, at 18%.

Hispanic/Latino/a and Asian/Asian American survivors were most likely to have first come to the DV program more than a year ago (45% and 42%, respectively, compared to 36% of White/Caucasians and 30% of African American/Blacks). They were also likely to have been to the program more than 20 times since their first visit. This was true for 39% of Asian/Asian Americans, 29% of Hispanic/Latino/as, 33% of White/Caucasians, and 17% of African American/Blacks

Groups differed in the extent to which they had received particular types of services when they first came to the program, as shown in Table 44 on the next page. Although

survivors who responded to this survey were not currently in shelter, shelter services may have been among the types of help they initially received from the program. All five options available to respondents are shown in this table because differences across racial/ethnic groups are statistically significant for all of them. It is notable that shelter services were not the most common initial service for any of the groups, although Asian/Asian American survivors reported this type of help more often than others. Instead, counseling was the most common initial type of help for all 4 groups.

Table 44: Types of Help Initially Received from the Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/Latino/a N=408	White/Caucasian N=506
Shelter	20%	24%	16%	11%
Support Group	30%	18%	46%	39%
Support Services	42%	46%	47%	35%
Counseling	49%	50%	52%	42%
Legal Advocacy	20%	36%	39%	25%

The types of help survivors reported getting currently from the DV program are shown in Table 45. Differences across each type of help are significant statistically.

Table 45: Types of Help Currently Received from the Program by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/Latino/a N=408	White/Caucasian N=506
Support Group	62%	41%	60%	56%
Support Services	79%	81%	80%	70%
Counseling	56%	74%	54%	55%
Legal Advocacy	22%	62%	48%	29%

Services and Supports: Differences in 11 Factors of Help Wanted

Differences were found across race/ethnicity in the extent to which survivors wanted a particular category of help, as identified by the 11 factors reported earlier, as shown in Table 46. Again, the table shows only statistically significant differences, and the percentages that wanted at least one of the particular categories of help. Notably, legal advocacy and criminal legal needs were desired more consistently across groups (and thus are not shown in the table).

**Table 46: Categories of Help Wanted by Race/Ethnicity:
Percentages That Wanted at Least One**

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Information/support needs	97%	83%	94%	94%
Safety needs	93%	76%	90%	88%
Child-related needs	61%	44%	68%	53%
Economic needs	76%	53%	67%	58%
Victimization-related needs	62%	46%	53%	60%
Family-related needs	65%	39%	56%	60%
Physical/mental health needs	52%	56%	58%	47%
Immigration-related needs	14%	59%	66%	5%
Vulnerability-related needs	30%	38%	15%	28%

Services and Supports: Differences in 54 Types of Help Received Completely

Survivors also reported differences in the extent to which they had obtained *all* of a particular type of help they had wanted. Table 47 shows the statistically significant differences across race/ethnicity in survivors' reports of having received *all* of a type of help they wanted. Percentages are based only on the number of survivors in each group who indicated they wanted that particular service.¹⁹

¹⁹ It is important to remember that survivors could also indicate they had received *some* of a particular service they wanted, or none of that type of help at all. As seen in earlier tables, most survivors received at least some of the help they wanted.

Table 47: Specific Types of Help Obtained Completely by Race/Ethnicity

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Talking to someone who understands my situation	33%	30%	88%	82%
Help being safe from the person abusing me	85%	73%	86%	79%
Information about counseling options	73%	72%	80%	81%
Learning more about why/how DV happens	83%	74%	86%	83%
Hearing what others have done in similar sits.	78%	55%	77%	77%
Help staying in my community safely	73%	64%	83%	79%
Help related to custody of my children	75%	63%	78%	65%
Help with child support	73%	53%	75%	50%
Help with other benefits for my children	75%	62%	78%	63%
Help for the person who hurt me	61%	48%	76%	55%
Help keeping my pets safe	68%	60%	65%	73%
Help with previous or other forms of abuse	77%	50%	73%	70%
Help with issues related to unwanted sex	81%	56%	77%	63%
Information about my legal rights and options	75%	72%	85%	68%
Help with access to legal services	74%	71%	83%	67%
Help supporting the court case against the person who hurt me (or help getting the system to bring a court case against the person who hurt me)	75%	74%	82%	68%
Help stopping the court case against the person who hurt me	65%	38%	80%	63%
Help with health care for myself	67%	66%	80%	63%
Help w/ reproductive/women's health issues	70%	68%	79%	62%
Help with cash assistance/vouchers	69%	48%	71%	52%
Help with financial matters, e.g. budgeting	66%	43%	68%	57%
Help paying rent/utilities bills	73%	43%	67%	54%
Help with transportation	74%	55%	73%	86%
Help understanding my rights & options related to my residency/immigration status	56%	71%	77%	86%

It should also be noted here that there were differences by survivors' race/ethnicity in the number of staff in the program from which they got help. Fifty-five percent of survivors who identified as African American/Black, for example, received services from a program with less than 13 staff members, compared to 39% of Asian/Asian Americans, 30% of Hispanics/Latino/as, and 25% of White/Caucasians. Just 29% of African Americans received services from programs with over 20 staff, compared to 39% of Asian/Asian Americans, 37% of White/Caucasians, and 27% of Hispanics/Latino/as. Staff size can certainly contribute to a program's ability to meet all of a survivor's needs.

Satisfaction and Outcomes

Survivors were asked to rate their experiences with the program and its staff on 9 different items. Response options ranged from "strongly agree" to "strongly disagree". Although these ratings were generally quite high, as shown previously, there were statistically significant differences across race/ethnicity in the extent to which survivors responded "strongly agree" for 5 of the 9 items. Asian/Asian American survivors were somewhat less likely than the others to report the highest satisfaction levels for these items. Ratings were not significantly higher when responses were controlled for survivors' birth location, with one exception: Hispanic/Latino/as born outside the U.S. were more likely than those born inside the U.S. to agree strongly (85% vs. 76%) that staff had spent enough time talking about safety.²⁰ Ratings were also not significantly different for culturally-specific programs.

²⁰ This item is not shown in the table because there were not significant differences between Hispanics/Latino/as as a whole and the other 3 primary racial/ethnic groups.

Table 48: Satisfaction with Program Staff by Race/Ethnicity

(percentages who “strongly agree”)

	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
Program staff treated me with respect.	88%	82%	90%	90%
Program staff were caring and supportive.	89%	81%	86%	89%
Over all, my religious/spiritual beliefs were respected.	88%	83%	86%	87%
Over all, my sexual orientation was respected.	89%	80%	88%	89%
Over all, my racial/ethnic background(s) were respected.	91%	84%	89%	89%

Finally, survivors were asked to check which of 9 outcomes were true for them, and were attributable to services received from the DV program. Of the 9 items listed, differences across race/ethnicity were statistically significant for only 3. These items, along with the percentages of survivors who checked them, are shown in Table 49. Again, although Asian/Asian American survivors were somewhat less likely than others to attribute these outcomes to their DV program experience, the percentages who did were quite high (over 90% for all but one of these) across all 4 groups.

Table 49: Outcomes Attributed to Program Services by Race/Ethnicity

Because of the help I have received from this program so far, I feel...	African Amer/Black N=170	Asian/Asian American N=88	Hispanic/ Latino/a N=408	White/ Caucasian N=506
...more hopeful about the future.	98%	93%	98%	93%
...more confident in making decisions.	96%	92%	95%	90%
...like I can do more things I want to do.	92%	88%	94%	89%

Differences Across Program Service Areas: Rural, Suburban or Urban

In order to understand differences in survivors' experiences based on the populations from which they came to the program, survey data were re-coded with information gathered from the participating DV program surveys about the percentage of survivors coming from rural, urban, and suburban areas. Using rural areas as a point of reference,²¹ the data were re-coded into 4 categories (see Table 50). While a significant portion of the survivors who participated in this study came from programs that were primarily serving survivors this study came from programs that were primarily serving survivors from rural areas (21.1%), the majority of survivors (63.9%) come from programs that were primarily serving survivors from suburban and/or urban areas (those reporting that 30% or less of the survivors they serve come from rural areas).

Table 50: Surveys Completed by Percentage of Survivors Served from Rural Areas

Program description of % of survivors served who come from rural areas:	N = 1466	%
No Rural (100% of survivors from urban and/or suburban areas)	461	31.4%
Some Rural (.5% to 30% of survivors from rural areas)	476	32.5%
Much Rural (31-89% of survivors from rural areas)	219	14.9%
All or Nearly All Rural (90-100% of survivors from rural areas)	310	21.1%

Considering just the two distinct regional categories "all or nearly all rural" (referred to hereafter as "rural") and "no rural" (to be referred to hereafter as urban/suburban), the

²¹ Any of the three types of areas could have been used as the point of reference for these analyses. Rural areas were selected because of the extent of analytic and programmatic interest in rural programs, and because of the limited data available in the literature about rural programs, as noted in the literature review. The data provided about the area survivors came from was based on the program respondent's estimates, so these data clearly should be viewed as suggestive only.

demographic characteristics of survivors from these distinct regions differed significantly²² in many respects. Survivors from rural areas were primarily White (51.6%), African American/Black (24.8%), and Hispanic/Latino/a (13.2%). Survivors from urban/suburban areas were more racially/ethnically diverse: White (29.8%), Hispanic/Latina/o (31.7%), African American/Black (14.5%), Asian/Asian American (12.1%), Multi-Racial (2.4%), and in other groups (10%). Survivors from rural areas tended to be younger, with a modal age between 21 and 30 years, compared to urban/suburban area survivors whose most common age was between 31 and 40 years.

Survivors in rural areas were more likely to identify as lesbian/gay (3.2% vs. 1.5%) or bisexual (3.6% vs. 1.8%), than those living in urban/suburban areas. Survivors from rural areas tended to have less formal education; 43.1% had not completed high school or a GED, compared to 25.1% of urban/suburban area survivors. Survivors from rural areas were substantially more likely to be U.S. born (78% vs. 46.3%) and less likely to have been born outside the U.S. (22.1% vs. 53.7%) than urban/suburban area survivors.

Survivors from rural areas were more likely to report speaking English “very well” (85.2% vs. 57.1%) and less likely to report speaking English “not at all” (7.4% vs. 9.7%), compared to urban/suburban area survivors. Survivors from rural areas were also more likely to report preferring to speak English (84.3%), with Spanish as the second preferred language at 9.7%. In contrast, 55.5% of urban/suburban area survivors reported English as a preferred language and 27% preferred Spanish; the remainder preferred a variety of other languages, including Chinese, Korean, Portuguese, Russian, and Vietnamese.

²² As in previous sections, “differences” are reported here only if they are statistically significant at $p < .05$ or better. Significance in this section was determined by chi square analyses.

Survivors from rural areas were more likely to describe their current financial situation as comfortable (i.e. can easily pay bills or don't worry about paying for things) than were urban/suburban area survivors (34.8% vs. 16.5%); they were also somewhat less likely to report having trouble or being unable to pay bills (44.9% vs. 49.8). Survivors from rural areas were also somewhat more likely to describe their current financial situation now compared to two years ago as better/much better (36.4%), compared to urban/suburban area survivors (24.5%), who were more likely to describe their financial situation as worse/much worse (45.6% compared to 38.4% of rural survivors). Finally, survivors from rural areas were slightly more likely to consider themselves to have a disability or disabling condition (22.7% vs. 20.1%).

There were also area differences in the help-seeking process. Survivors from rural areas first heard about the DV program more recently than urban/suburban area survivors; 52.8% first heard about the DV program less than 6 months ago, compared to 30.4% of rural/suburban survivors. Similarly, the majority of rural survivors first came to the program less than 6 months ago (61.9%), compared to 38.3% of rural/urban survivors.

Survivors were provided with a list of 15 different potential sources from which they might have heard about the DV program. Survivors from rural areas were more likely to have heard about the DV program from family members (12.3% vs. 8.7%), the police (20.6% vs. 13.2%), child protection services staff (6.5% vs. 4.3%), and TANF/welfare staff (5.2% vs. 2.4%). Survivors from urban/suburban areas were more likely to have heard about the DV program from DV staff (19.1% vs. 11%), social service agency staff (10.2% vs. 5.5%), and healthcare providers (6.9% vs. 3.9%). The most commonly cited source for information about DV programs for rural survivors was "other" sources (31.6% vs. 8.9%), including jails/correctional facilities,

schools, immigration counselors, and lawyers.

Of the four main types of services and supports that many DV programs offer in addition to shelter (support groups, support services, counseling, and legal advocacy), there were differences by program service area in both the types of services being used and the number of services (see Table 51). Survivors from rural areas were much more likely to be using support groups (63.8% vs. 48.5%), and somewhat more likely to be using support services (76.6% vs. 71.8%). Consistent with the length of time since they first came to the program, survivors in rural programs had had fewer program contacts at the time they completed the survey. Just 20.7% had been to the program more than 20 times, compared to 36% of survivors in urban/suburban programs.

Table 51: Types of Services Currently Being Used by Program Service Area

	No Rural (Urban and/or Suburban Survivors)		All or Nearly All Rural Survivors	
	N	%	N	%
Support Group	423	48.5	301	63.8
Support Services	415	71.8	295	76.6
Counseling	417	60.9	292	58.2
Legal Advocacy	426	33.1	298	31.2

There were no area differences in survivors’ level of satisfaction with program staff. There were differences by program service area for only one of the nine outcome statements: “I feel more comfortable asking for help.” Survivors from rural areas were *less* likely to feel more comfortable asking for help (90.1% vs. 97.0%) after program participation than survivors from urban/suburban areas, although reports of increased comfort were clearly high for both groups. Notably, further analysis indicated that the higher levels reported by survivors from urban/suburban programs was associated with responses from survivors born outside the U.S.

Male Respondents: Differential Findings

A total of 60 male respondents completed the survey. Half of the male respondents participating in the survey (n=30) were recruited from a teen violence prevention project in a Midwestern state that provides “healthy relationship” classes at local high schools located in rural areas; these respondents were age 17 or younger.²³ The other half of the male respondents (n=29) were a broad group of men age 18 and over from across the sample. One male respondent did not provide his age. Given the distinct differences between these two groups of males related to maturation and likely level of independence, the data presented here about gender differences have also been divided by age differences: teens (age 17 and younger) and adults (18 and over).²⁴

Demographic Differences: Teens

Male teen survivors were mostly likely to be African American (86.2%) or Multi-Racial (6.9%), compared to female teen survivors (n=58) who were African American (63.8%), Hispanic/Latina (20.7%) or Multi-Racial (6.9%). All of the male teen survivors identified as heterosexual, compared to 92.9% of female teen survivors who identified as heterosexual and 7.1% who identified as bisexual. Male and female survivors reported the same level of educational attainment: 9th – 11th grade. The majority of both male and female teen survivors reported being born in the U.S.; 15.4% of male teen survivors came to the U.S. from another country, compared to 13.3% of female teen survivors.

²³ Note about methodology: In order to ensure confidentiality and privacy, entire “healthy relationship” classes were invited to participate in the survey, but only those surveys completed by persons who clearly identified as survivors of DV were included in the dataset and analysis.

²⁴ Despite the differences by age among the relatively small group of male survivors, teens as a group did not differ substantially from the “adult” sample as a whole. For example, they reported needs related to their children and other issues at the same rates. For this reason, they are included in analyses throughout this report.

The vast majority of both male and female teen survivors spoke English well or very well (96.6% and 94.8%). Male teen survivors were likely to prefer to speak English (77.3%) and Spanish (18.2%); the majority of female teen survivors were also likely to prefer to speak English (89.1%), but fewer preferred to speak Spanish (8.7%). Three male teen survivors (13.0%) reported having a disability or disabling condition, and compared to 6.4% of female teen survivors (n=3).

Demographic Data: Adult Males²⁵

Male adult survivors (n=29) were mostly likely to be Hispanic/Latino (41.4%), White/Caucasian (24.1%), African American (17.2%), or Asian/Asian American (10.3%). Adult males were most likely to be between the ages of 31 and 40, and most likely to identify as heterosexual (83.3%), although 12.5% reported they were gay, and 1 reported “other” sexual orientation. Sixty percent of the adult male survivors reported coming to the U.S. from another country, compared to less than half of the women. Only 10.7% of male adult survivors reported having a disability or disabling condition, about half the rate of female adult survivors.

Gender Differences in Services and Outcomes: Teens

There were few significant differences across gender among the teens in anything related to the help-seeking process, services wanted, or outcomes. The males were a bit more likely to have first come to the program within the past six months (97% compared to 79% of females), but this was not significant statistically ($p < .08$). Similarly, the males were slightly

²⁵ It should be noted that 2 of the adults identified as transgender. In order to protect confidentiality, their responses are not included in the analyses in this section. Comparisons with female adults are not systematically provided here because of the differences in sample size. The small number of adult men (29) included in the sample cannot be considered representative of male survivors who come to DV programs for services. However, they are included here because of the importance of learning more about male survivors and their needs.

more likely to indicate they wanted “support to make decisions and changes in my life” (100% vs. 89%; but $p < .07$).

There were no differences in the types or numbers of basic services, or in number of service contacts with the program. There were also no differences in the various measures of satisfaction with program staff. Nonetheless, the females reported more positive outcomes on two of the nine items measures. Female were more likely to indicate that, because of program services they “know more about my rights and options” (96% vs. 83%; $p < .04$) and “like I can do more things I want to do” (88% vs. 67%; $p < .03$).

Adult Male Experiences with Services and Outcomes

Fifty-seven percent of the men were receiving support services, 34% were taking part in support groups, 57% were receiving counseling, and 54% were receiving legal advocacy. The specific types of help they wanted were remarkably similar to the types of help wanted by the women. This was true of the categories of needs identified in the factor analysis reported earlier, as well. Finally, the men reported high rates of satisfaction with program services (generally above 90% who have strong agreement on the applicable satisfaction measures), and remarkably similar outcomes to those reported by the adult women survivors in the sample. Outcomes for adult men are shown in Table 52. They are least likely to report that, because of the program, they know more about community resources or get more support from family and friends (both 72%). Nonetheless, both are high, and the others are quite high.

Table 52: Outcomes for Men

Because of the help I have received from this program so far, I feel...	% indicating “yes”
...I know more ways to plan for my safety.	86
...I know more about community resources.	72
...I know more about my rights and options.	86
...that I will achieve the goals I set for myself.	96
...more hopeful about the future.	96
...more comfortable asking for help.	93
...I get more support from family & friends.	72
...more confident in making decisions.	93
...like I can do more things I want to do.	89

Program Size²⁶ & Survivor Experiences

Analyses that examined differences based on the number of staff in the program focused on how survivors had heard about the program, the types of services survivors were receiving, number of times survivors had come to the program, the extent to which survivors received all of the particular type of help they wanted, and survivors’ reported outcomes. Notably, there was a relationship between staff size and rural/urban location; the programs in rural areas tended to be smaller. The vast majority of programs with over 20 staff (86.5%) were located in predominantly urban/suburban areas (the ones that reported that 30% or fewer of their clients came from rural areas). Put another way, just 20% of the programs with predominantly urban/suburban clients (more than 70%) had 5 or fewer staff.

Survivors who obtained services from small programs (staff size of 5 or fewer) were more likely than the others (17% vs. 11%) to have heard about the program from family or

²⁶ These analyses were based on the number of program staff instead of number of staff full-time equivalents (FTEs) because data on FTEs was missing for 10% of participating programs. Nonetheless, the general patterns should be similar. The correlation between the two, for programs that reported both types of information, was .948.

people from their religious or spiritual community (8% vs. 4%). Survivors who received help from larger programs (staff size of 13 or more) were more likely to have heard about the program from people in court (16% vs. 7%). No other differences were statistically significant.

Table 53 shows the differences in types of services survivors were currently receiving, by number of program staff. Differences in the extent to which survivors were receiving counseling

Table 53: Types of Services Survivors Are Receiving by Program Size
(Percent of survivors receiving the service)

	1-5 Staff N=161	6-12 Staff N=333	13-20 Staff N=469	20+ Staff N=415
Support Services	75%	81%	76%	71%
Support Group	37%	60%	63%	56%
Legal Advocacy	48%	28%	36%	37%

did not quite reach statistical significance ($p < .06$), and so it is not shown. Notably, a higher percentage of survivors receiving services from the smallest programs were receiving legal advocacy than was true of the larger programs. Conversely, survivors obtaining help from the smallest programs were least likely to be participating in a support group.

Survivors who received help from the smallest programs also had come to the program the fewest times since their initial visit. Just 34% had come more than 10 times after the first visit, compared to 53% of those getting help from programs with 6 to 12 staff, 44% of those getting help from programs with 13 to 20 staff, and 46% of those in the largest programs.

There were no meaningful relationships between staff size and the types of services survivors wanted, either for specific services or for the service categories identified in the factor analysis. There were some differences, however, in the extent to which survivors obtained the services they wanted. Table 54 shows the percentage of survivors who reported they got *all* of

a specific type of service they wanted. As before, only the results that show statistically significant differences are displayed. Although the percentages of survivors who reported

Table 54: Differences in Percentages of Survivors Who Got All the Help They Wanted

	1-5 Staff N=161	6-12 Staff N=333	13-20 Staff N=469	20+ Staff N=415
Someone to go with me to get help	79%	69%	76%	68%
Help staying in my community safely	84%	71%	82%	76%
Help meeting needs related to my disability	76%	65%	69%	62%
Help with issues related to unwanted sex	75%	80%	66%	65%
Information about my legal rights and options	84%	72%	78%	69%
Help with access to legal services	80%	72%	76%	67%
Help with health care for myself	78%	70%	70%	59%
Help with mental health services	71%	67%	72%	65%
Help with financial matters, e.g. budgeting	59%	63%	66%	49%
Help paying rent/utilities bills	60%	65%	65%	51%
Help with immigration issues (e.g. visa, work permit, others)	58%	68%	83%	68%

differences are displayed. Although the percentages of survivors who reported they got all they help they wanted are remarkably high across program size, those who obtained their help from the smallest programs often reported getting all they wanted at higher rates than those who got help from larger programs. This finding is perhaps more remarkable since the survivors who participated in services from the smaller programs reported fewer contacts.

Finally, there were no statistically significant differences in program satisfaction across program size. Similarly, there were no differences in self-reported outcomes.

IV. RESULTS FROM FOCUS GROUPS: THE INTEGRATIVE SUMMARY

Context

The purpose of the focus groups was to expand the findings of the survey, to provide more contextual information about survivors’ experiences using program supports and services, and to gather rich qualitative data that could enhance the quantitative survey data. Additionally, the focus groups were designed to fill gaps identified in the survey data by reaching out to specific populations that were not as well-represented in either the survey data or existing literature. Working from these study goals, and with additional input from our study consultants and our participating state coalitions and culturally-specific organization partners, a total of 10 target populations were identified for participation in the focus group process (see Table 55).

Table 55: Focus Group Populations & Geographic Locations

Population	Geographic Location	N = 73
African American	South Central U.S.	11
Asian/Arab Immigrants	Western U.S.	15
Brazilian Immigrants	Eastern New England	3
Latina Immigrants	South Central U.S.	3
Latina Immigrants	Northern Central U.S.	4
LGBTQ	Northwestern U.S.	6
Men	Southern New England	3
Older Adults	Eastern New England	11
Survivors living a rural area	South Eastern U.S.	7
Survivors in recovery from substance abuse	Eastern U.S.	10

The research team contacted DV programs working with the particular populations of interest to determine their willingness to host a focus group. The majority of programs originally recruited for participation in the focus group process were DV non-residential

programs that had also participated in the survey portion of the study; additional outreach to other programs was required to ensure all desired populations were included in the process. Fifty percent of focus groups were hosted by programs that also participated in the survey.

The focus groups were structured to be the same for all populations, including the use of the same protocols and focus group questions. Group size was recommended as 8-10 survivors, with the anticipation that 12 survivors would need to be recruited to address potential no-shows. While the majority of groups did recruit 12 survivors, the average focus group size was 7 survivors, with a range of 3 to 15 participants. As promised, each participant was given a \$35 gift card for his/her participation in the group. The focus groups were scheduled to last for two hours, which included time to introduce the study, review the information sheet and conduct the verbal consenting process, distribute stipends, discuss meal protocols/eat the provided meal, and answer the research questions. The research question discussion portion of the focus groups was audio taped, and the average length of discussion was 62.6 minutes.

The Latina immigrants' focus group in the northern central U.S. area program was conducted in Spanish; all other focus group were conducted in English, but several groups relied on the use of interpreters. The Latina immigrants' focus group in the south central U.S. area program used a Spanish-language interpreter to facilitate the meeting. The Brazilian immigrants focus group in eastern New England used a Portuguese-language interpreter. And the Asian/Arab group in the Western U.S. had two Cantonese, one Arabic, and one Korean-language interpreter; this group used a side-by-side interpretation method.

Demographics

A total of 73 survivors participated in 10 different focus groups held at DV organizations across the United States. Sixty-six participants identified as female (91.7%), six as male (8.3%), and one participant did not respond to this question. Table 56 on the next page shows the age variations of participants. The table indicates that, while 18% of participants were age 30 or younger, the median age and largest age group was 41 to 50 years old (34.7%).

Table 56: Age of Focus Group Participants

	N=72	%
17 or younger	0	-
18 – 20	1	1.4
21 – 30	12	16.7
31 – 40	15	20.8
41 – 50	25	34.7
51 – 60	12	16.7
61 – 70	7	9.7
Over 70	0	-

Table 57 displays the racial/ethnic identity of the focus group participants. About one third of the participants identified as White/Caucasian; the majority of the rest of participants identified as either African American/Black, Asian/Asian American, or Hispanic/Latino-a.

Table 57: Racial/Ethnic Identity of Focus Group Participants

	N=73	%
African American/Black	19	26.0
African	1	1.4
Asian/Asian American	13	17.8
Hispanic/Latino-a	9	12.3
Middle Eastern	2	2.7
White/Caucasian	25	34.2
Other	4	5.5

Of those participants who identified their race/ethnicity as “Other”, three participants specified their race/ethnicity as Brazilian (4.1% of the total) and one as East Indian (1.4% of the total).

The majority of the participants identified their sexuality as heterosexual/straight (78.7%). Of the other 21.3% participants, five identified as lesbian/gay (8.2%), four as bisexual (6.6%), and another four as “Other” and specified “Queer” (6.6%). Thirty participants considered themselves to have a disability or disabling condition(s) (41.7%).

The survivors varied in their levels of educational attainment. 79.4% of participants had obtained at least a high school diploma or GED (see Table 58). 45.2% of participants had some college experience or had obtained a college degree.

Table 58: Highest Level of Education

	N=73	%
8 th grade or less	7	9.6
9 th – 11 th grade	8	11.0
High school graduate or GED	25	34.2
Some college	18	24.7
College graduate	14	19.2
Advanced degree	1	1.4

Participants were asked how long they or their families had been in the United States. Thirty-three participants reported that they came to the U.S. from another country (50.8%) and one participant reported that at least one of his/her parents came to the U.S. from another country (1.5%). Of those participants who came to the U.S. from another country, 20 identified as immigrants (87.0%) and another three identified as “Other” (13.0%); they specified “by marriage”, “Mexico”, and “work visa”.

Participants varied in their reports of how well they spoke English. Four participants reported “not at all” (5.5%), 11 reported “not well” (15.1%), 12 reported “okay” (16.4%), four

reported “well” (5.5%), and 42 participants indicated they spoke English “very well” (57.5%). 61.7% of participants reported that English was their preferred language and 11.7% of participants preferred to speak Spanish. Survivors also reported preferring to speak Chinese (10%), Portuguese (4.1%), Arabic (3.3%), Cantonese (2.7%), French (1.4%), Korean (1.4%), and Vietnamese (1.4%).

Table 59: Current Financial Situation

	N=69	%
I simply can’t pay my bills.	8	11.6
I have trouble paying regular bills.	22	31.9
I can pay regular bills, but a big expense would cause a hardship.	24	34.8
I can easily pay my bills, but need to be careful.	11	15.9
I do not worry about paying for things I want and need.	4	5.8

Table 59 shows the current financial situations of the focus group participants. Nearly half of the survivors reported experiencing some sort of financial difficulty (43.5%). Only four reported not having any financial worries. Four participants did not respond to this question.

When asked to compare their current financial situation to two years ago, participants varied greatly in their responses (see Table 60). 37.5% of survivors reported their financial situation as “worse” or “much worse”. Only 12.5% reported being in a “much better” financial position today.

Table 60: Financial Situation Now Compared to Two Years Ago

	N=73	%
1 Much worse	10	13.9
2	17	23.6
3	24	33.3
4	12	16.7
5 Much better	9	12.5

The Help-Seeking Process

First Places Help Was Sought

Focus group participants spoke of a variety of places they first sought help. Most often survivors turned to informal supports when initially seeking help for the abuse, including family members, friends, co-workers, or church members. A few survivors were involved with the police and/or criminal justice system as a result of the abuse and were encouraged to seek DV services. There were a few cases reported of survivors seeking medical attention and being referred to services by hospital staff or other medical professionals. A few participants also mentioned being referred to DV services by therapists, social workers, or case managers. One or two survivors also reported initially reaching out to their Employee Assistance Programs.

- [Y]ou get to a point, it was getting overwhelming you know, in terms of the way my mind was thinking about things, no sleeping, and so one day I just, I was talking to a friend—I had to finally confide in somebody—and he mentioned ‘why don’t you look for domestic violence counselors?’
- And I had been with him for quite awhile and decided I needed to do something, so I reached out to my family and friends. Which is when I started therapy too, and they kept nudging me that I need more help. And so I decided to come here because I couldn’t handle my person anymore, and I knew I needed help and I knew I needed to be strong in order to get away from the situation for good because I know that if I go back to the situation it’s going to eventually come back to the same thing.
- The doctor said I have a problem; before I go home I was gonna get some help. So I went to [name of program] when they were open. So what happened I passed about five times looking at that door, I was too scared to go in. But you know, I finally went in there and when I did that was my first step in getting help.
- I went to my boss. My husband wouldn’t let me talk to anybody so I went, got the phone and sent a text [to] my boss. They took me to the hospital.

Although survivors may have talked to people about their situations, most did not seek formal services until someone in their lives recognized their need for support that they did not

see themselves. Thus, it was common for survivors to be referred to domestic violence services from another source instead of seeking out services initially on their own.

- Oh, everybody was telling me, ‘you’re being abused. You’re being abused. Why are you with this man? You gotta get out of there’, you know, and all. So my friends in AA were prompting me to get help, to get enough help so I could take the first action in getting him removed, him removed, not me, him removed.

Group Differences

Many survivors within the Brazilian immigrant group explained that they initially sought general services from their culturally-specific organization. Once they began to build relationships with staff at the center, they were referred for DV services through the same organization.

- I got to know about [DV program] because I came here to help my parents-in-law to fill out applications for government assistance. Then I got to know them, and began participating, you know, and helping out. So that’s how I got to know [DV advocate], and we developed a friendship, you know, so then I felt the trust I needed to be able to tell her.

Survivors in recovery from substance abuse reported they had also sought assistance from the prison system, AA/NA groups, a hospital or detoxification program, and/or their sponsors.

What Was Helpful in the Help-Seeking Process

Participants in the focus groups were asked how they felt their specific domestic violence program was helping and which services and supports have been the most helpful. Survivors’ responses fell into three general categories, with some degrees of variation in levels of helpfulness. These areas included: (1) emotional support; (2) information, referrals, financial assistance and in-kind donations; and (3) legal advocacy.

Having emotional support was particularly important to all of the survivors participating in the focus groups. A large part of this emotional support was the sense of safety created by the various DV programs and advocates so that survivors felt comfortable sharing their experiences, thoughts, and emotions openly. This sense of safety was especially important for immigrant survivors, who found seeking services at culturally-specific organizations essential.

Emotional support came in the form of support groups and/or one-on-one counseling and advocacy at the various DV organizations. Many survivors felt like the support groups had saved their lives and they appreciated being able to support one another, regardless of the specific issues they confronted. Survivors claimed that the DV advocates they worked with through both the support groups and the one-on-one counseling and advocacy were incredibly supportive, non-judgmental, and understanding. Participants also found it comforting when they felt they could directly relate to the DV advocates they were working with. This would come about if they felt the advocates were also survivors of domestic violence, in recovery from substance abuse, spoke their language, or identified as LGBTQ. This made survivors more comfortable sharing their stories and talking about extremely difficult, personal feelings and experiences.

- I was in a very complicated situation, that I had no other options. I thought I had to stay in my marriage, and I began looking for [DV advocate] last week. I'm still married. Because I thought I had no other solution for what was happening, and I was seeing that this was domestic violence. [DV advocate] showed me that there are more things that can help solve my problem. And now I think I can see a light, after talking to her, and a solution for all of these problems, that now I begin to see a way out.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.
- For me I would say my counselor's the most helpful because I don't know, it's like my common sense every time I go...and the least helpful I felt was the police.

- The reason why it's helpful to me is because they welcome you with open arms. The fact is I can talk about anything and not feel threatened.

When talking with a supportive person, whether it be a friend, family member, or DV advocate, survivors reported that hearing someone else tell them they were in fact being abused and needed help was crucial in their decision to finally seek services. It was also extremely helpful if an organization had a fast intake process, making it easy for a survivor to receive emotional support right away in the form of one-on-one counseling or support groups.

- ...To be able to talk about it and not feel crazy, like I was making it up or it wasn't something that was real scary. The first people I talked to were like "Whoa, you need to go do something about that". That felt really good to hear and have witnesses too.
- For me it was like getting a sense of what's normal and breaking out of what was my normal in that relationship and seeing what other people think, how other people live and getting all the different perspectives that I could. And if a lot of them said, you know, it's kind of messed up what you're in, then I knew it was messed up and I needed to do something about it.
- But it was such a relief, you know, actually when I met with [DV advocate name] it was very, I couldn't speak two minutes, I mean the whole period of my meeting with her was full of tears, you know, I couldn't just, I couldn't control myself because I don't talk about it, but it was deeply, you know all written and being put together was really, really hurting me. So, when I met [DV advocate name] and she was um, she made me feel like she's here to listen and there is some kind of solution that is going to come from her. I had to tell right then when you touch on some of these sensitive issues, things that you been through, then it becomes really difficult to control too.
- The counseling, the therapy help you keep going, you know, every time I come here, when I go out I feel like, you know, brand new. My body and I are recharged to start again.

The second aspect of support that was helpful for survivors was a combination of information, referrals, financial assistance, and in-kind donations. The information and referrals provided by most DV organizations participating in the study allowed survivors to learn more about community resources and receive the appropriate referrals for services like outside

therapists or job training centers. In-kind donations and financial assistance came in the form of food, clothing, rent assistance, school supplies for their children, transportation vouchers, and/or gas money.

- They don't tell you what to do but they help you, they talk to you, bought me food, cleaning supplies, you know that would last me a month or so that I didn't need to worry about nothing. And then I got a sense that if I needed something I could call them probably and they would help me.
- I turned over my car which was his, my cell phone, and all the ladies that I worked with went, when I left, when I took him with me, I had everything I needed. I went and got my kids, my underwear, clothes, and everything and we walked out. I stayed at the shelter for 38 days. Which was a wonderful thing I did because I didn't have a car, they took me back and forth to work, took my kids to day care, so I didn't have any bills to pay. They have a safe. I was able to put my paychecks in the safe, not touch them, I didn't have any bills. And if you don't have clothes they'll give you clothes. School was starting, I didn't have school supplies. They gave my kids everything they needed for school.

Participants also found the legal advocacy provided by DV organizations helpful in their efforts to remain safe from their abusers. Those survivors who found the criminal justice system and law enforcement officials helpful reported that restraining/protection orders, having their abuser be taken to jail, and having well-trained and responsive police officers was effective in keeping them safe. Of the survivors who had negative experiences with the police and/or criminal justice system, several did speak positively about the support and advocacy they received from their domestic violence advocate who helped them fill out paperwork, went with them to court appearances, and provided information about the criminal justice system. This made applying for protection/restraining orders and going to court a little less stressful and overwhelming for the survivors.

- I definitely didn't find the legal system helpful at all. But I did, there was one person who was part of the like, domestic violence advocate program, who like actually helped me walk through the paperwork steps and that was really helpful because that was just like

so overwhelming and so much bureaucracy and so much baloney to deal with. So it was definitely helpful to have people who specifically had answers or methods or, but then also just like, any kind of emotional support I found helpful.

- Municipal court. They helped me get my restraining order, the protective order and they told me how to go about doing everything that I did.
- They took him to jail, so that helped.
- [The police] were very helpful, because when that happened, when I called to put him out, the same police happened to come around when the incident happened. They was like, “Didn’t we tell you not to come back around here?”

Group Differences

A few groups discussed aspects of services that were helpful to their specific groups, such as services being provided in their native language and/or working with advocates from their own culture for immigrant survivors.

- [S]ocial service [staff] was working there and they really helped me to interpret, come with me to the medical health care center and interpret for me. Show me the area around and provided a lot of other support not just shelter. Take me from one shelter to another and would come and interpret for me and help me to learn more about the city and put me to learn English too.
- That there are Latinas. That’s very important.

LGBTQ survivors especially emphasized that one of the most helpful aspects of the DV program they sought help from was that it was specific to LGBTQ survivors. Thus, the group did not feel like they had to educate or explain to people working at the organization about issues around gender and sexuality, making survivors feel much more comfortable expressing themselves fully. Survivors in recovery from substance abuse found it especially helpful that the services were free of charge and the organization welcomed women at every stage in recovery.

Barriers in the Help-Seeking Process

Survivors in all focus groups discussed a variety of personal/internal and external barriers to the help-seeking process. Survivors' most commonly cited personal barrier was that they did not recognize the abuse for what it was, especially if it only comprised of verbal abuse and did not include physical assaults. Survivors reported not realizing what was happening to them classified domestic violence until someone in their lives told them it did. Many felt the abuse was their fault, as their abusers had manipulated them into thinking it was; participants reported feeling depressed, scared, and having very low self-worth. Some survivors also explained that they had a hard time believing that their partners were capable of abuse.

- Well again, go back to the beginning. We crawl in here because we are nothing of a person. We are down really low. No self-esteem. Post-traumatic stress. Anxiety. Depression. Suicidal intent. You know, all of the above – really lost souls that come to this program.
- In my case I didn't know it was violence, you know. Because he used me, you know, to go work for him, and send all the money to his hands. And I didn't know that was abuse. I talked to [DV advocate] and she was the one who told me, you know, that was violence.
- I was in complete denial that I was being abused. I kept thinking it was my fault, my fault, I aggravated him. And consequently I kept seeking counselors to see, to work on myself, and falling into this whole steps of AA and calling my sponsor and calling fellowship members of AA and talked to programs and all this continued, and I filed for divorce back in 98, but never followed through...
- Right now I am in the middle of going through final divorce decree, I, it's very huge for me because I have feelings for my husband about what it could have been, but I became addicted to him. That's what it was. It wasn't love, it was an addiction. Yet I knew I was being mistreated, like that, I don't understand it. Maybe I'll find out more about that the more I come.

Fear was a big part of what kept many survivors from leaving, including fear that they wouldn't be believed, fear of having to start a new life alone, fear of losing their children, fear of being stigmatized in their communities, and fear of what their abusers would do if they left.

Many times their abusers had threatened to kill them if they tried to leave or had threatened to hurt people they cared about. Often survivors reported feeling dependent upon their abusers, both emotionally and financially.

- When I go to court I felt like anything I said and did, they weren't gonna believe me, they would think it was not real, that I was fabricating these things myself that were happening in my life. Like mental illness, having a nervous breakdown. I actually was apologizing to my lawyer, who's gonna believe me? They're gonna think this is not real when, you know, it's real.
- You know if you're gonna survive you're gonna have to start a new life with new people. Very hard to do, none of us are young, very hard to do. You know, I think that that's, and I've talked to [DV advocate name 2] about it, I talked to [DV advocate name] about it, and you can draw upon your own resources of what you like, but it's still again, the day that you're sitting at home and everything is quiet and when you open up that door and there is nobody there, you're saying to yourself, you know...there's something missing that you can't put in there.
- It's such a big fear: to stay and to leave. They are both so fearful.
- And he has threatened me many times, you know, he has wanted to kill me. And when I was coming here, he had my five-year old son and said that he was gonna shoot the boy in the head and then was gonna kill me if I left him.
- Fear is right there in the beginning. The fear keeps you; it stops you dead in your tracks. You have to get beyond the fear cause that's what these guys do, they put the fear into your life so much that you feel like you can't go out there and be a person.
- I was totally financially dependent on my husband, and that's ultimately what he wanted.

Survivors in all focus groups also reported several external barriers to seeking help.

Participants reported being less likely to reach out for other services if they did not have emotional support from loved ones and were blamed for the abuse by friends, family members, or their communities. Some survivors reported talking to therapists or other health professionals about the abuse who were not trained in DV issues and sided with the abuser or gave inappropriate advice.

- But what I am trying to say is that the therapist we went to was a woman and my husband is very charming and charismatic and a fairly decent good looking Italian man. He totally won her over and everything shifted to him. And she did more damage to me then. Yeah, she totally left me feeling so bad about myself ...". Yeah, so if you get the wrong therapist or the wrong help...
- For me the first family member I went to actually turned it against me and said that I was the reason, that you know was kind of like blaming me for the situation.

Several survivors reported that the criminal justice system re-victimized them by blaming them for the abuse and generally being unsupportive. Some survivors came across loopholes in the criminal justice response to DV that failed to adequately protect them, especially in regard to protection and/or restraining orders. Depending on the size of the survivor's community, sometimes protection or restraining orders did not make sense because the survivor would constantly come into contact with his/her abuser. Safety planning also had limited effectiveness in these cases, and often survivors in small communities shared friends with their abusers, making it harder to find people to turn to in times of need.

- [J]ust like trying to convince everyone to take me seriously consistently, finding all these weird nuances with the law where like basically they can only protect you after something really bad has happened and so like, trying to make sure people knew how bad that things were and it just was like exhausting and didn't ever actually feel helpful and mostly felt scary and complicated.

Some survivors were unable to access services at DV programs because they had restrictions on who was eligible for services; including, for example, survivors needing to reside in a certain county or needing to have children. This denied some survivors of services that they desperately needed to get away from the abuse.

- I had been there four times, four times, and I never once made one group after all the counseling that I had. You had to meet certain requirements, and I don't know what they were looking for, what they weren't looking for, but that upset me greatly.

Focus group participants also cited the lack of health insurance and financial difficulties as another major external barrier to accessing help. If survivors spoke a language other than English, not being able to access services in their primary language often kept them from reaching out.

Group Differences

Some groups encountered more barriers to seeking help than others, depending on their immigration status, language of preference, or their identification as men or LGBTQ. Specifically for immigrants, many of their abusers threatened their citizenship. If their abuser did not, many survivors still felt afraid of losing their citizenship or being unable to access DV services because of their citizenship status. Many immigrants, in addition to social isolation and not having friends or family nearby to turn to, did not know the areas in which they lived very well and therefore did not know where to access help. Within the Asian/Arab immigrants' focus group, survivors encountered challenges working with the court system around interpretation services, including experiencing court-appointed interpreters that were not accurately interpreting on their behalf. Participants in the Latina immigrants' focus group spoke mainly about a sense of social isolation they felt and a fear that a woman in their culture is blamed for the abuse and stigmatized by her community, family, and in-laws. Latinas also mentioned that there is a potential lack of confidentiality when seeking services, as their DV program is located within a larger community center accessed by people known to the abuser.

- I immigrated here in 2005 and suffered domestic violence. Because I did not live close to [name of area], [I was] isolated from friends and family.
- The interpreter (court appointed) actually hurt my case by not clearly relating my messages to the court. Later I learned they could object or bring that issue to court.

- [B]ecause I was married, well, I still am, I'm still going through the divorce process with an American, and he used to say that he would send my body back to [name of country] in a trash bag. I was afraid too because I didn't have my documents, and he would use that a lot. He would make me do things, which affected me a lot. He would do many other things too.
- I think that because we are immigrants the legal part is what weighs the most. I think it's the fear of us searching for help, and the fear of getting divorced. For example, my family lives here, so I need to keep my documents. I think this is the most important difference.
- [W]e don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

Many LGBTQ survivors felt like they had to educate members of the criminal justice system about issues around gender and sexuality. Participants in the men's focus group experienced high amounts of shame and fear of being seen as less of a man because of the abuse; they felt they had to hold everything together. One man also explained that it is harder to speak with friends because friendships between men are much less open than they are with women. Additionally, all three survivors in the men's group did not believe they were eligible for services as men because most DV programs only *advertise* services for women.

- I felt like I spend a lot of time, especially in the legal system, trying to convince people to take me seriously because of the gender stuff. And, like trying to explain, like using male pronouns for the person on documents but then they would be like 'but they were female'. You know, trying to explain gender to court officials and feeling like I was having to do a lot of education in places where I didn't want to.
- This was hardest part you know because like a man you got a different vision, you have to be strong, and you never have to cry. When I decide to come here at the beginning, I got a lot of doubts because you know like an immigrant and I got married with a citizen, she left me, she abused me, I thought I couldn't get help from nobody.
- It is a little bit difficult when it comes to a guy, I mean females, you know, they have friends, they easily share these things with friends, but when it's with a male, it's difficult to share with somebody if your wife is slapping you, or kicking you and you can't kick back because of certain things, it's difficult to share with anybody. So finding help takes a lot of courage, and I wouldn't be surprised that there are people, men resorting

to certain things out there, who are find it difficult to say to even there own friends and coming out.

For the older adults group, survivors cited family dynamics as a major barrier to seeking help. Some survivors had family members who were denying that the abuse is taking place or were feeling unable to discuss it. Others had family members who acknowledged the behavior but suggested to the survivor that it was acceptable or normal. Members of this group reported that their lack of access and/or inability to use technology, such as a cell phone or a computer, limited their ability to reach out for help.

- We just got a new line so we could bring a computer home. We've never had one in the house.
- I've always hated mechanical things...I was the last person to get a cell phone. My husband insisted I get it so he could get in touch with me...And then yesterday [name of cable company] finally came, I got a computer, he hooked that up and the new landline and I got a new cell phone. And I don't know how to work any of them.

Survivors in recovery from substance abuse reported histories of gang rape, incest, and experiencing domestic violence as children. Although it is likely that survivors in other groups experienced this as well, in combination with their histories of substance abuse, members of this group had many compounding factors that made seeking help for the abuse more of a challenge.

- I got turned onto alcohol when I was 22 years old, and unfortunately I'm a victim of gang rape at the age of 14. I lost my sanity, I lost everything. I married a man who physically, repetitively physically just beat me, and I thought it was all my fault the whole time I was there. I was going to a psychologist, and he left me for another woman.
- ...But I would never say in rehab that I was molested by my father because I was ashamed and so many people would be there and they knew. If they knew my family I didn't want them to judge me or my mom, 'cause me and my mom was close and she always supported me. So, I didn't want them to judge my mom, and say 'well damn,

where was your mom, why didn't she do anything?' You know, so, I was really worried about her, and now I'm not worried about her feelings. I can't worry about that.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Survivors in each of the ten focus groups were currently using a multitude of services. Most common were individual counseling, support groups, safety planning, information and referrals, legal advocacy, education, and case management. Many survivors were also receiving some type of financial assistance from their DV organization that varied in form but included: tokens for transportation, gas money, rent vouchers, and help with legal expenses. Many survivors were also connected with in-kind donations through their domestic violence programs; donations included furniture, food, clothing, and school supplies for their children.

- They help me with my furniture. I didn't have a bed to sleep on, or a kitchen table to eat on. They gave me food 'cause I wasn't working...
- They helped me financially. I got in a bind and the courts kept wanting money and the only way I saw getting out of it was my ex. You feel like that's the only person you can go to. So they were able to help me so I wouldn't have to go there again.
- For me, they have helped me with umm transportation, to bring my daughter to the doctors. They have helped me with counseling, food...and they helped me get the restraining order.

Survivors with children who were attending DV programs that offered services for children such as support groups, counseling, education, and/or child-care during support groups were utilizing these services. Some survivors also used services involving housing assistance such as shelters, transitional housing, and help applying for Section 8 housing vouchers. A few participants were also speaking to therapists or counselors outside of their DV program, attending 12-step meetings, and/or going to church.

- At [DV program name], I got therapy for myself and children. They helped me find work, and provided children's tutoring after school. Also, they provided legal services and had somebody accompany me to the court hearings.

Group Differences

Many immigrant survivors were attending English classes and receiving help with furthering their education, finding an apartment, job training, finding a job, and schools for their children. Legal services to help with issues around immigration were incredibly important to these survivors as well. A specific service mentioned in the Asian/Arab Immigrants focus group was a program referred to as "mobile advocates" offered by their DV program. This service provided program advocates or social workers that would drive long distances in order to provide accompaniment for court hearings, medical appointments, and/or counseling appointments.

Survivors in recovery reported utilizing several other support groups provided by their DV program, including women for sobriety, AA/NA, and OA (Overeaters Anonymous). Participants in this group also utilized many forms of assistance outside of the organization, including social security (SSI and/or SSDI), welfare (TANF, WIC, and/or food stamps), intensive outpatient treatment, day programs, behavioral health services, educational support, a support group for families of incarcerated individuals, career planning, vocational rehabilitation services, church, SLAA (Sex and Love Addicts Anonymous), and unemployment assistance.

Satisfaction with Current Services & Supports

Survivors presented with an overall sense of satisfaction for the services they were receiving from their respective DV programs. Several cited a sense of genuine care, love, and support they felt from the staff at the program. Participants reported multiple personal benefits

of receiving support, including: an increase in self-esteem, feeling stronger, feeling empowered, feeling that they had a voice, building supportive relationships with other survivors, learning to have a safety plan, obtaining financial assistance, and securing safe housing. Survivors appreciated that the programs were easily accessible in their communities and the way that services were coordinated throughout the community. They mentioned the importance of having DV specific services available in their community because other general social service providers do not have the training and expertise in domestic violence needed to support survivors appropriately.

- Our self-esteem is lifted. Our being is lifted. We learned a process of what we don't want in our life. We learn about boundaries – who we are going to let in and who we are going to let out.
- Gives you the strength to say 'I can do it. I can move on'.
- Well since I've been coming here, I have a lot of hope now, because at first it's like I didn't have it. I have more strength than I had.
- I would say boost my self-esteem. Cause us as African Americans, a lot of things that's going in to houses like that should be kept quiet. Now we have a voice to speak it out... whatever was in my house stayed in my house. But now they give me more feeling of 'you can tell now'.

The support groups survivors participated in made it possible for them to build relationships that helped them to feel comfortable to share their stories. It was important for survivors to have someone listen to them and be able to share with others who are going through the same thing. Many reported a change from feeling hopeless to feeling hopeful. Other positive changes reported by survivors participating in support groups included: feeling less alone and isolated, learning new skills, increased self-esteem and confidence, increased knowledge, increased feelings of safety, and improved overall quality of life. Many survivors

reported being able to leave their abusers because of the ongoing support of the group. Some were still living with their abusers but reported that their home lives had improved.

- And support group has been amazing. I was very apprehensive to start the support group because I'm not much of a talker but I turned a little bit more into a talker I guess. But just hearing other people's experiences and getting to share them has been really helpful. And I think just supportive friends that have stuck around and that have shown that they care and those relationships growing and has been also really, that's an important thing, yeah.
- I think like within the group, doing exercises and stuff like that. That's been helpful because, getting other people's perspectives too and just thinking about things that I may not have thought about bringing up. And how to handle situations in the future and with new relationships, everything else, it's been amazing. And I don't think any other counselor that I have seen could do what this group does.
- My husband has actually been better since I came here. He knows I'm not alone anymore. I told him, I said, "I'm part of a battered women's group, leave me alone".
- You know, I still live with it. I am still at home, still in the situation; but the only thing that is getting me through is looking forward to this group every single week. These are my support people. To come and be able to listen. I got so much just from hearing, you know, what others have gone through, so I don't know where I would be if it wasn't for this group. It is a Godsend.

There was also a good deal of praise for the specific DV advocates who worked with survivors, both individually and in facilitating a group. Survivors felt a genuine sense of care from their DV advocate(s) and the staff at their programs. Advocates were very helpful to them in helping them recognize their situation as domestic violence, treating them with empathy and as a friend, and creating a safe space for the survivors to talk about their experiences. Survivors felt especially comfortable if staff spoke their preferred language. One group reported they felt a sense of fellowship, freedom, dignity, and empowerment when receiving services through their DV organization.

- I find just the [name of LGBTQ abuse support organization], the one-on-ones I have with my advocate and just the information that I get sometimes. Or for me, to like, or like

he'll copy me a chapter from a book of something that we're talking about. They're just so helpful in that way. They think of every little detail.

- For me it's, um, bilingual program, you know, and then uh, my case, uh [person's name] at my therapies, she's teaching me, you know. I go to the bathroom, I see myself in the mirror, but she's teaching me see myself right in here, you know, to explore your emotions, and now I feel better because I knew something that before I didn't know about my emotions, how to control it, how, you know, it's the best part. They are teaching you to recognize yourself inside. This is the best part for me.
- Because these people are truly very special people. You know, [DV advocate name] is an incredible, she does have a gift...She has an incredible gift of being able to listen to you and actually almost become part of your thoughts. Sometimes it scares the heck out of me, and I find myself thinking for the next two or three days about what we talked about. It's like, I also look forward to getting back here again because that's my period of joy and it's my period to talk to somebody for that hour, cares about what you are feeling.
- A program like this is very necessary for us because we have no place to go. Yes, a lot of us can go to therapy, but this program knows about domestic violence, and therefore, they can give you more information than anybody else can. Because most people that have been here have walked the walk and they've done their homework on what works and how we need to change it.

Group Differences

For most of the groups, they were much more satisfied with services provided in their native language and/or by someone who understood their gender identity or culture. For the group of Brazilian immigrants, being able to speak to advocates in their own language was incredibly important; if an interpreter was present, survivors said they would feel much less comfortable sharing vulnerable information as one more person would be listening. Two members of the Hispanic/Latina focus group were able to obtain their U-Visas with the help of their DV organization, making them feel much more secure being in the U.S.

- I think it's important because a lot of us don't speak English. And even if we do when we have so many problems it's hard to stop to think and translate to their language.

- And it would be another person knowing about your problems. There shouldn't be a translator. It should be only one person that you talk to, because it's already hard to speak to one person. You know, when it's personal, about you, I don't think it would work.
- I feel more secure now that I have my papers. Because I felt like immigration would come and take me away.

The LGBTQ focus group participants explained that they were very satisfied with the services they were receiving through the specifically LGBTQ centered organization; they felt accepted at the organization and did not have to hide who they were because it was a queer-specific organization. There was a level of explaining they didn't have to do when working with an advocate who also identified as LGBTQ.

- It also makes a difference, because I attended some groups that were non-queer specific and it does make a huge difference because it helps a lot to have that in this community. Because there is a difference in judgment, because even though the advocates may not be judgmental, sometimes the participants are. So it's been very helpful to have you know, the [name of LGBTQ abuse support organization] being queer specific.
- Yeah it's nice for even people to understand that you're still being, I don't know about everyone here, but it seems like most people are still living with their abuser in their community and understanding, or having that place that understands that the queer community is super small and navigating that and having advice on how to navigate that and support around that is really important.
- Yeah there's an understanding that's kind of different to...It's just the questions can be much more specific and so you don't have to hide behind anything so you can truly be out back with the answers and then you can finally get some real answers because you're not having to pretend. You know there's just, there's no fallacy, you can just be real.
- I think speaking with advocates here, there's a level of understanding because they're gay too and maybe they've been through situations like that too. And you can't get that anywhere else. You can't get that level of understanding and openness to where you can talk about anything, literally anything, it could be sex, it could be whatever, and no straight person is gonna know about gay sex the same way as a gay person would. Or, whatever the topic is...

- Yeah that's exactly what I was going to add too...[W]hen you go to a queer-specific support network, it's like there's that layer of explaining that you don't have to do whereas out there in the real world you are constantly explaining. And also explaining how this exists in queer relationships, like that abuse does exist and it's not invisible, it looks invisible to the straight world, but yeah.

The women in recovery spoke about how they appreciated that the organization they were utilizing was gender-specific, unlike most recovery programs. For them, this meant their issues were understood and the organization brought more women into their lives for support. Similar to the LGBTQ and immigrant groups, the women in recovery also found it very helpful to be able to relate to many of the staff at their organization because they were also in recovery and/or survivors of abuse themselves.

What Survivors Would Have Done Without Current Services & Supports

Survivors had very similar responses when thinking about what they would have done if their current services and supports were unavailable. Several said they would likely be dead, would still be living with their abuser, or would have gone back to the abuser if they had left. The reason some said they would have stayed with their abuser is because they would have failed to recognize their relationships as abusive. Several stated that their mental health and well-being would be greatly compromised and they would likely be suffering from low self-esteem and depression.

- I would not be alive. I'm 100% certain about that.
- I would be away from him, but I probably would be out of my mind by now. Because it was really bad...I had a restraining order on him. Every time I heard a noise I would jump out of my skin, you know. Always looking the other way...I probably would have still been like that. I would probably be in a mental hospital by now if I didn't finally make the move to come here. So there's hope. I don't know where I'd be really.

Group Differences

For the group of Asian/Arab Immigrants, the DV program they were attending provided language and cultural access – they would not have known how to navigate the systems and advocate for themselves without the interpretation services provided by the organization and the overall expertise of the advocates. Participants in the Hispanic/Latina Immigrant focus group reported that they would have no one to turn to for help as they have no family and friends in this country.

- And we wouldn't know what to do because we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

For the LGBTQ survivors group, participants reported that their healing process would have been greatly hindered if services specific to LGBTQ survivors were unavailable; they would have been much less open when discussing their relationships and the abuse.

- I would never have found the knowledge or the outside perspective that I'd need and tell me what to do. I mean I might have done the same thing that I did but in terms of healing it would have taken way longer and if that never happened, so. Services are real important I think.
- Yeah I feel like it would have been much, much harder to go away from the situation I was in but also to manage all of the after effects and especially in community, because the both of us were in a very small queer community and so actually having a place where I could talk about like what felt complicated about talking to the police about the situation and what felt hard about both living on [location] or things, it would have been really hard to navigate all of that without the [name of LGBTQ abuse support organization], for sure.
- I think I would have like internalized it and just, if there was nobody to talk to, it just would have just internalized. So it was so necessary to be able to externalize it with this organization.

Recommendations for Change

Survivors provided quite a few recommendations for improvements to DV services and supports. Many of these recommendations stemmed from personal experiences of survivors who were unable to obtain certain services they needed. Some recommendations came less from what was missing for services and more from thoughts survivors had on how they would spend additional funding if it were available for DV programs. Recommendations primarily concerned five areas of support, including: (1) an increase in program capacity, (2) the provision of services for children who have experienced trauma, (3) the need for professional support systems, (4) education and training to various institutions and communities, and (5) increased outreach and advertising for DV services.

Increased Program Capacity

Survivors in just about all focus groups reported that they would like to see a general increase in services provided for victims of domestic violence, and specifically more individual and group counseling. Generally, survivors found their advocates simply unable to assist with all their needs due to staffing cuts and time constraints. Participants wanted programs to have an increase in capacity in order to reach out to more survivors, obtained by an increase in hours of operation, hours worked by staff, the addition of more staff, a larger program space, and more office locations. One survivor reported having to drive long distances to access services that were queer specific. The suggestion was also given for more bilingual staff, increased and improved shelters, safe houses and transitional housing.

- The program advocate was supportive but did not have enough time or leads to resources for housing needs, especially when I moved to a neighboring county.

- The program was extremely helpful but in recent years there has been a cut in staff and a cut in office space which has diminished the capacity of the program from previous years. I felt lucky to be able to access services from this program when the staff and office space was fuller.
- It would be great if the [name of LGBTQ abuse support organization] specifically could be open a little bit later. I mean because sometimes the trauma doesn't come until 9:00 at night or whatever. And we do have the 1-800 domestic violence hotline but sometimes those people have been helpful and then there's been a few times when they're not helpful. So that would be nice.
- More locations. I mean like I said I travel a long ways for this. I didn't even, you know I've seen October's big domestic violence month and you see big advertisements in the paper and all these domestic violence places but you never see this one. You never see the [name of LGBTQ abuse support organization] outside of [city name]. You know. So it's just a lot of people just don't know, in my community here, that they don't know that it's there. I try and pass out matchbooks, books of matches with the [name of LGBTQ abuse support organization] on it, tells about it and the phone number.
- Increase the hours of the people who already work here...Because all the professionals here are great. Everything you say here stays in here. Everything you need help with here, if it's help with health insurance, doctor referral...So, I mean, they are great here, I think they should give more opportunities for the ones who are already working here to increase their hours...
- [Name of DV advocate] treats us the best way she can. But she's only one person and there's a lot of clients. So if they can have more than one person that would help. The language is a barrier between us, because there's only one person and we have to wait for her. There's [name of DV advocate 2] but we have to wait for her too.

Services for Children

Several focus group participants also suggested that services be available for children who had been victims of trauma themselves or who were secondary survivors because of abuse experienced by a parent. Services for children who were victims of trauma – including support groups, counseling, and child-care during support groups – were often unavailable to participants. Survivors reported that services for children could come in the form of a child advocate and/or support groups designated specifically for children.

- They are starting to do, the [name of LGBTQ abuse support organization] is starting to have kind of a support once a month meeting for parents, so queer parents can come together. But I don't, I just haven't been able to attend that particular one. But I don't know, I just want to say that it would be nice to have some kind of child advocate in the arena of it, all this.

Professional Support

Survivors spoke of the need for a well-rounded professional support system, including medical, legal, and mental health professionals. The most common services survivors found unavailable or inaccessible were in relation to basic legal rights information, legal advice or counsel, legal representation, and/or accompaniment to legal appointments. Some survivors were satisfied with the legal advocacy and accompaniment they received from their DV programs; however, they commonly noted that those who needed formal legal representation were not able to access such assistance. One survivor who was in need of legal assistance was unable to afford a lawyer, leaving him unable to address problems with his immigration status and obtain a work permit.

- ...But you know, the pain's still here because I got two years because without job, I'm living from charity because immigration services didn't renew my work permission, and right now, I'm in immigration court by myself because the lawyer charge \$6000, \$7000, you know, I am spending two years without a job.
- Yeah...I think that they helped me a lot, but in immigration services in my case they are weak, they suggest things that never work. I think, I understand maybe I'm the minority you know...not too much people come, but same thing the immigration case is too weak. Like he told me, in my case, I'm living from charity because I can't work. I do things, you know, just to survive, but I'm living with a friend because I don't get enough money to pay a rent. I can't support my son because I don't have a work.
- Yeah, let's go one step further...if we're getting a divorce...we can't get counsel, like if I killed somebody I could get somebody to represent me but in a divorce situation if you have no money I don't think you can get anybody to represent you. Right?

One survivor suggested it would be helpful to have different types of therapy available

during different stages of the healing process. Another suggested DV programs should have an attorney and a psychologist available every day right at the organization to better meet the needs of survivors. One participant thought it would be helpful if outside providers would come to meet with survivors and their DV advocates at the agency itself; this would allow the DV advocate to intervene if necessary. Survivors who did not speak English as a preferred language found they could not access medical and legal services in their native language, some having to utilize an interpreter. Having culturally-specific networks of professionals would be particularly helpful for immigrant survivors.

- And I just find, and the traditional role of counseling, I mean I've probably been in therapy since I was 26 because I always just thought something was wrong. But I'm actually finding, I started reading about a different kind of trauma recovery that's so much more helpful. So I guess I'm just trying to say maybe different types of therapy after you're out for a while and specifically tactical therapy, you know like your body maybe revisits the trauma but then you are able to get through it in a different way.
- I would have an attorney, a psychologist, every day here.
- And while you're in there, they provide you with you know glasses and dental doctor to come in and you know...to get the doctor to provide the free service to volunteer his service to have your eyes checked.
- Yeah, I know it's bad because sometimes I go to the doctor and I need a translator. I don't feel comfortable doing that, so imagine other things. So, there some things that I don't say.

Training and Education

Survivors recommended outreach and training to the broader medical, legal, mental health, and social service community to improve their services to victims of domestic violence. Several felt there was a general need for community education around domestic violence issues, with specific attention paid to special populations such as immigrants or LGBTQ survivors. Participants in the LGBTQ survivor's group often found themselves having to educate

members of the legal system about queer issues. LGBTQ survivors felt there was an overall lack of education and understanding within the criminal justice system that greatly hinders the assistance they are able to provide to queer survivors. One woman suggested her organization do some education specifically about how self-defense does not make someone an abuser and that abuse can take many forms outside of physical violence. Education around what qualifies as abuse was discussed in several other groups as well.

- Like even have an education piece part of it. Perhaps like, well like there's [school coalition name], like if they had a guest speaker, like if the [name of LGBTQ abuse support organization] had a person on staff that did out-resourcing and out-education and talking to groups out in the arena. Like employers or hospitals. I mean I can think of a million things but yeah, that would be extremely helpful. And even to teachers, I think, hugely helpful. About what it looks like.
- I just want to say something about...and I don't even know how it looks but the difference between, I mean for me sometimes, an education of you're not an abuser if you're defending yourself. Because so many times, in my case, like the victim is blamed and they wouldn't see what she had done all the way to lead up to a situation or something. So I... guess it's just an education for domestic violence in general.
- Or that abuse doesn't look one way, you know because I didn't have a black eye doesn't mean that a bunch of crazy shit didn't happen. All the manipulation and isolation, and the like year long, two year long bouts of like intense depression because of where I was at and I had no idea why, just all that stuff leading up to it.

Increased Outreach and Advertising

Survivors in several groups recommended that organizations conduct more outreach to make survivors aware of the services they provide. The men's group encouraged more advertising specifically towards men and suggested the organization get male survivors to speak out about their own abuse as an attempt to get other men to seek help. Survivors wanted to see more advertisements from DV programs in general so that their pamphlets and information on services they provide were easier to find.

- I would say just advertising more so people know who to call and maybe having them in broader areas so you can pick up a pamphlet and everything. Because it took me going to an employee assistance program to know and also I think in other cities too, because I have friends that have gone through stuff in other areas of the country that don't have services like this and I think that would be really helpful if there was some way to branch out or interact with other organizations or governments or something like that to make it happen in other places.
- They got a lot of men outside suffering like us. I would like to do something to let them know you can help them because we can. We are getting help. There are a lot of people out there suffering, maybe killing their self because they don't know where to go. They do, like with the women advertising and something to the men's. They have to know there is a place to help them because it's horrible. I think some day I gonna try do something to try to help because I know it's awful when you have no help and you don't know where to go. I would like to let them know, they can be helped.
- In the first place, tell them about this organization and that it's here to help them, that it exists. Even though they're not from here, they're immigrants, there's a lot of help for them—more than in their own countries.

Group Differences

Some specific recommendations for improvements were provided by individual focus groups. Within the men's group, one man suggested tailoring services so that they helped to maintain an individual's sense of pride and competence. He also recommended the inclusion of religion in some way with the services provided at the DV agency.

Within the older adults' group, survivors suggested education around financial stability and job training, and the need for services that included their extended family (i.e. adult children). This group felt that people with dual diagnoses need their own services separate from the survivors without problems with addiction and chronic mental health issues

- What I find, cause I have a counseling session there too, a group session. But I found that a lot of the people in that session, a lot of the people in those safe houses, a lot of them are alcohol and drug addicts. And very few of them are...they might have abuse with them too but they have a lot of chemical problems. So when you go into, I went to this one...It's not safe...

- Yeah, it's like, ok I have all of these drugs and alcoholic people trying to get better but it's hard. They're really hard people...You don't have anything in common.
- Hence the workforce, try looking for a job. I don't know there's anything for older women to get us back in doing something that brings some money so we're not sitting here going...to a food pantry.

The LGBTQ survivors group suggested having branches in other cities and generally more locations to make services available and easier to access for a broader range of queer survivors. One survivor in this group also suggested having assistance or support for perpetrators, some place they could go to learn about relationship skills. Another survivor in this group recommended having drug and alcohol counseling available at the organization for those who needed it.

- I don't know if they actually have anything like this but I also feel like some kind of like support group for the other side, like perpetrator support, relationship skills. When I signed up for the relationship skills class, the person who I'd come here about also tried to sign up for the relationship skills class and I was like, yeah actually they need it more than I do (laughs). But they couldn't have us both in the class. So I feel like specific support, I don't know what that would look like.
- Drug abuse. I think they need something, if there's anything, because I know lots of people end up using drugs as an escape. But I didn't see where there was a lot of help. If you don't have insurance, you don't have this. Like that stuff. You know group throughout the, you know right in the [name of LGBTQ abuse support organization] where they have a substance abuse group or something like that, to be able to share that kind of using substances or using other things to cope with this stuff.

Concluding Observations

These incredibly diverse focus groups clearly demonstrate that survivors of domestic violence have a wide range of needs. Participants spoke of what is important to them in the help seeking process and both similarities and differences could be seen. 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 is 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 illustrate very clearly that many needs and ways of understanding DV survivors are culturally or issue specific. When thinking about addressing the complexity of issues and providing services to survivors, participants illustrate 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.

For more details on each of the focus groups, see Appendices D through M.

V. CONCLUSIONS

Discussion of Findings

The combination of data from survivor surveys and focus groups just reviewed provides a rich and unprecedented body of information about survivors' experiences with domestic violence (DV) programs and the process of seeking help for abuse. This discussion will focus on highlights and new information

Programs

The sample of programs included in this study, although smaller than originally projected for reasons already discussed, achieved the goal of diversity. It expanded beyond programs that were voting members of the state domestic violence coalition; six (7%) were not members at all. Just 61% were "standalone" DV and/or dual DV and sexual assault programs (only 38% were DV programs alone). Over a quarter were programs housed within larger social service or community-based organizations.

The programs ranged greatly in size, as well. They had between 1 and 70 paid staff, or 1 to 50 full-time equivalents, so both large and very small programs were included. They also were located in rural, as well as urban and suburban areas. The staff and volunteers were able to provide services in a variety of languages: 48 were represented. Looking only at paid staff, 66% of programs had some who speak Spanish, 13% had Portuguese-speaking staff, 10% had staff who speak Hindi, 10% had Russian-speaking staff, and 8% had staff who speak Vietnamese. Despite this diversity, average beginning annual salaries at these programs were low, at about \$29,000.

The sampled programs also provided a wide range of services, including two-thirds who provided emergency shelter services in addition to those that were the focus of this study. In the list of services provided to them, 14 were offered by over half of the programs. The least common service was long-term housing, but 28% provided transitional housing. Over half (59%) had support groups specialized for a particular culture or population (such as men, immigrants, children, or older adults), and 52% offered culture- or population-specific services of other kinds. This array is a reflection of programs' increasing efforts to respond to the specific needs of the survivors they serve, and to provide a more comprehensive array of supports. This also suggests that, while a broad range of programs were included in the sample, they were somewhat more likely to be organized to meet diverse needs than would be representative of all DV programs in the country, even those are also providing a wide range of services (NNEDV, 2011).

The programs also provided consistent training to new employees, and 70% reported that they had provided diversity training in the past year. Most had incorporated regular mechanisms for obtaining feedback about services and policies from survivors. Eighty-seven percent indicated they get feedback from surveys, and nearly a third (31%) included survivors on their board of directors. This indicates that the sampled programs, like many others, feel accountable to the people to whom they provide services.

These program descriptions are more consistent with those provided in the most recent National Census of programs conducted annually as "point-in-time" surveys (NNEDV, 2011) than they are of those found in the literature on program barriers (e.g. Dutton et al., 2000; Kulwicksi et al., 2010).

Survivors' Characteristics

The survivors who responded to surveys were very similar to others served by DV programs in many respects, such as age, education and current financial situation (see, e.g. Lyon, Lane and Menard, 2008). However, they were more likely to have been born outside the United States (46%) than are survivors in the average DV program. Just 69% of the surveys were completed in English, and a total of 8 languages were used in survey completion. This means that survivors' responses as a whole are not representative of all survivors served by DV programs. It also means, however, that this study was successful in accomplishing its goal of including a wider range of survivors' experiences than had been accomplished previously on this scale. The data reported here are unique in sample size for the range of survivor groups explicitly included: just 39% were White/Caucasian, nearly half were born outside the U.S., 21% reported having a disability or disabling condition, and 4% were men (not as high as hoped, but adequate for the analysis provided).

Notably, the characteristics of survivors who participated in the focus groups were similar to those who responded to the survey, although participants were somewhat more highly educated, and somewhat less likely to report that they were in financial trouble (44% vs. 51%). They were also, by design, somewhat less likely to identify as White/Caucasian (34% vs. 39%).

The Help-Seeking Process

In combination, the surveys and focus groups provide evidence of the complexity of the help-seeking process for DV survivors. The surveys, for example, indicate that 45% of survivors first heard about the program more than a year before they took the survey, but just 37%

actually came to the program in that timeframe. As with the Shelter Study (Lyon, Lane and Menard, 2008), this provides further supportive evidence that survivors may often collect information about possible sources of help before they seek formal services. Further, friends were the most common source of information, and family members were not far behind. Hispanics/Latino/as and Asian/Asian Americans were significantly more likely than others to learn about the program from friends of family members (42% and 36%, respectively). This is consistent with other literature that has found informal help-seeking to vary by cultural background, and often to be preceded by or preferred to formal help-seeking (e.g. Bui, 2003; Dutton et al., 2000; Postmus, Severson, Berry & Yoo, 2009; Runner et al., 2009). The focus groups provide further evidence of extensive informal support and information-gathering prior to approaching a DV program. The two sources also indicate that survivors initially look for help in multiple places, as they seek a resource that will provide the safety, support and understanding they need to explore changes in their lives. Although the percentages of survivors who sought help from sources other than the DV program they were currently attending were small, they also support other literature that indicates help-seeking may be complex and repeated (e.g. Cattaneo et al., 2007; Vatnar and Bjorkly, 2009).

Services Wanted and Received

The survey data on the specific types of services survivors wanted make it clear that many come to DV programs with a wide range of needs. On average, survivors indicated that they wanted 21 different types of help. Information and support were at the top of the list, followed closely by safety, and these are the types of services DV programs have emphasized traditionally. Half also wanted help staying in their relationship safely. Survivors who were

confronting other issues in addition to DV, such as recent immigration, a disability, economic difficulties, and others, reported more needs from programs.

Factor analysis found that the specific needs could be meaningfully grouped into 11 different factors. In addition to information and safety, legal advocacy, child-related support, economic/financial support, victimization-related support, family-related support, and physical/mental health support were all wanted by over half of survivors (51% was the least common on this list). These were the 8 groups of needs (factors) that were most commonly desired. These groupings over all (criminal-legal support, immigration-related support and vulnerability-related support were the remaining 3 factors) share features with clusters of needs identified in previous research (e.g. Allen et al., 2005).

These patterns of identified needs were echoed by the responses of survivors who participated in focus groups. They spoke eloquently about the challenges they face in dealing not only with domestic violence, but difficulties in navigating immigration-related vulnerabilities, explaining to courts and other systems about abuse as a man or someone who identifies as LGBTQ, or dealing with adult children or new technology as an older person. While some also noted that the program had helped them to end their relationship, others observed that they had been helped to stay in their relationship with greater safety than before.

Together, the survey and focus group data provide compelling evidence of the variety and complexity of the services and supports survivors seek from DV programs. They are consistent with other literature, drawn from a variety of sources, that addresses these issues, and argues for the importance of comprehensive services (see, e.g., Allen et al., 2004; Cattaneo et al., 2007; Goodman et al., 2009; Macy et al., 2009; Trotter and Allen, 2009).

Economic supports, in particular, have been identified as particularly important for DV survivors in recent literature. Adams, Sullivan, Bybee, & Greeson, (2008) provide a compelling review with their presentation of their new scale to measure economic abuse. Others have emphasized the importance of economic status in understanding survivors' responses to the abuse they experience, and the related importance of DV programs' basic resources and financial supports (e.g. Adams et al., 2008; Brown et al., 2009; Cattaneo and DeLoveh, 2008; Goodman, Bennett and Dutton, 1999; Goodman, Smyth, Borges, & Singer, 2009; Postmus et al., 2009; Renzetti, 2009).

Of the list of 54 items that survivors could indicate they wanted help with, 14 (26%) showed that 15% or more of the survivors who wanted that help felt they had not received any at all. Eight of those 14 were clearly related to economic needs, such as help getting housing, help with rent/utilities, financial matters, cash assistance/vouchers, transportation, and a job or job training. Others were less commonly requested types of help, such as keeping pets safe, learning to drive, and help contacting family far away. However, this list of 14, along with other items, reflects not only the complexities of survivors' lives and choices, but the difficulties of providing the array of needed support when the national economy limits available resources. Again, survivors' responses in the focus groups give voice to the challenges behind the numbers.

Satisfaction with Program Staff and Services

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

across other aspects of survivor identity. There were also no significant differences between programs that received FVPSA funding and those that did not, and between programs identified as culturally-specific and those not so identified. In light of a growing literature that documents the importance of culturally-specific services (e.g. Bui, 2003; Edelson et al., 2007; Gillum, 2008; Huisman, 1996; Lee, 2007; Lee and Hadeed, 2009; Dutton et al., 2000; Runner et al., 2009; Taft et al., 2009; Vidales, 2010; Yoshioka et al., 2003), this lack of differences might seem surprising. However, program data indicated substantial annual efforts at diversity training; perhaps these efforts contribute to equivalent reports of staff respect for differences. Nonetheless, this issue warrants further study.

Again, focus group participants provided eloquent testimony about the positive aspects of the programs in which they participated. In many cases, they were able to provide contrasting evidence of the importance of services and staff that were compatible and knowledgeable—culturally and/or with regard to their specific issue(s) or identity(ies).

Survivors' Outcomes

Survivors also reported in both the surveys and focus groups extensive personal changes that they attributed to the services they had received from the programs. They had obtained more information about domestic violence, safety and resources, and felt more confident and hopeful, but hope and safety were at the top of the list. Here, survivors who participated in culturally-specific programs offered higher ratings than other survivors on two of the nine items: feeling more hopeful and more confident in decision-making. The focus group participants' responses to questions about changes and what they would have done if the

program did not exist provided further poignant testimony to the importance of these programs (cf. Lyon et al., 2008).

The primacy of increased hopefulness is an important outcome. It led the list in the shelter study, as well (Lyon et al., 2008), and is certainly important on its face. However, it is perhaps most important because of its role in recovery from traumatic experiences, such as domestic violence. A recent report on treatment practice (APA/AACP, 2011) cited an earlier consensus statement on mental health recovery (SAMHSA, 2006) that stated that of the 10 components of recovery, “hope is the catalyst” for the others and the process as a whole. Again, these issues need to be pursued further in the DV program context.

Being born in the U.S. or outside of the U.S.: Differential Findings

The comparisons between survivors born in the U.S. and those born elsewhere are among the particular contributions made by this study. Since survivors born outside the U.S. are likely overrepresented in the survey sample, these comparisons are important for that reason, as well as for implications for policy and programming.

In fact, however, the similarities between these two groups are most notable; differences are summarized here. The U.S. born survivors were somewhat younger, but had received significantly more years of schooling. 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, or to report attending other programs. 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. Notably, the definition of legal advocacy services explicitly included legal help with immigration issues.

The results from the detailed list of 54 potential services wanted also showed similar results. The top 10 items for the two groups was virtually identical. However, those born outside the U.S. report 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. are 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. Overall, although survivors born outside the U.S. averaged about 3 more desired services than those born in the U.S., those differences disappeared when differences in age and education were controlled.

Survivors born outside the U.S. were more likely to come to the DV program more quickly for help once they heard about it, and not to seek support from other sources, in part because they were more likely to go to a culturally-specific program where advocates shared their backgrounds, spoke their language, and were well-informed about the specific resources the survivors would need. These were all cited as critical features of helpful programs by participants in the Hispanic/Latina, Brazilian, and Asian/Arab immigrant focus groups. Finally, surveys found that outcomes ratings were higher for survivors born outside the U.S.

(although they were high for both groups) on four items that addressed improved confidence, hope, and efficacy. In light of the dramatic differences found among survivors who identified as Hispanic/Latino/as in the Shelter Study (Lyon, et al., 2008), the comparison of those who completed surveys in Spanish with those who completed it in English was eagerly anticipated. In this study, however, few differences between these two groups were found.

Differences Based on Race/Ethnicity

Several differences were found across survivors' race/ethnicity, looking at the four primary groups (African Americans, Asian/Asian Americans, Hispanic/Latino/as, and White/Caucasians). Many of these differences were related to location of birth, since 95% of Asian/Asian Americans and 89% of Hispanic/Latino/as were born outside the U.S. However, there were striking differences between the two groups of survivors born outside the U.S. For example, while the Hispanic/Latino/as (and White/Caucasians) were most likely to report financial difficulties, and to be in worse financial straits than they were two years previously, the Asian/Asian Americans were the most likely of the four groups to report relative ease in paying bills and an improvement in their financial situation over the past two years. Hispanic/Latino/as reported the least educational attainment, and the Asian/Asian Americans had the most. Hispanic/Latino/as and Asian/Asian Americans, however, were similar in being more likely than the others to have first come to the DV program more than a year previously, and to have come more than 20 times.

There were differences across groups in identified needs, as might be expected. Hispanic/Latino/as were more likely than others to want a variety of kinds of information, safety from the abusive person in their life, legal rights, help staying in the community safely,

health care for themselves, and help for the person who had hurt them. Perhaps most notable differences were found across groups in the factors immigration-related needs (much higher for both Hispanic/Latino/as and Asian/Asian Americans) and child-related needs (highest for Latino/as, followed in order by African Americans, White/Caucasians, and Asian/Asian Americans). This finding is consistent with findings that issues related to children are important to survivors, and especially Latinas (e.g. Kelly, 2009; Letourneau, Fedick & Willms, 2007; Meyer, 2010; Rhodes et al., 2010). Although there were significant differences across race/ethnicity on 3 of the 9 outcomes (being hopeful, confidence in decision making, and doing more desired things), with Asian/Asian Americans slightly less positive on all 3, the percentage differences were small.

Differences Based on Urban/Suburban and Rural Residence

Little data has been collected that focuses on survivors' experiences in rural areas. While this study's measure of "rural" was imperfect, the comparison between programs that serve all or nearly all rural survivors and those that serve no rural survivors was useful. Survivors from rural programs were younger, 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, child protective services or TANF/welfare, while survivors from urban/suburban programs were more likely to hear about the program from the DV program, 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.

Male Respondents: Differential Findings

Although 60 survey respondents (over 4%) of respondents were male, half of them were under the age of 18; nearly all of these were participants in a teen domestic violence prevention group, as were a majority of the teen females in the sample. Because of this, gender comparisons were provided for teens, and basic data were provided for adult males because the sample sizes were too discrepant to permit meaningful comparative analysis. Comparisons of teens revealed few differences, and none that were meaningful for program or policy considerations. The men were quite similar in virtually all respects, however.

The men's focus group, while small, provided eloquent supplementary information. Participants were quite articulate about the challenges they had faced as men: finding services, dealing with their fears and shame in admitting they had been abused, and obtaining the legal and other resources they needed to move on with their lives. While they were pleased with the support they had ultimately received from the DV program, they all advocated for more services for men, and for more publicity about the services that do exist.

Although the survey and focus group data on men are limited, they are consistent with the limited available literature. That literature suggests that needs among male and female survivors are quite similar (Hines et al., 2007); it also supports the results found in the focus group about shame and difficulty finding services when they appear to have been designed for women (Cheung et al., 2009; Tsui et al., 2010).

Program Size & Survivor Experiences

Finally, analysis of differences in survivors' experiences across program size were illuminating, as well. Apart from the Shelter Study (Lyon, Lane and Menard, 2008), such findings have rarely been reported. One might make the assumption that the smallest programs, with the fewest staff and other resources, therefore provide the least help and contribute least to helpful change for survivors. The Shelter Study found that not to be the case, and it appears to be true for this study, as well.

First, it should be clear that 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, since urban programs, as we have just seen, 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. Of the list of 54 specific types of services, differences in the percentage of survivors who reported they had received *all* of the services they wanted were found for 11. Survivors from the smallest programs were often more likely than the rest to get all the help they wanted. The primary exception was in help with immigration issues. In contrast, the largest programs often had the lowest percentage of

survivors reporting they had received all the help they wanted (although they were substantially higher in their rating of immigration services). The reasons for these findings are no doubt complicated, remain unclear, and are certainly worth further exploration.

Implications for Policy & Practice

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 received services and supports from programs, but were not residing in shelter at the time of the study (and had not been during the previous six months). They 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. As many focus group survivors attested, the programs can often be life-saving, and not only in the physical sense.

The results also show the importance of culturally-specific programming. This was especially true for survivors who were born outside the U.S. and/or experienced language barriers, but clearly not for them alone. In many instances, specific needs differed across groups, and are critical to address. Immigration-related services are vital for those who need them, and should be available across programs. The focus groups also make it clear that cultural and issue similarity, skills, knowledge and understanding are critical for many groups, including older adults, men, people from different countries, people who identify as LGBTQ, and people with marginalized racial/ethnic identities. Without these skills among program staff,

survivors in focus groups reported they often did not feel safe enough to obtain the help they needed to make the changes they wanted. This study expanded on findings from others in these regards.

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. For survivors to be able to consider independence and self-sufficiency as among their options, economic support and viability are essential. For survivors who want to remain in their relationship, but more safely, job and other economic/financial skills can shift relationship dynamics in a positive direction. 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, Hispanics/Latino/as who were born outside the U.S. Well over half of survivors wanted at least one type of help related to their children. Of these, counseling led the list. Many programs offer specialize 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 specified “mental health issues” among their needs. A majority also wanted help with issues related to previous or other abuse. Although help with substance abuse issues was identified as a need at lower rates, it is clearly a common and difficult challenge, as seen in the recovery focus group. Other groups commonly noted powerful emotional issues as challenges. 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.

Although the sample was not large, the study's findings about male survivors in the survey and focus group were clear: services for men should continue to be offered. Perhaps as important, programs need to more clearly communicate that their services are for abused men as well as abused women. 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.

DV programs are being confronted with increasingly complex issues in trying to help address survivors' needs. They need the resources, such as funding for expanded programming and livable salaries for staff, to be able to continue to do so effectively. The study makes it clear that the lives and well-being of survivors and their children from across the country are at stake.

Implications for Further Research

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. In this context especially, the findings are remarkable. They do suggest issues and considerations for further research in this area, however.

First, research that involves extensive involvement of DV program staff should provide more economic support to those programs. In some cases this would enable more programs to participate. Program incentives, such as the lottery strategy implemented late in this study, should be considered as ways to sustain program involvements over extended periods of data collection.

A limitation of the study was its recruitment of survivors who had had at least two in-person contacts with the program. While this was done in order to obtain better outcome information, it did eliminate from the sample survivors who came to the program one time and left dissatisfied. Studies that have the resources for data collection at multiple time-points, or that can involve a larger number of sites with sufficient oversight to ensure a larger sample would be well-advised, in order to learn more about survivors' range of experiences.

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 and survivors who identify as LGBTQ, deserve further study, so that their particular needs can be better understood and addressed.

Although there were concerns among some advisors and survivors that the survey was longer than it should have been, it nonetheless was used effectively by survivors from a wide

variety of educational and language backgrounds, and provided valuable contextual data about help-seeking and survivors' circumstances that had not been available before. These efforts to contextualize data should continue, although they could focus more on particular issues. In addition, other efforts to reduce the number of survey items could be made, such as shortening the list of services, while maintaining the strongest from each of the essential factors.

It should be clear that the combination of survey and focus group data, the "mixed method" approach undertaken here, 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. In addition, efforts to draw qualitative data—perhaps through in-depth interviews instead of focus groups—from sub-samples drawn from the quantitative data would enhance the complementarity of findings.

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 some 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.

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Appendix A: Program Feedback Form

Program Code: _____

State Code: _____

Domestic Violence Non-Residential Services and Supports Study Program Feedback Form

Directions: Please answer the following questions related to services you are currently receiving from this program because you were hurt by a family member (we call that “domestic violence”). There are no right or wrong answers. We would like to hear what your experiences have been like. Please complete this survey right away. When you have finished, please put this survey in the stamped, addressed envelope you were given, seal it, and then put it in the place the advocate showed you, or in a mail box.

Thank you for your help. Your answers to these questions will help to improve the program.

1. When did you first hear about this program? (*please check only one*)

- | | |
|--|---|
| ☐ less than a month ago | ☐ between 1 month and 6 months ago |
| ☐ between 6 months and a year ago | ☐ more than a year ago |

2. Where did you first hear about this program? (*please check all that apply*)

- | | | |
|---|--|--|
| ☐ telephone book | ☐ information line (e.g. 211 Info. Line) | ☐ people at court |
| ☐ family member | ☐ people from my religious/spiritual community | ☐ health care provider |
| ☐ police | ☐ child protective services staff | ☐ TANF (welfare) staff |
| ☐ friend(s) | ☐ social service agency staff, incl. homeless shelter | ☐ flyer/brochure/poster |
| ☐ on the internet | ☐ mental health counselor/therapist | |
| ☐ domestic violence (DV) staff/volunteer; including other DV program | | |
| ☐ other (where?): _____ | | |

3. When did you first come to this program? (*please check only one*)

- | | |
|--|---|
| ☐ less than a month ago | ☐ between 1 month and 6 months ago |
| ☐ between 6 months and a year ago | ☐ more than a year ago |

4. How many times have you been to this program since that first time? (*please check only one*)

- ☐ 2 ☐ 3 – 6 ☐ 7 – 10 ☐ 11 – 20 ☐ more than 20

5. People might need different kinds of help at different times, so they might come back to a program after they have been there before. Sometimes people go to different programs for different kinds of help. Please put an **X** in each box on the next page that describes the kind of help you have received, and where (at this program or another) and when (this year or before this year) you received it. Since you are here now, you should have *at least* one **X** in one of the boxes on the next page.

Shelter = includes a short-term living place in response to an immediate crisis of domestic violence, a sponsored hotel or motel room, or a safe home where you can stay for a short time.

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled regularly. 1 or 2 people who work or volunteer at the domestic violence program generally lead the discussion or provide information, but sometimes group members may take turns leading.

Support services = help or support provided by someone who works or volunteers at the domestic violence program. This includes providing information and emotional support, helping you get other services and resources, going with you to important appointments or meetings, and helping you think about your choices and options, among other things.

Counseling = talking with someone from the domestic violence program (counselor) about your experiences with being hurt and its impact on you and/or your children, including your feelings and choices, and developing ways to improve your safety and well-being. You usually meet with

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a counselor alone, or with other members of your family. The meetings are often scheduled, and may take place over a period of weeks, months, or longer.

Legal advocacy = help or support related to criminal or civil legal matters. Examples include help getting a protective or restraining order, or with arrest-related concerns, immigration issues, child custody and visitation issues, and other matters that involve the court system.

	This Program:		Another Program:	
	Within Past Year	More than a Year Ago	Within Past Year	More Than A Year Ago
Shelter				
Support group				
Support services				
Counseling				
Legal advocacy				

6. What was the first kind of help you received from this program? (*please check all that apply*)
 ___ shelter ___ support group ___ support services ___ counseling ___ legal advocacy
 ___ other (*specify*): _____

These next questions refer to your recent contact with this program – the services and support you’re receiving now and have received in the past year.

7. Who was the person(s) hurting you, for which you sought help from this program? (*please check all that apply*)
 ___ partner ___ ex-partner ___ adult children ___ in-laws ___ other (*specify*): _____

8. Are you now participating in a **support group** from this program?

___ No [go to Q.9] ___ Yes [please answer questions a & b]:

- a. About how many support group meetings have you attended in the past year? (*please check only one*)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

- b. Based on your experience so far, how would you rate your experience with the support group? (**circle the number** that best describes your experience—from very helpful to not helpful at all)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

9. Are you now getting some kinds of **support services** from this program?

___ No [go to Q.10] ___ Yes [please answer questions a & b]:

- a. About how many contacts have you had with program staff for **support services** in the past year? (*check only one*)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

- b. Based on your experience so far, how would you rate your experience with the **support services**? (**circle the number** that best describes your experience—from very helpful to not helpful at all)

Very helpful Not helpful
 5 4 3 2 1

Comments: _____

10. Are you now getting **counseling** from this program?

___ No [go to Q.11] ___ Yes [please answer questions a & b]:

a. About how many meetings have you had with a **counselor** in the past year? (please check only one)

___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

b. Based on your experience so far, how would you rate your experience with counseling? (**circle the number that best describes your experience—from very helpful to not helpful at all**)

Very helpful
5 4 3 2 1
Not helpful

Comments: _____

11. Are you now getting **legal advocacy** from this program?

___ No [go to Q.12] ___ Yes [please answer questions a & b]:

a. About how many meetings have you had with a legal advocate from this program in the past year? (check only one): ___ One ___ Two ___ 3 – 6 ___ 7-10 ___ More than 10

b. Based on your experience so far, how would you rate your experience with legal advocacy? (**circle the number that best describes your experience—from very helpful to not helpful at all**)

Very helpful
5 4 3 2 1
Not helpful

Comments: _____

12. Please circle the number that best reflects your agreement or disagreement with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Doesn't Apply
Program staff treated me with respect.	1	2	3	4	0
Program staff were caring and supportive.	1	2	3	4	0
Program staff spent enough time talking about my safety.	1	2	3	4	0
Over all, my religious/spiritual beliefs were respected.	1	2	3	4	0
Over all, my sexual orientation was respected.	1	2	3	4	0
Over all, my racial/ethnic background(s) were respected.	1	2	3	4	0
Program staff helped address any needs related to my disability.	1	2	3	4	0
Program staff helped address any needs related to my being a young person (under age 18).	1	2	3	4	0
Program staff helped address any needs related to my advancing age (age 61 or older).	1	2	3	4	0

13. People come to our program for different types of help. The following list describes different types of help and support you may have wanted, and may have received from someone in this program. Every person wants and needs different things, so there are no “right” answers. Please rate **each** of the items on the list according to the help staff or volunteers tried to provide, using **the number from the box below** that describes your experience **during this past year**. Put the number on the line next to each type of help or support.

3 = I got <u>all</u> of the help of this kind that I wanted	1 = I wanted this kind of help, but I <u>didn't</u> get any
2 = I got <u>some</u> of the help of this kind that I wanted	0 = <u>Doesn't apply</u> to me— I didn't want or need this

- | | |
|--|--|
| ☐ talking to someone who understands my situation | ☐ help with a protective or restraining order |
| ☐ help being safe from the person abusing me | ☐ information about my legal rights and options |
| ☐ help staying in my relationship safely | ☐ help with access to legal services |
| ☐ information about counseling options | ☐ help dealing with my arrest |
| ☐ support to make decisions and changes in my life | ☐ help dealing with my abuser's arrest |
| ☐ someone to go with me to get help | ☐ help <u>supporting</u> the court case against the person who hurt me (or help getting <i>the system</i> to bring a court case against the person who hurt me) |
| ☐ learning more about why/how domestic violence happens | ☐ help <u>stopping</u> the court case against the person who hurt me |
| ☐ finding out who to call or where to get help | ☐ help with health care for myself |
| ☐ hearing what other people have done in similar situations | ☐ help with reproductive/women's health issues |
| ☐ help staying in my community safely | ☐ help with medical benefits (e.g. Medicaid) |
| ☐ help ending my relationship | ☐ help with mental health services |
| ☐ help maintaining safe visitation with my children | ☐ help with substance abuse services |
| ☐ help related to custody of my children | ☐ help with contacting family who are far away (e.g., getting telephone cards, using email) |
| ☐ help with child care | ☐ help with government benefits (e.g. welfare/ TANF, food stamps, social security, SSI, SSD, others) |
| ☐ help with child protection hearings or requirements | ☐ help with cash assistance / vouchers |
| ☐ help with child support | ☐ help with financial matters, such as budgeting |
| ☐ help with other benefits for my children | ☐ help getting housing |
| ☐ help with health care for my children | ☐ help paying rent/utilities bills |
| ☐ help with counseling for my children | ☐ help with transportation |
| ☐ help with children related to their abuse | ☐ help learning to drive |
| ☐ help for the person who hurt me | ☐ help learning English |
| ☐ help with grief related to family losses | ☐ help with translation / interpretation |
| ☐ help with safety for my family members | ☐ help with a job or job training |
| ☐ help meeting needs related to my disability | ☐ help with benefits as a refugee |
| ☐ help meeting needs related to my child's disability | ☐ help with immigration issues (e.g. visa, work permit, others) |
| ☐ help keeping my pets safe | ☐ help understanding my rights & options related to my residency/immigration status |
| ☐ help with previous or other forms of abuse | |
| ☐ help with issues related to unwanted sex | |

14. **Because of the various help I have received from this program so far, I feel...** (complete this sentence by reading each phrase below; then check either yes or no if the sentence you read describes how you feel).

	Yes	No
I know more ways to plan for my safety.	___	___
I know more about community resources.	___	___
I know more about my rights and options.	___	___
that I will achieve the goals I set for myself.	___	___
more hopeful about the future.	___	___
more comfortable asking for help.	___	___
I get more support from family & friends	___	___
more confident in making decisions.	___	___
like I can do more things I want to do.	___	___

15. Please describe **any other help or support** you have received from this program this year:

16. Please describe any other help or support you **wanted but didn't get** from this program this year:

We ask these final questions to understand better how services and supports are being used by different people. But please feel free to skip any questions you do not want to answer.

17. What is your race/ethnicity? (Please check only one)

☐ African American/Black ☐ Native Hawaiian/Pacific Islander ☐ White / Caucasian
☐ African ☐ Native American / Alaska Native ☐ Other (specify): _____
☐ Asian/Asian American ☐ Middle Eastern _____
☐ Hispanic/Latino-a ☐ Multi-racial _____

If there is a particular ethnic background or identity that is important to you, please identify: _____

18. How old are you? (Please check only one)

☐ 17 or younger ☐ 18 – 20 ☐ 21 - 30 ☐ 31 – 40 ☐ 41 – 50 ☐ 51 - 60 ☐ 61-70 ☐ Over 70

19. How would you describe your sexual orientation? (please check only one)

☐ Heterosexual/Straight ☐ Lesbian/Gay ☐ Bisexual ☐ Other _____

20. What is the highest level of education you have so far? (please check only one)

☐ 8th grade or less ☐ High school graduate or GED ☐ College graduate
☐ 9th – 11th grade ☐ Some college ☐ Advanced degree

21. What is your gender?

☐ Female ☐ Male ☐ Transgender

22. What best describes how long you and your family has been in the United States (U.S.)? (please check only one)

☐ I came to the U.S. from another country, and...

...I am a ☐ refugee ☐ immigrant ☐ other: _____

☐ At least one of my parents came to the U.S. from another country

☐ At least one of my grandparents came to the U.S. from another country

☐ My ancestors were here before my grandparents were born

23. How well do you speak English? (please check only one)

☐ Very well ☐ Well ☐ Okay ☐ Not well ☐ Not at all (only know a few words)

24. What language do you prefer to speak? _____

25. How would you describe your current financial situation? (please check only one)

☐ I do not worry about paying for things I want and need

☐ I can easily pay my bills, but need to be careful

☐ I can pay my regular bills, but a big expense would cause a hardship

☐ I have trouble paying regular bills

☐ I simply can't pay my bills

26. How would you describe your financial situation now, compared to two years ago? (**circle the number that best describes your situation—from much better to much worse**)

Much better

Much worse

5 4 3 2 1

27. Do you consider yourself to have a disability or disabling conditions?

☐ No [go to Q.28] ☐ Yes [please answer questions a & b]

a. In what ways did this program make accommodations to meet any specific needs you have: _____

b. What needs related to your disability/disabling conditions, if any, were not met by this program: _____

28. Please tell us anything else you think we should know about your experience at this program: _____

Thank you very much!

Appendix B: Program Information Form

Program Code: _____

State Code: _____

Domestic Violence Non-Residential Services & Supports Study Program Information Form

Directions: The following questions pertain to your domestic violence (DV) program only. If your agency provides a variety of services & supports, please note that on this form we are only looking for information specific to your domestic violence program, not the entire agency. In addition, most of the questions ask about “non-residential” supports and services, meaning they are available to survivors of DV who are not staying in your emergency shelter, safe home, or transitional housing program (if you have one).

Section A: DV Program Staffing

1. How many paid staff members work in your domestic violence program?

Total # of staff: _____

Total # of Full-Time Equivalents (FTEs): _____

2. Please provide the following information about your paid staff in the columns below. Put the number of staff in the space. Each column should total the number of **staff** written above.

Age	Race/Ethnicity	Gender
Up to 20 _____	African American/Black _____	Female _____
21 – 30 _____	African _____	Male _____
31 – 40 _____	Asian/Asian American _____	Transgender _____
41 – 50 _____	Hispanic/Latino-a _____	Unknown _____
51 - 60 _____	Caucasian _____	TOTAL: _____
61 - 70 _____	Native Hawaiian /Pacific Islander _____	
Over 70 _____	Native American/Alaska Native _____	
Unknown _____	Middle Eastern _____	
TOTAL: _____	Multi-racial _____	
	Other(specify): _____	
	Unknown _____	
	TOTAL: _____	

3. On average, how many volunteers assist in your program at least once per month? _____

4. In what languages are your staff and volunteers able to provide support and services?

# of Staff	# of Volunteers	Language	# of Staff	# of Volunteers	Language
_____	_____	American Sign Language	_____	_____	Polish
_____	_____	Arabic	_____	_____	Portuguese
_____	_____	Cambodian/Khmer	_____	_____	Russian
_____	_____	Cantonese	_____	_____	Somali
_____	_____	English	_____	_____	Spanish
_____	_____	French	_____	_____	Tagalog
_____	_____	Haitian Creole	_____	_____	Vietnamese
_____	_____	Hindi	_____	_____	Other (specify): _____
_____	_____	Japanese	_____	_____	_____
_____	_____	Korean	_____	_____	_____
_____	_____	Mandarin	_____	_____	_____

5. What is the average starting salary of a full-time, salaried (not hourly) DV employee who works directly with survivors as an advocate, a counselor, or in another role (not supervisory)?

Section B: DV Program Description & Funding

6. How many years has your DV program been in existence? _____ years

7. Please indicate the category that best describes your agency or organization (*check only one; if your DV program fits in more than one of these, please check "other" and describe*):

☐	DV organization (stand alone)
☐	Dual DV and sexual violence organization
☐	Dual DV and homeless shelter
☐	Crime victim service organization
☐	DV program housed within a social service agency
☐	DV program housed within a religious or faith-based organization
☐	DV program as part of a community-based organization, including a cultural and/or civic organization
☐	Other (<i>please describe</i>): _____

- 7a. Is your program on or adjacent to tribal land (TL)? ____ Yes: on TL ____ Yes: adjacent to TL ____ No

8. Is your program a member of your State coalition against domestic violence?

____ Yes: voting member ____ Yes: non-voting member ____ No

If No: Why is your program not a member of your State's domestic violence coalition?

____ We are not familiar with the coalition in our state.

____ Other reason(s) – (please specify): _____

9. We would like to know all sources of funding for your DV program and what percentage each source contributes to your overall program budget.

Do you receive funding from this source?	Yes	No	Not sure	% of program budget contributed by this source:
Family Violence Prevention and Services Program (FVPSA): Federal—usually through a state agency or the state coalition				
Other Federal: Victims of Crime Act (VOCA)				
Other Federal: Violence Against Women Act (VAWA, e.g. Grants to Encourage Arrest, Legal Assistance to Victims, Rural Grants, etc.)				
BYRNE Grants				
State Government (e.g. general fund, marriage license, other)				
Local Government (specify): _____				
Other (specify): _____				

10. What is your program's annual budget? Remember, if you are part of a larger agency, please include only the budget for DV services. (*Please check one.*)

	Less than \$75,000		\$500,000 - \$999,999
	\$75,000 - \$149,999		\$1,000,000 or more
	\$150,000 - \$349,999		Don't Know
	\$350,000 - \$499,999		

Section C: DV Program Services & Supports

Please use the following definitions of services & supports when answering the next series of questions. "Non-residential services" are provided to individuals who are not currently in a shelter as defined below.

Shelter = "emergency shelter" includes short-term living space in response to an immediate crisis, including in a DV shelter facility, sponsored hotel/motel rooms, and safe homes. "Transitional housing" includes temporary housing designed for a mid-length period of time (e.g. up to 24 months) while helping residents transition into permanent living arrangements.

Support group = discussion and support provided to a group of people in a series of group meetings that are usually scheduled. Typically 1 or 2 people facilitate the meeting although in some groups participants may take turns serving as facilitators.

Support services = a variety of kinds of help or support provided by staff or volunteers at the DV program. This includes providing information and emotional support, making referrals, helping survivors get other services and resources (sometime involving negotiating with outside agencies and demanding changes in procedures and policies, which is often referred to as "advocacy"), going with survivors to important appointments or meetings, and helping them think about choices and options, among other activities.

Counseling = talking with survivors about their experiences with DV and/or other abuse and its impact on them and/or their children, including their feelings and choices, and developing strategies to enhance their safety and well-being. Although it may occur in groups, "counseling" in this study refers to individual or family sessions, is often scheduled, and may be ongoing.

11. In the last reporting year, how many individuals (unduplicated) received the following:

Emergency Shelter		Non-Residential Services & Supports	
Female Adults		Female Adults	
Male Adults		Male Adults	
Transgender Adults		Transgender Adults	
Adult (gender unknown)		Adult (gender unknown)	
Children/youth under 18		Children/youth under 18	
Total # Receiving Shelter:		Total # Receiving Non-Residential:	
Not Applicable/ No Shelter Services			

12. Approximately what % of the people to whom you provide non-residential services & supports come from each of the following communities/areas? (*percentages should total 100%*)

_____ % rural _____ % urban _____ % suburban

13. Thinking only about non-residential services & supports provided by your DV program, do you provide any **support groups** that are specialized for a particular population or issue (e.g., people of a specific cultural or ethnic background; people who are older adults; people with disabilities; people who self-identify as LGBTQ; people with a specific issue such as substance abuse, etc.)?

_____ Yes _____ No

If yes, please describe: _____

14. Other than support groups, do your non-residential DV services & supports include any other *specialized* activities for a particular population of survivors (*same examples as above*)?

_____ Yes _____ No

If yes, please describe: _____

15. Is the building where your non-residential DV services are offered accessible to people with disabilities? (e.g. ramp into building, doorways and hallways wide enough to accommodate wheelchair, accessible bathroom stalls and sinks, accessible desks or meeting areas, etc.).

_____ Fully accessible _____ Some accessible features _____ Not at all accessible

16. Has your DV program implemented any additional accommodations in order to make services and supports more accessible to survivors who might have specific needs:

Specific Needs: ***Please describe accommodations provided:***

Physical disability	
Cognitive disability	
Blind /visual impairment	
Deaf /hearing impairment	
Special health needs	
Mental health disability	
Older adults/elderly	
Limited literacy	
Limited English proficiency	
Other (specify): _____	

17. We would like to know about the types of services & supports offered by your DV program. We recognize that these services will vary greatly depending upon program size and other resources within your community. We ask that you identify what services you provide directly (*not* through referral) as part of your DV program; what services are available elsewhere in your community to which you refer survivors, and what services are not available in your community. Please complete the grid by putting an **X** in a box to the right of each type of service or support.

[illegible]

Section D: DV Program Staff Development & Diversity

18. Does your program offer structured orientation or initial training to new staff and volunteers?

____ Yes ____ No

If yes: How many hours is the training? ____ ≤ 10 ____ 11 – 25 ____ 26 – 40 ____ Over 40

19. Has your program offered diversity training to staff in the past year?

____ Yes—once ____ Yes—twice ____ Yes—more than twice ____ No

20. What are the most common services or supports that survivors ask for, that your program does not have the funding or other resources to provide?

21. Beyond making referrals, what does your program do to assist survivors who have additional needs, such as limited English proficiency, survivors with immigration issues, and survivors with disabilities? Budget and staffing may constrain the range of things you can do, but we are interested in learning what DV programs are doing in an effort to assist survivors of diverse backgrounds (despite such constraints).

22. In what ways, if any, does your program ensure representation of survivors in the decision making processes and feedback loop of the program? (*check all that apply*)

____ Survivor advisory group ____ Surveys/feedback forms
____ Survivor representative(s) on the Board ____ Other (specify): _____

Thank you!

Appendix C: Focus Group Questions

Focus Group Questions:

1. Thinking back to when you first decided to get help related to being hurt by someone in your family, who did you first turn to for help and were they helpful? (Please describe how they were helpful and not helpful.) This could be a friend, family member, clergy, therapist, formal Domestic Violence program -- anyone.
2. Who else have you turned to for help and were they helpful? (Please describe.) How did you get to this program (the program where you're currently getting help)?
3. How is this program helping? What services and supports are you currently using? [As needed, prompt with definitions and/or examples of different supports and services offered by DV programs. Some examples:

• Support Group	• Counseling	• Support Services (help getting other resources/benefits/information)
• Legal Advocacy	• Services for Child	• In-Kind Supports (food, clothes, etc.)
• Immigration	• Safety Planning	• Economic (cash, rent, vouchers, etc.)
• Transportation	• Job Training	
• Help finding safe affordable housing		
4. What other kinds of help are you getting now? (*at this program or elsewhere*)
5. What would you have done if the services and supports you are currently using were not available?
6. What services/supports have been most helpful?
7. What services have you been encouraged you to use that you did not find helpful?
8. Were there any services or supports that you really needed but were unable to find?
9. What do you like most about the program(s) from which you are currently receiving services? What are the areas in which the program(s) could improve? [Prompt: If unable to think of areas in which the program could improve: "Imagine you could give the program a \$1 million, what would you like to see the program do with that money?"]
10. [Depending on group] What are the best things this program has done to address your needs as "a person of **Asian/Pacific Islander** decent", in particular? (insert different terms for different groups)
 - **African American**
 - **Hispanic**
 - **Portuguese**
 - **Older adult**
 - **Male**
 - **LGBTQ (use term specific to final group composition; e.g. "lesbian")**
 - **Survivor living in a rural area**
 - **Survivor recovering from substance abuse**

[As needed, prompt survivors to explain any services designed specifically for their population and ask about importance of these specific services. Example: Services provided in native language (not English). Is having services provided in your native language an important part of this program?]
11. What do you think would be the best way to help someone in your situation? (What would that help look like?)

Appendix D: African American Focus Group

Context

The two focus groups with African American survivors were hosted by an urban DV program in the south-central U.S.¹ that is part of a larger community-based organization. The two groups are summarized together because the only distinction between them was the night on which the meeting was held for this purpose. The DV program offers counseling, case management, support groups, a 24-hour hotline, and a wide variety of services for children. The focus group participants were primarily recruited from within existing support groups; most of the survivors knew each other from being in a support group together and graduating to the second level support group. Only 3 survivors were recent additions to the program. Hurricane Katrina seemed to be a reference point for understanding both the social and economic conditions for the survivors in these groups.

Demographics

Twelve survivors were recruited for each of the 2 focus groups; 8 survivors participated in the first group and 3 survivors participated in the second group, for a combined total of 11. Ten of the survivors identified as female, and 1 survivor did not respond to this question. All 11 survivors identified as African American/Black. Six of the survivors (54.5%) were between the ages of 41 and 50; 3 survivors (27.2%) reported being between the ages of 21 and 30, 1 survivor was between the ages of 31 and 40, and 1 survivor did not respond to the question. Nine of the survivors identified as being heterosexual (81.8%), 1 survivor identified as bisexual, 1 survivor did not respond to the question of sexual orientation. Three survivors (27.3%) reported that they consider themselves to have a disability or disabling condition.

¹ While survivors refer to Hurricane Katrina in this group, readers should be reminded that Katrina affected several southern states, and this program could be located in any of them.

There was some variation in the highest level of education achieved among this group of survivors; 4 reported having an education between 9th and 11th grades (36.4%), 2 were high school graduates or received their GED (18.2%), 4 had some college (36.4%), and 1 was a college graduate (9%). Six survivors reported being born in the United States and 5 did not respond. All 11 survivors reported speaking English “very well”. Nine survivors reported speaking English as their preferred language and 2 did not respond to this question.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. The majority of survivors (55.6%) reported difficulty in meeting current financial needs; they have trouble paying regular bills or they simply couldn’t pay them (see Table 1). When asked to compare their current financial situation to two years ago, the mean score on the scale of 1 to 5 was 3.18, suggesting that for the majority of survivors, their current financial situation was about the same or slightly more positive than two years ago.

Table 1: Current Financial Situation

	N=9	%
I simply can’t pay my bills.	2	22.2%
I have trouble paying regular bills.	3	33.3%
I can pay regular bills, but a big expense would cause a hardship.	1	11.1%
I can easily pay my bills, but need to be careful.	3	33.3%
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Some of the survivors in these groups first sought help for domestic violence from the police, the courts, social workers and/or social welfare workers, their religious community, and hospitals/medical professionals; while others relied on themselves or turned to God for help. Only two of the survivors in these groups sought help from a family member (mothers); some survivors indicated that they wanted to keep the abuse a secret from family, while others indicated that family members knew about the abuse but did not discuss it openly. In one situation of injury a survivor asked her mother for assistance, and she was denied help:

- No, I asked for help. It was my own mother when I first started out. And it hurted me real bad, because I thought your parents were supposed to be there to help you in a time when stuff like that. But she told me she couldn't help me. I was mad at the world. I was mad at everybody for a long time. But I asked the Lord to take that hate from me, and He did.

Many of the survivors indicated that they did not seek out help or DV services independently, but were referred to services by someone else that recognized a need for support that they could not see themselves. The primary referral sources were police, courts, and hospitals. In one situation, a survivor said that a complete stranger came into her workplace and handed her an envelope with information about the DV program she is currently attending; and when things got worse, she finally did call the program for help. The excerpts that follow make it clear that seeking help for DV can be complicated.

- After I got the protection order. They...somebody contacted me, because the court gave my information to them and then the district attorney, I mean, whatever they call it the public defender attorney, domestic violence attorney contacted me from the [program name- legal services] and that's when I got familiar with [DV program name].

- My mom. I have supportive family members. She actually had to come to court several times to testify when we went to court for a hearing about the visitation and things like that. So she was very helpful. But as of now I talk to her sometimes, but now more I go to God. I stay in my world.
- I wound up going through the court system, and the family justice center referred me to [name of program].
- That was hard, because I didn't want to call the police, and you know you don't really want all the people in your business thinking it'll go away or whatever. But my kids saw us fighting, and my oldest kid was like 6, and she called the police. And I was still trying to protect him like, "Go inside and I'm gonna stay outside and wait for the police and tell them you not here, you left". But my [name of child] was out there too and she said, "He in Mammy's house".
- I didn't think I had a problem at first I thought it was all life. But you know as the years went on I knew I had a problem. Cause I was dealing with depression, I didn't know I had depression. So what happened I went to the hospital for a beating, and like I said, I was lying to them every time everybody saw. I didn't want anybody to hurt him, while I was getting hurt. I had to look the doc in the face and he was telling me that I needed help, but I was still in denial like, "I don't need no help". The doctor said I have a problem, before I go home I was gonna get some help. So I went to [name of program] when they were open. So what happened I passed about five times looking at that door, I was too scared to go in. But you know, I finally went in there and when I did that was my first step in getting help.
- When we came home, there was an incident that happened in our vehicle, and I just snapped. I don't even know what made me go. And I left I didn't even take my kids. My sitter was there. We came back, the sitter was outside with the kids and so I just left. And I immediately went to my parents, and just kept going, just kept driving. Like just kept driving. And that's when we went to the police.
- Well there was only one incident the police had to become involved in, so he went to jail at that time, and I had to go to the hospital. So the police had to become involved.
- I was at work one day and a man that had came to come buy something he gave me an envelope. And I'm like, "An envelope?" You know cause some people leave you money like that. So I went and I read it. And I was like, "Okay". It was a list with like different numbers and stuff like that. So I was like "I don't know". So I just stuck it in my pocket. Then one day we just got into it real bad, we were going at it. After that the next day or the next couple of days I called.
- Basically it was a doctor of mine. I asked for help and she come tell me and she asked me, "Can I ask you a question? What's wrong with you?" I said, "Nothing". She said, "No, every time you come here you're so jolly and happy whatever, but today it's

different. Your blood pressure is so high that you can basically stroke out”. So after she kept hassling me I told her, and she said, “Well, you don’t need to be with that person”. And probably like a week after that, that’s when the incident happened that he fought me, and my oldest son got involved, and from there that’s how the police was called. And the police came out, and he asked what happened and I said, “Well, we got into it and he did me something”. And my son told him, “Well, I’m tired of how you put your hand on my mom”. And he said, “M’am, you ought to be tired too”. And it clicked, “Really, I am tired”. So it was the police that really escalated it.

- Uh, I didn’t really ask for help. I just left on my own and went home. But then after Katrina I came to [name of program], and I realized that I was really being abused and I been here ever since.
- The other person was God, because I had been praying. And so my situation happened a lot. I just didn’t know what happened, it was just the last. You know, I guess I was just the straw on the camel’s back, so I left. I left.
- I ran across some social workers in the mean time, after I left my mom’s house, and it was very helpful to me. They gave me more help than I got from my family. The [program name] or regular or when you go to apply for food stamps they have a worker there.
- They had this lady [legal aid program within agency] that went to school with my baby. She brought me here right after Katrina.
- A lady had a sticker on her one day. It was a sticker...the purple ribbon. And I asked her what was it for and she said, “Domestic violence”. And I just happened to tell her I was in the same situation. And believe it or not she took it off and gave it to me and told me to keep it and to this day...I carry it with me every day. Here it is. I still keep it.

What Was Helpful in This Process

Three themes emerged as helpful for this group of survivors in the process of reaching out for help with domestic violence: legal system supports, emotional support, and information/education. Some of the legal supports that survivors found most helpful included restraining orders/protection orders, having their abuser be taken to jail, and having well-trained and responsive police officers. Some of the emotional supports that survivors found helpful included processing their situation and experiences in support groups, through counseling, and within church groups. The education and information survivors found most

helpful included creating their own safety plan, learning more about community resources, and receiving the appropriate referrals.

- Municipal court. They helped me get my restraining order, the protective order and they told me how to go about doing everything that I did.
- They took him to jail, so that helped.
- [The police] told me about [name of program] and when I went on [name of street] they told me about [program name- legal aid]. They was very helpful, because it's like, "Where do I go from here?"
- [The police] were very helpful, because when that happened, when I called to put him out, the same police happened to come around when the incident happened. They was like, "Didn't we tell you not to come back around here?"
- Well after the police I got to the [program name - legal aid] and I talked to someone there and they asked me what kind of service I needed. I told them I needed counseling. So the [program name - legal aid] got me here.
- [My pastor's wife] talked to me about getting a plan and having a force of action and making sure that when I left I had everything in place. She actually had to come to court several times to testify when we went to court for a hearing about the visitation and things like that.
- ...The singles ministry, my pastor, and [DV advocate name], the group meetings I was coming to, my parent I was talking to. All that was helping me. And it's still helping me and I did come a long ways. I've come a long way. I mean, I used to cry every night.

What Were Barriers in This Process

The survivors in these groups identified some personal barriers, as well as external barriers, to the help-seeking process. Some of the personal barriers to seeking support included not realizing that they were in an abusive situation and not believing that their partner was capable of abuse until they reached the point that they were no longer willing to accept the abusive behavior. In addition, being dependent in some way on their abuser was a barrier to receiving services, such as financial support or housing. Some survivors indicated that they were not willing to "fight for themselves"; but that they were motivated to seek help when they

felt that their child(ren) were at risk. One survivor shared a story of talking to her son and his girlfriend about their abusive relationship and trying to get the girlfriend to seek help; this survivor felt that personal pride was a barrier to help seeking. Some of the external barriers experienced included not having the support they needed either through the police or family members.

- Well, first of all, we have to understand that we've been through this situation. We didn't just come out and say that we was being hurt. As time went along we came out and said we was being hurt and got our help. But the way I would help the situation is, cause a lot of times say we have blinders on, you ain't gonna see it. So that person might need to be helped along. You know what I'm saying?
- Well, telling somebody in my spiritual life helped me to deal with the situation, because at first I didn't realize that I was in an abusive situation. And you know it's funny I didn't realize for a bunch of years that I was even in an abusive situation...you can have book smarts and still not realize what's going on. It's not even about street smarts. No, no, no. In a situation when you're married to somebody, and you have created this life, the belief is that this person, if nobody else, will be there for me...First of all, when you're in a situation a lot of times you don't realize how bad it is until you step outside of the situation.
- And it changed, and so over the years when you look up...And you know you gotta understand a situation could happen and you can take a situation and say, "Okay, that one incident happened, it was a situational thing based on that particular situation". Gotta realize, people went through a lot with Katrina, and so you like, "Okay, this is the stress of Katrina". Because this is how...I'm an analytical person, so I will think everything through and so as a result of that I'm like, "Okay this is the stress of Katrina". You know, you gotta understand. People lost family members, people lost houses, people got really disjointed. And you gotta understand when you've never experienced that, there's a fear that rises inside of you. And as a man who takes care of the household, when you lose that sense of that you know you start to feel something, so I'm thinking, "Okay, that's just the man in him feeling like okay I don't have control of the situation". No, cause it's Katrina that's beyond your control. And so then it starts to escalate until you look up [and] it's like, "How did we get to this point?" And so I'm not saying that I didn't realize I was in an abusive situation. What we're saying is initially we did not realize we were in an abusive situation, because it didn't start out that way. I didn't have beating my butt up and down the street. I didn't have somebody calling me outside of my name. I had somebody wining and dining me taking me all over; we did three vacations together.

- I was totally financially dependent on my husband, and that's ultimately what he wanted.
- But it pretty much make you deal with yourself because so many years you have yourself fooled that things gonna get better and it don't get better.
- We fight for our children before we fight for ourselves.
- For me it was a little different. I mean I did start trying to get myself together mentally, but the biggest thing for me was I just had to decide that at some point I had to do it for my children. I'm not telling you I didn't cry and have fits and all of that. I did all of that, but you can only live off of that for so long.
- ...That's why I was able to call the police and have him put out, because if you're gonna get a gun to go shoot my child, you gotta come through me, so me and my child are gonna be dead.
- I'm gonna use myself as an example. My son and his girlfriend had an incident. Now my son was there when I told his girlfriend that they need help. The girlfriend rejected more than he did. This is my son I'm talking about. You see what I'm saying? I gave her one of the cards. The domestic violence cards. She hasn't used it yet...It's a lot of people got pride. They won't come here.
- You can't help nobody who don't want help themselves. They have to get tired of it. You could tell them the whole situation like what you been through and this is what I did to get help and I'm no longer in the situation. But they'll have to go through, they'll have to get to that point where they tired and reach out for help. And if they really want help they'll come back and find you and say, "Where that place was at that helped you? Cause I see you doin' better than I am". And you gotta tell 'em about how that's gonna affect they kids if they come up in that environment.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

There are many support services that are being utilized by the survivors in these groups: case management, individual counseling, support groups, child care when in group, safety planning, assistance with housing (including support going through the Section 8 application process), and assistance with education. Many survivors are receiving in-kind supports such as bus tokens for transportation, food, and clothing. Survivors indicated that they have been

offered assistance with job training, rent vouchers, and other comprehensive services.

Additionally, the program offers services for children that many of the survivors are using.

- They told me they had to come here one time, but after that one time my kids loved it and they want to come twice a week. So we come twice a week.
- Discipline. I have to tell my children we're not gonna come to [program name] and that's how they'll be good...cause if they don't get to come here. Yeah, it really helps.
- They always tell you anything you need and it's possible for us.
- If they don't have it [name of staff member] gonna find it.

Satisfaction with Current Services & Supports

The survivors in this group spoke of the genuine care, love, and support they felt from the staff at the program they are in. They stated multiple personal benefits of receiving support such as an increase in self-esteem, feeling stronger and empowered, and feeling that they had a voice. There were also other skills that were helpful such as learning to have a safety plan, completing a GED, and securing housing. They also stated the importance of having someone listen to them, being able to share with others who are going through the same thing, and feeling a change in their emotions from hopeless to feeling hopeful.

- It builds your self-esteem.
- Gives you the strength to say, "I can do it. I can move on".
- Just being able to talk to somebody. To get it off your mind.
- You meet other people that's been through the same thing. You thinkin' you the only one that went through that. By talking to everybody you get to know each other and you help them with their problem and they help you. And when they go to court you go with them and some come with you. That's a great help.
- Well it helped me because I was never one to talk about whatever happened or what was wrong with me. Been shy, scared thinking about what people were gonna say, "You stupid".

- Always listening you can call them at any time.
- You see different little signs, like I saw one sign I didn't notice until I got here and they mentioned it. A part of, how can I say this? A part of abuse is pinching. He would pinch sometimes and I used to be like, "Why don't you stop? Don't do that".
- They gave me the code idea (safety plan).
- I'm not just as depressed as I used to be. I'm a lot more happier.
- Because I was on the verge of getting evicted from here and all, so they pushed it where I can get somewhere. They like, "You not gonna be out on the street. We got your back".
- What they gave me is my life back.
- Well since I've been coming here, I have a lot of hope now, because at first it's like I didn't have it. I have more strength than I had.
- And so for me I went back to school, and so I just started working on me, because when I looked in the mirror, I didn't even look like me anymore. And so it was just exercising. It was just something that you would think is not even that important it was, it made all the difference in the world. Just taking walks. And then I started dealing with the mental, so by the time I got to counseling, I had kinda started fixing myself up. So the counseling in conjunction with me already working on myself, because I was at a place where I was willing and ready for the counseling...that's what did it. You know? Because you can get the counseling, but if you're not emotionally ready or mentally ready, somebody can tell you, "Okay you know what, now you need to start thinking about a plan and what you want to do". But if you have all of this cloudiness up here and you haven't really start to realize. Like I used to tell myself I would make a list of things that I could think of and remember that he would tell me...then I would make a list and...then I would turn it into a positive. You know you told me I'm not a good mother. I'm an excellent mother. You know what I mean. And so, "Oh you can't go to school". "Yes I can, I have two college degrees already".
- You can stand up for yourself, you don't have to stand back in the shadow. Like an African American whatever they say the man rule and like you said you don't tell it cause you don't want nobody to know you being battered. So you just keep quiet and taking it, but we don't have to do that no more we're just equal as them. You know? We're equal.
- As an African American it made me realize I can talk to other African Americans and realize we all are going through the same situation, that we not alone.
- It made me stronger, better. Notice stuff in my life that should be changed. And the only person who can do that is me.

- Oh, man. They are beautiful, man...I mean, they are helping me with a lot. And I have a case manager. Her name is [case manager's name]. Beautiful. They checks on me frequently. I mean, every day I receive a phone call asking me what's going on with me, am I safe, am I okay?
- Well, it helps me because I'm not really in that stage where I be emotional like I used to be. That's a big thing. And it's helping me as far as my health, because in order for you to be physically healthy, you have to be emotionally...
- They helped me. I had my own house at first but after yesterday I moved back with my mama. They helped me get my house. I'm currently getting my G.E.D. Counseling services. I'm not just as depressed as I used to be. I'm a lot more happier.

Areas for Improvement

Recommended Changes to Current Services & Supports

Most of the survivors in this group felt so grateful for the services and supports they received that they could not think of anything to add that might be beneficial. The few things mentioned addressed the importance of having an increase in program capacity in order to reach out to more women who are going through the same thing. The women also discussed the importance of children being able to receive support for themselves because they witness so much violence.

- Expand this business, put these [program name] all over.
- I know I keep saying this is that children that come from abusive families they need help, too.

Services & Supports Wanted But Not Received

The only service that survivors identified as a need was additional support with housing. While many survivors did indicate that they had received all the services and supports they needed in relation to housing, two survivors indicated that they were in need of additional housing supports, but that the program was helping them to try to address those needs.

What Survivors Would Have Done Without Current Services & Supports

When asked what they would have done if the current services and supports they are using were not available, survivors offered a broad range of responses. Four survivors reported that their lives would be the same as it had been; they would be in the same abusive relationship. One survivor indicated she would be in jail. Another survivor suggested that her life would be a “tragedy” without the help of the program.

- I would have been on my own like I have been all the other times. I’m being serious.
- Probably dealing with the same situation.
- Just feeling that I can’t leave and I’m stuck there.
- Still with him.
- I would be in jail.
- It would be a tragedy, put it that way.

Appendix E: Asian/Arab Focus Group

Context

This focus group was hosted by a DV organization that primarily provides resources and technical assistance on domestic violence; program services include policy advocacy, training, publications, research, and technical assistance. The host organization reached out to six Western U.S. domestic violence agencies serving Asian, Pacific Islander, and Arab communities. To ensure a broad and diverse sample of participants, the host organization sought partners known to serve pan-Asian, Arabic, queer and transsexual, predominantly Chinese, South Asian, and Korean survivors. In general, agencies responded positively to the opportunity to take part in the non-residential services study. Participants came from three of the non-residential programs. The focus group was conducted in English with Arabic, Cantonese, and Korean side-by-side interpretation. This method is used at a local women's shelter to conduct focus groups; and it seemed to work effectively in this situation as well. In addition to the meal and stipends that all focus group participants received, this focus group provided childcare and a transportation stipend; the survivors appreciated all of these supports, and acknowledged feeling valued.

Demographics

A total of 13 survivors were recruited for the group; a total of 15 survivors showed up on the day of the focus group, and all were invited to participate. All but one of the survivors identified as female; one survivor identified as a male. The survivors varied in age; ranging from their twenties to sixties. Over half (66.6%) of the group was between the ages of 31 and 50. The majority of the group (86.7%, n=13) identified as Asian/Asian American; 2 participants identified as Middle Eastern (13.3%). The high number of Cantonese participants was

presumably due to the close proximity of a Cantonese/Vietnamese non-residential program to the focus group site. The high number of Cantonese participants was also possibly due to the overall high proportion of the Chinese population in the region and to the recruitment efforts of this and all the non-residential programs. Four survivors described their sexual orientation as heterosexual/straight, while 11 participants did not answer the question. Five of the survivors (33.3%) reported that they consider themselves to have a disability or disabling condition.

There was a great amount of variation in the highest level of education achieved among this group of survivors. Four of the participants had eight years or less education (26.7%), one participant attended some high school, seven were high school graduates or GED (46.7%), and three had attended some college (20%). All 15 of the survivors reported coming to the U.S. from another country. Eleven of the survivors identified as an immigrant; one came to the U.S. by marriage, one other came on a work visa, and 2 did not respond to that question. None of the survivors reported that they spoke English “very well” or “well”. Five survivors (33.3%) reported they spoke English “okay”; while nine (60%) reported speaking English “not well”, and one survivor reported speaking English “not at all”. Six (40%) of the participants preferred speaking Chinese, other preferred languages of the group included Arabic, Korean, Vietnamese, and Cantonese.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. Just over half of survivors (57.1%) reported having the ability to pay their bills, but a big expense would cause hardship. Three of the survivors reported not worrying about paying for things needed and wanted, while another three survivors reported simply not being able to pay their bills (see Table 1). When asked to compare

their current financial situation to two years ago, a third said it was worse or much worse, a third reported it was better or much better, and a third indicated no change.

Table 1: Current Financial Situation

	N=15	%
I simply can't pay my bills.	3	21.4%
I have trouble paying regular bills.	0	-
I can pay regular bills, but a big expense would cause a hardship.	8	57.1%
I can easily pay my bills, but need to be careful.	0	-
I do not worry about paying for things I want and need.	3	21.4%

The Help-Seeking Process

First Places Help Was Sought

Many of the survivors in this group first received help through a friend; others were referred for help through the courts, doctors, and social workers. Some of the survivors indicated they did not seek out help or DV services independently, but were referred for services by someone else that recognized a need for support. One participant said “they found me”, referring to a home visitation program that did a home visit and then referred the survivor to the women’s group at one of the non-residential DV programs.

The first few survivors who shared their experience noted they had been with the program for many years. As a follow-up, the facilitator went around the group and asked how long each person had been with the non-residential program. The range was 6 months to 16 years. Most fell in the range of 5 or more years.

The excerpts that follow make it clear that seeking help for DV can be complicated and take some time. All excerpts are taken verbatim from the interpreters’ translations during the group.

- The first time I needed help, I turned to a friend and my friend referred me to the [DV program name]. There a social service person helped me with shelter, helped me with health problems, I had to go to the hospital...I didn't have to bring anything. It was really beneficial to me. I learned a lot.
- It was my friend. She just take and look in the Korean telephone pages, the Yellow Pages, right, and then she asking them, "My friend has a violence case right now and then she had a green card and know nothing to and then she can get the help or not", she asking. And then they say they can help in need and so I called her.
- When I just had my baby...my husband he choked me so when I go back to check up and they check it out. The doctor. The doctors recommend me to report to the police. At that time I don't want to do that yet, because I was still hoping we can get back together, so I wait until like two months later. I was living [name of city] and then after like two months the social worker keep contacting me. And then I wait until like three months later I cannot stand it anymore so the social workers find me a place to stay in [name of city- different city]. And then I stay in [program name- shelter] and then I feel really lucky I can have the service. I was really lucky to stay in the house and at that time I just made ways to stay and then my two kids and I feel I don't know what to do. And I was really lucky in this day, they helped me a lot. Let me think I did make a right decision.
- When she was experiencing domestic violence, she didn't know where to go to. And she had to go to court, and from the court, social workers at [DV program name] contacted her. At [DV program name] she got therapy for herself and her children. They helped her find work, they provided children's tutoring after school. Also, they provided legal services and had somebody accompany her to the court hearings. And [name of participant] has had over ten years experience with [DV program name].
- She was introduced to [DV program name] through a friend. And through [DV program name] she encountered therapy and counseling, also she enjoyed their once a month meetings.

What Was Helpful in This Process

Having someone to trust, whether a friend, a family member or someone else, was identified as important in the help-seeking process. Participants spoke of the support group and DV organization as being "like family"; and having that support from other survivors and from agency support staff was identified as helpful.

- I have social service [staff] working there and they really helped me: to interpret, come with me to the medical health care center and interpret for me. Show me the area around and provided a lot of other support not just shelter. Take me from one shelter to another and would come and interpret for me and help me to learn more about the city and put me to learn English too.
- It was like getting together like a family, and she met a lot of friends there. So there were companions and some social workers who were able to help her move through the system, who knew the ropes. And of course there were some social workers that weren't that nice, but some that were nice and helped her out a lot through legal services and what not.
- And through [DV program name] I encountered therapy and counseling, and I enjoyed their once a month meetings. It was like getting together like a family, and I met a lot of friends there. So there were companions and some social workers who were able to help me move through the system, who knew the ropes.

What Were Barriers in This Process

The survivors in this group primarily identified external barriers to the help-seeking process, rather than any personal barriers. Many survivors indicated that these barriers often significantly delayed their help-seeking process. The difficulty in negotiating the court system was the most frequently cited barrier in the help-seeking process. Many of the challenges in working with the court system centered on issues with interpretation services and survivors' experience with court-appointed interpreters who did not interpret accurately on their behalf.

Social isolation was also identified as a barrier to help-seeking. This is especially important in close-knit communities and extended family structures where a woman who frees herself from an abusive relationship may be blamed or stigmatized by her family, in-laws, and/or community. One specific barrier to service related to concerns about the potential lack of confidentiality when the DV program is located within a larger community center.

- I immigrated here in 2005 and suffered domestic violence. Because I did not live close to [name of area, [I was] isolated from friends and family.

- It would have been better if the attorney or the case worker informed me of my rights in preparing for appearances before the court in advance, considering it is very intimidating to stand before the court. It was a scary experience.
- The interpreter (court appointed) actually hurt my case by not clearly relating my messages to the court. Later I learned they could object or bring that issue to court.
- I use the services they have in a separate confidential office away from the main community center. This is essential because my in-laws come for senior services to the Community Center frequently, and I would not want to run into them there.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

The majority of survivors in this group reported using shelter services at some point, and several also used transitional housing. This finding contradicts the common assumption that these populations tend to not want or need shelter services as much as others. Non-residential services that these survivors reported using frequently included legal services, immigrant services, counseling, support groups, job training, and case management. Many group participants reported receiving the support of program advocates or social workers who would drive long distances in order to provide accompaniment for court hearings, medical appointments, counseling appointments, and others. The programs refer to this service as “mobile advocates”, although the survivors did not use this language when discussing this service. Additional services that some survivors received included therapy for their children and tutoring for their children, classes in English, assistance with furthering their education, and helpful websites.

- At [DV program name], I got therapy for myself and children. They helped me find work, and provided children’s tutoring after school. Also, they provided legal services and had somebody accompany me to the court hearings.

- There's a Korean website, so through the website you can get ahold of somebody on the posting especially through legal, there's some sort of free legal Q&A. Then you will post something and get an answer to help.
- It was...what can I say, the green card, they called the lawyer and they given me help... My son he saw everything, he hear everything. So they give my son counseling. They have, at that time, counseling for the kids.
- ...As I started in the shelter and [name of advocate] started to find a lawyer for me to prepare for my green card and my paper and help me out with the hospital. He would go make an appointment for me, and organize the...for the English they assigned me to take English classes and then I go to [name of college].

Satisfaction with Current Services & Supports

There was consensus that the most important aspect of services for these participants was language and cultural access. They said they would not have known how to navigate the systems and advocate for themselves without interpretation services and expertise from the advocates they worked with. They enjoyed participating in support groups and getting together over dinner with other survivors and program staff. Connection to legal assistance, housing, jobs, counseling, services for children were all important, and survivors reported being very satisfied with the help they received. They also appreciated that the programs were easily accessible in their communities and the way that services are coordinated throughout the community.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors in this group discussed some general areas where services for survivors could be improved in their community. Several survivors in the group had experienced working with the legal system and others who did not have expertise in DV. The survivors recommended outreach and training to the broader legal and social service community to improve their

services. Favoritism by staff and conflict among residents were also issues that needed to be addressed.

- The attorney and case worker should go over basic info in preparation for court.
- The first two- three months I stayed at the [program name-shelter] they helped me a lot, because they had a lot of counseling twice a week and after like two months I had to transfer to another temporary shelter, but I think that one is not as good as [program name-shelter]. When I stayed in another temporary housing [program name-shelter] they don't have that much help for me if I just started there first [program name-shelter]. I might go back to my ex-husband. Different service.
- For example, when they have the phone card and it's supposed to be everybody had. But the worker over there I don't know if it's a social worker or whoever work there- the director or supervisor, and he or she just give it out to whoever he likes and maybe give you ten, but there only be like one or two. They give it to the Mexican but not the Chinese or some other. They also mentioned it and at first they want to go to [DV program name], but they could not get in. So then they had to go somewhere else. They also have a fight in there all the time.

Services & Supports Wanted But Not Received

The majority of survivors in this group did not identify any specific services or supports they wanted but did not receive, but several did report that it was sometimes difficult to find needed information services and supports available. One survivor indicated that within the Korean community there is not a lot of information available about DV services, while a Chinese or Vietnamese social worker would be able to provide many resources. One survivor indicated that cuts in staffing and office space have limited access to services and supports. Another survivor reported that her advocate simply did not have the time to assist her with all of her needs.

- Then again within let's say for instance the Korean community I asked there are a lot of churches in the Korean community and how about getting services through the church, for instance...There's not too many services in the church itself and also at the same time people tend to not have the information with them whether they're victims or

service providers or not anything, just regular people. And if you wanted to ask them for some information generally the answer is, “No I don’t know. I don’t know what you’re talking about, and I have no idea”. That’s the response. And it’s pretty disappointing and kind of hurtful to a certain point that even within my community nobody has this kind of information to share with to begin with. And then also let’s say if you wanted to go to receive some services and then you accidentally see other ethnic, like a Chinese social worker or a Vietnamese social worker they have tons of information to share out to just spread out. “I have this. I’ll share it with you”. But I don’t see that within the Korean community, which is kind of sad. That’s the problem that I see.

- So I start looking at the newspapers, and I look through it ‘cause there’s some ads and some information, just any kind of information that I can get from the newspaper. And I saw some there may be some low-income housing available, like where it is to start with. Oh there is such a kind of thing then I ask around and gather information on my own. And what happened to me...luckily someone in the church, a church member, had that kind of information to share with me. But that’s for me; that happened to me. But in general such information isn’t shared.
- There’s a lot of information about this program, I was lucky enough to get a hold of it. I know it wasn’t spread out.
- I called, I did everything myself. I have come to the realization that it’s better to just go and face it, call them or go there by myself, or talk with them, and that’s how you get the information.
- The program advocate was supportive but did not have enough time or leads to resources for housing needs, especially when I moved to a neighboring county.
- The program was extremely helpful but in recent years there has been a cut in staff and a cut in office space, which has diminished the capacity of the program from previous years. I felt lucky to be able to access services from this program when the staff and office space was fuller.

Appendix F: Brazilian Focus Group

Context

This focus group was hosted by a large organization that provides services for Portuguese speaking individuals and families; the clients of the organization are typically immigrants from Brazil and Cape Verde, with a few immigrants coming from the Azores. The organization offers multiple services, including domestic violence support, health education and referrals, English classes, family support, elder services, and immigrant social services. This organization has many smaller offices throughout the state, with usually only one person per office offering domestic violence support. Each domestic violence advocate offers one-on-one counseling, legal advocacy, referrals for immigrant support, and referrals for outside services as needed. This organization is currently expanding to include services for sexual assault survivors; they will begin to conduct local community outreach and education as a way to receive referrals for sexual assault and domestic violence support services.

The small size of the group allowed for an in-depth discussion on several of the questions asked. All three of the participating survivors seemed pleased to be able to share much of their personal histories in the group. The focus group was held in Portuguese. The organization provided a staff interpreter; the interpreter was new to the organization and did not work directly with the DV survivors.

Demographics

A total of 12 survivors were recruited for participation in the focus group but only 3 survivors were able to participate. All 3 of the survivors identified as female, between the ages of 21 and 30, and described their sexual orientation as heterosexual/straight. According to staff, Brazilians are racially white but they typically self-identify as Brazilian rather than white;

the 3 survivors all reported their race/ethnicity as “other”, and specified their race as Brazilian. None of the survivors reported they have a disability or disabling condition.

The three survivors varied in the highest level of education they achieved; one had an education level of 8th grade or less, one reported being a high school graduate or having obtained her GED, and one said she was a college graduate (33.3%). All three of the survivors reported being an immigrant and coming to the United States from Brazil. The survivors had varying responses to how well they speak English; one reported speaking English “not well”, one reported speaking “well”, and the other reported speaking English “very well”. The preferred language for all 3 of the survivors, however, was Portuguese.

The survivors were asked to describe their current financial situation and to compare their current financial situation to their financial situation two years ago. Two out of the three women (66.7%) reported having trouble paying their regular bills and one reported being able to pay regular bills but that a big expense would cause a hardship. Two survivors reported their financial situation today as being “worse” than two years ago and one reported it as the same.

The Help-Seeking Process

First Places Help Was Sought

All of the survivors came to this culturally specific organization as the first place for support. Each of the survivors first came to the organization for reasons besides domestic violence support services for themselves. One survivor sought help with citizenship, one brought in a friend who was dealing with domestic violence issues, and one was helping in-laws receive government assistance. They had all heard about the organization for the array of services and support the organization offers to immigrants.

Later in the discussion the participants revealed that they had spoken with friends and family when they initially reached out for support in dealing with the abuse. For each of the survivors, help came to them by way of someone else recognizing their pain or through building a relationship with a staff member at the organization.

- I didn't know. My mom, we were desperate because I was I in a situation that I still have my temporary green card, and my husband (citizen) is abusive with words, and I'm going a little crazy, and I didn't know. And my mom is about to become a citizen, so we came here to find out about citizenship. So I began talking to [DV advocate]...
- I found out about [DV program] because, like, I've always liked helping people even with all the problems I had. And I came to bring a friend of mine, because a person tried to kill her, and I knew this place helped immigrants. And when we were talking to [DV advocate] she thought I seemed very sad, because in her work she recognizes it. And I really was, with all the things that had happened. So she helped my friend and made an appointment for me to come back.
- I got to know about [DV program] because I came here to help my parents-in-law to fill out applications for government assistance. Then I got to know them, and began participating, you know, and helping out. So that's how I got to know [DV advocate]...

What Was Helpful in This Process

The survivors all spoke highly of the advocate who helped them recognize their situation as domestic violence. She helped them to be able to see a way through what was very difficult for them and to feel courage in the face of tragedy. The worker was supportive, acted as a mother figure to one woman, and was non-judgmental and caring with the women. Coming from complicated circumstances where they felt they had no other options, this level of support from staff helped the women to feel trust and to feel comfortable sharing their lives. Being able to speak their native language was also important for them to feel comfortable and to help build a bridge to accessing support services.

- ...And she opened my eyes and made me realize that this was domestic violence, what was happening to me. And she showed me there are other solutions for me to keep my documents, and that's the process where we're at, how am I leaving my house, how am I gonna solve this problem.
- ...She helped my friend and made an appointment for me to come back. And she also helped me with my documents. I had forgotten to say, because I was married, well, I still am, I'm still going through the divorce process with an American, and he used to say that he would send my body back to [name of country] in a trash bag. I was afraid too because I didn't have my documents, and he would use that a lot. He would make me do things, which affected me a lot. He would do many other things too. So I talked to [DV advocate] about all of it, and that's how I came here.
- ...We developed a friendship, you know, so then I felt the trust I needed to be able to tell her.
- I was in a very complicated situation, that I had no other options. I thought I had to stay in my marriage, and I began looking for [DV advocate] last week. I'm still married. Because I thought I had no other solution for what was happening, and I was seeing that this was domestic violence. [DV advocate] showed me that there are more things that can help solve my problem. And now I think I can see a light, after talking to her, and a solution for all of these problems, that now I begin to see a way out. I can't say that I've been through it all because I'm only beginning going through this. I think the second place I went to, was to see the therapist the following week. I found her on my own.
- Because he used me, you know, to go work for him, and send all the money to his hands. And I didn't know that was abuse. I talked to [DV advocate] and she was the one who told me, you know, that was violence.
- Mine was like this, my problem was in Brazil with my ex-husband. And I have two children with him but it's like this, I have a huge problem with him, you know, using the children to get money out of me. So I have, you know, been talking to [DV advocate], telling her what I've been through with him in Brazil, so much. There are a lot of things that I talked only to [DV advocate] about. I felt comfortable, you know, talking to her. I never told anyone, only God knew, and now [DV advocate]. It's the kind of thing you're embarrassed to talk about, you know. So I talked to her, she gave me advice, and I was about to have my interview to get my papers [for immigration]. So this happened in November, I had my interview and I was very happy about it. I called my kids and I told them I was getting my papers and I could see them, and you know what their dad told me? He said "you can come back, but you're not going back". ...So after that, after the

interview, I'm gonna be able to get my documents, and I'm gonna be able to go see my kids, but I can't, what can you do, you know. So now, you see it all went to my head, I got depressed, always crying and thinking, you know, now I have my documents but can't go see my kids. So then I talked to [DV advocate], I got the courage and told her everything what happened, and she gave me advice, and after that I felt more relaxed, but I was always crying and after I talked to her I calmed down, you know, having talked to someone, me being the only one who knew. But that's why I think her job is important, cause we're not always comfortable to sit down with anyone and tell them our life story. It has to be a person that you really trust and that you wish to talk to.

- My situation was very bad. When I found out about [DV program], the situation that felt the most comfortable was being able to speak our language. And I felt very welcomed. I also went to see a psychologist that [DV program] sent me to go see, and I saw that I make mistakes just like everyone else, but it's not just me and what was happening in my life was violence. And talking to [DV advocate], I felt that she was like a mom that we don't have here. And she helped me a lot, I think this work needs to continue for a lot of women. Because men think that they can make an object out of us women, and it's not like that. And before I used to get beaten up, and then I started to see that he needed to accept me, you know, I have my flaws, and I never tried again. And when something bad happens to me, I continue to keep in touch with the people here, I talk to her all the time, but one of the things that I always had to put in my head is that I can't accept anyone do what they want to me.

What Were Barriers in This Process

The survivors in this group identified various personal and external barriers in the help seeking process. Some of the personal barriers to seeking support included feeling embarrassed about the abuse, not recognizing that they were in a violent and abusive relationship, and internalizing blame for their situation. For one woman, this manifested in a suicide attempt.

One of the external barriers to seeking support included the abuse itself; the abuse took different forms for each woman, such as being threatened of their citizenship, their lives, or having the lives of their children threatened. The legal aspects of immigration made the women

hesitant to take steps to get help and leave their abusers; one woman was afraid of what seeking help or divorce would mean for her immigration status.

- ...I'm still going through the divorce process with an American, I was afraid too because I didn't have my documents, and he would use that a lot.
- I have a huge problem with [my ex-husband] you know, using the children to get money out of me.
- It's the kind of thing you're embarrassed to talk about, you know.
- Even though in Brazil my college graduation project was also focused on domestic violence, when it came to my personal life I couldn't recognize it.
- I came to try suicide. I was in a hospital for a week, and the doctors thought I wasn't gonna make it. But thank God I survived and I came here to [DV program] and I saw that before I thought that everything that went wrong was my fault.
- And last year he drove the car for four meters with me hanging on outside, and he said it was my fault because he told me he was moving the car forward, and I didn't call the police. And nobody called the police.
- And with me, you know. I was surprised to have opened up to her, because I started going through all of this when I was 16 years old, and today I'm 33. [Translator asks "when was the first time you spoke to her?"]. It was last year...Even I was surprised at myself for opening up to her, because I didn't have the courage to tell anyone.
- Yeah, I was married twice. In the first time I suffered abuse because he hit me, and when I married this one I thought that it wasn't abuse because he didn't hit me. But in the relationship, what he used to do to me...oh it was horrible!
- In my case it was also verbal violence, and there were two cases of physical violence but that he would make it disappear. He would say, "But did I slap you, or punch you? No", but he would twist my arm, and he would say, "No, I didn't twist it. I was just holding your arm so you wouldn't leave and you twisted your arm".
- And he has threatened me many times, you know, he has wanted to kill me. And when I was coming here, he had my five-year old son and said that he was gonna shoot the boy in the head and then was gonna kill me if I left him.

- I think that because we are immigrants the legal part is what weighs the most. I think it's the fear of us searching for help, and the fear of getting divorced. For example, my family lives here, so I need to keep my documents. I think this is the most important difference.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Participants in this focus group received many services from the organization beyond domestic violence support. One survivor reported getting help filling out her health insurance forms. For specific domestic violence services, the women reported utilizing one-on-one supportive counseling, education, legal advocacy, and support groups.

- I also went to see a psychologist that [DV program] sent me to go see, and I saw that I make mistakes just like everyone else, but it's not just me and what was happening in my life was violence.
- Legal help, she gave me. I got my documents thank God, in June. And now I'm a legal resident. She went to my appointment with me.
- The support group is very important.
- She would go to [state], which is where my lawyer was. It was really good.
- No I paid for, but I didn't even have the strength to fight anymore. She went to my appointment with me. My attorney would run from her.

Satisfaction with Current Service & Supports

The survivors identified three main areas that were positive for them in receiving support from this organization: (1) the group they had participated in, (2) the genuine care they felt from the DV advocate, and (3) their ability to speak to an advocate in their own language without an interpreter. The group the women participated in was helpful because they were able to be with other women who were experiencing the same thing and they were able to build relationships that helped them to feel comfortable to share their stories. The survivors

reported that the DV advocate was very helpful to them in recognizing their situation as domestic violence, treating them with empathy and as a friend, and creating a safe space for the survivors to talk about their experience. The ability to speak to an advocate in Portuguese was very important, both in order to feel that they were understood and to feel safe to share vulnerable information. They felt as if their stories were kept more confidential without the presence of an interpreter.

- It's [DV advocate], the meetings she has. I saw that I wasn't the only one with problems. It's bad to say it, but when you're with other people that have gone through the same thing you talk because you give strength to other people too, and you show them that it's not just them. And I think everything, you know, helped a lot.
- Yeah, we talked about everything, not just domestic violence, but...It was once a week and it was very good.
- And it really never left here. In the beginning we said whatever we talked about would stay here and it always has. And thank God, last year I had many victories, knowing that they helped me so much here. Today I'm a very different person. It no longer goes through my head...I know that God made me this way and I'm important, today I feel important.
- You know, sometimes there's so many women who suffer violence but they don't know it, they're scared. So these groups, you know, you come in, make friends, and slowly you start talking.
- One thing that I thought was very important was the manner. It was already mentioned, the manner...it's not just the work. It's the way she (DV advocate) is.
- It's that she lets us talk, "Yeah, like a friend", Yeah, like a friend. She's very professional and at the same time she's a friend. And at the time we get here, this is very important. It's not just that she does her job. Yeah, she cries with us.
- It's like this. During my first marriage it didn't work out, and she made me see it. It didn't work out, he hit me. And today he's gay and he disappeared. And he's the one I have my two daughters with. And she made me see that...she worked with me and made me see that this was a problem that... and today I'm living with another one, and I thought, never again, but she made me realize it that everything is OK, and today, thank God...and today I know that I can have a healthy relationship, not always a tumultuous relationship. And now I do.

- I was in this phase where I was crying, you know, and if there wasn't anybody to talk to maybe I would have gone into depression, you know, because I'm married here now, I have a five year old child. So maybe it would mess up my life here too, you know. So me talking to her (DV advocate), she didn't let it affect my life here. Yeah, someone who does this here and speaks our language, I only know her. I know there are Americans but I don't know how to speak English yet. I'm still learning.
- And I think that here, for immigrants, this aspect of [DV program], I think they help a lot. From what I know, in Brazil, unless I didn't know, they don't have this kind of help that America gives you.
- I think it's important because a lot of us don't speak English. And even if we do when we have so many problems it's hard to stop to think and translate to their language.
- Because, many things happened, and one of the things that happened, like I said in group, how do I turn to a person I had never met before, an interpreter and say that at the time he would make me have sexual relations with him make me swallow certain things. These are very intimate things.
- And it would be another person knowing about your problems. There shouldn't be a translator. It should be only one person that you talk to, because it's already hard to speak to one person. You know, when it's personal, about you, I don't think it would work.

Areas for Improvement

Recommended Changes to Current Services & Supports

All participants in this focus group were very satisfied with the support they received from the organization. However, the survivors were able to identify some improvements they would make to services. Mainly, participants suggested increasing the hours worked by the domestic violence advocate at the organization and/or hiring another advocate so that more help was available. One participant suggested having an attorney and a psychologist available every day right at the organization. One survivor suggested that the organization create a supportive group where survivors who have already sought and received help reach out to other survivors and provide emotional support and education.

- I think they could promote more group meetings. I think, like with [DV advocate], they could call more women to come in, like that group we had, to talk.
- I would have an attorney, a psychologist, everyday here.
- I think that an attorney, not as much, but I would increase [DV advocate's] hours, I don't know how, but so that she would have time to help others. And a psychologist too alongside of [DV advocate], because, automatically if a person already spoke with her, and let everything out, then they can talk to the psychologist.
- ...if they had more money they could work...they could bring more people to participate in those workshops and help with prevention. They could reach out more.
- I no longer had the courage to go to my interview, so [DV advocate] would go with me, so there should be someone else to substitute for her here...So I speak for myself when I say there should always be available help. For example, many people will criticize you, but you come in and you think there's no solution, everything is over and you don't find assistance and you end up thinking that no one wants to help you. Are you getting what I'm saying? When you get here, and you still have everything going through your head, but you're still looking for help, if you don't find it, maybe she's already meeting with someone, a person may not have the patience to wait if they have all these problems to think about.
- Increase the hours of the people who already work here...Because all the professionals here are great. Everything you say here stays in here. Everything you need help with here, if it's help with health insurance, doctor referral...For example, I needed to apply for Free Care and this is where I got help doing it. So, I mean, they are great here, I think they should give more opportunities for the ones who are already working here to increase their hours, to increase your courses...
- ...So what we learn here we pass it forward. And that person passes it along, and so on.

Services & Supports Wanted But Not Received

The survivors in the group spoke about the importance of receiving services through the organization in their native language, Portuguese. One survivor mentioned seeking help from a doctor and having to speak to him in English. The survivors expressed that they feel less comfortable speaking about the abuse when a translator is present or if they have to speak in English.

- Yeah, I know it's bad because sometimes I go to the doctor and I need a translator. I don't feel comfortable doing that, so imagine other things. So, there some things that I don't say.
- At my job I speak some English. But for this, to talk about this in another language is completely different.

What Survivors Would Have Done Without Current Services & Supports

Throughout the group, the survivors emphasized that it would be much more difficult to seek help for the abuse in English. They feel much less comfortable speaking with an interpreter present. Working with advocates at the organization that spoke their language and understood the legal system around immigration was extremely important to them. One survivor had attempted suicide in the past, and felt that without these services and supports, she might have tried to attempt suicide again. Another survivor reported thoughts of suicide, and felt that the program had given her hope and alternatives.

- I don't know. I was already looking for therapeutic help. But I would have gone to a lawyer, directly. So I could know about my rights, have some notion about them.
- I was without support, and didn't know what I was gonna do. My daughters at the time were in Brazil, because when I married him, he used a lot of drugs, and I didn't know, I saw it later, and I was already married so... So I figured I had to help him. I sent my daughters to Brazil so they wouldn't see this situation. He did so many things that towards the end he even wanted me to go get drugs for him. So this was the solution, where I saw that...because I didn't have the courage to talk about this to anybody. When there were times that he would say he would kill me, I used to think it was better this way, because then it would end.

Appendix G: Latina Immigrants Focus Group Summary

Context

This focus group with Latina immigrants was conducted at a culturally specific domestic violence organization that serves the Latina community; the organization's board of directors is 80% Latina and their staff is 72% Latina. The organization provides a multitude of services, including youth peer education, a bilingual 24-hour hotline, counseling, family advocacy, court advocacy, safety planning, emergency shelter, and information and referrals. The organization also has two information and resource centers that provide a wide range of information on topics such as domestic violence, medical services, immigration, community resources, housing, employment, transportation, and schools; the centers also provide English and computer classes for adults.

Demographics

Four survivors participated in this focus group. All four participants were female. One survivor was between the ages of 18 and 20, two were between 31 and 40, and one was between the ages of 41 and 50. All four survivors identified as Hispanic/Latina. Two survivors described their sexual orientation as heterosexual/straight, one as lesbian/gay, and one as "other" without specification. None of the survivors reported that they consider themselves having a disability or disabling condition.

One survivor reported having an education equivalent to 8th grade or less, one survivor completed between 9th and 11th grades, and two survivors had obtained a high school diploma or GED. All four participants in the group indicated they had come to the U.S. from another country; three reported coming from Mexico and one from the Dominican Republic. Three survivors reporting speaking English "not at all" and only knowing a few words. One survivor

reported speaking English “well”. Three survivors reported their language of preference as Spanish; one survivor did not answer this question.

One survivor reported being unable to pay her bills; three survivors reported being able to pay regular bills but that a big expense would cause a hardship. When comparing their current financial situation to two years ago, one survivor reported being “much worse” off today than two years ago and three survivors reported being “worse” off.

The Help-Seeking Process

First Places Help Was Sought

Most of the survivors first sought help for domestic violence from a DV shelter. One woman mentioned seeking help for her daughter with a social worker. One participant filed a police report and was then connected with the domestic violence organization through the officer who helped her.

- I went up to [program name]....to a house like this one. That provides shelter.
- I spoke to the social worker of [program name] for my daughter that’s in school and she helped me find WIC stamps.
- For me, it was when I made the police report they told me that I had to leave the house and the woman that helped me with the report began to call over here.

What Was Helpful in This Process

The group discussed the importance of being able to obtain services in Spanish, as they felt more comfortable speaking their native language and/or had difficulty speaking English. The survivors found it helpful that the counselors listened to them and understood what they were going through.

- That it's a language that we can understand each other more than. I don't have anything against Central Americans [but] they have a different way of speaking than Latinos and that is very important to me.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.
- Because here I can converse and they understand me, I do things. I feel like more comfortable.

What Were Barriers in This Process

One survivor spoke about how she went to a different shelter initially but did not feel comfortable there because they only spoke English. The group also talked about how, as immigrants, they have few friends and family here in the United States and do not know many people. They also do not recognize the area because they are new here, making it a challenge for them to know which services are available.

- Yes, because if they speak English I won't understand anything [laughter]. For me too because when I went to the other shelter [name], I felt like alone because I didn't know how to speak English and everyone that worked there spoke English. As a result because of the language we stayed stuck in our rooms. We didn't know what to do, what to ask for, nothing.
- ...we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

The women in this focus group reported that they were receiving a multitude of services from the organization, including help finding an apartment, a job, and schools for their children. The survivors have also received help with transportation, food, clothing, furniture, counseling, and legal advocacy.

- They have helped us find an apartment.

- Umm, they have taken us to the doctors...
- For me, they have helped me with umm transportation, to bring my daughter to the doctors. They have helped me with counseling, food...and they helped me get the restraining order.
- They have also helped me with counseling, with transportation, clothes, food...and that's the most I need: transportation and vouchers for my children.
- The people here are going to give us a couch.
- They are helping us becoming legal too...
- Obviously the therapy...the house, and yes, when I get here the food and the company. They listen to us and our anxiety and despair.
- They donated uniforms for our children.
- Well, first, most important, they helped me with pampers, transportation and with the school.
- They have helped me with my job. What to do, how to do it...they helped me fill out the application.
- That they help us, they put us to work- all of us that qualified.

Satisfaction with Current Services & Supports

The women in the group were all very thankful for the services they were receiving through the organization. They were pleased with the services offered and were impressed with the staff. They felt comfortable with the organization because the people there spoke their language.

- Thank God for this type of support for the woman.
- In the same sense I feel very grateful for the help that all the women here took care of us. And thanks to God now we're moving ahead and thanks for their help.
- That there are Latinas. That's very important.
- And apart because they listen to you, any person that works here listens to you and has the capacity to understand and counsel someone perfectly.

Areas for Improvement

Recommended Changes to Current Services & Supports

None of the survivors had anything to add about what they would change about the services they were receiving. They were very pleased with the organization and the fact that they spoke their preferred language, Spanish.

What Survivors Would Have Done Without Current Services & Supports

The survivors in this group reported that they would not know what to do if the services through the organization were unavailable; they have no family and friends in this country and would have no one to turn to for help. For this group, the services provided by the organization allowed them to move forward and get away from abusive relationships.

- It has been a miracle. Like I told you earlier, if these places didn't exist I wouldn't have anywhere to go and as a result everything they've done over here has served a lot.
- And for my part, I can't imagine where I would have turned to since I don't have any family here in this country. And I have three children and I didn't have anywhere to go. Thanks to God that this places exist.
- Well, one would suffer more and the abuse would continue; and the abuse from men to women.
- And we wouldn't know what to do because we don't have any friends, we don't know anyone, we don't recognize the area and even less we don't have family here.

Appendix H: Latina Immigrants Focus Group Summary

Context

This focus group with Latina immigrant survivors was hosted by an urban DV that is part of a larger community-based organization. The DV program offers counseling, case management, support groups, a 24-hour hotline, and a wide variety of services for children. The focus group participants were primarily recruited from within existing support groups. The focus group was conducted in Spanish with use of an interpreter.

Demographics

A total of 7 survivors were recruited for the group and 3 survivors were able to participate. All 3 of the survivors identified as female and reported being between the ages of 31 and 40. All 3 survivors identified their race/ethnicity as Hispanic/Latina and all 3 described their sexual orientation as heterosexual/straight. None of the survivors reported that they consider themselves to have a disability or disabling condition.

There was some variation in the highest level of education reported; one survivor reported having an 8th grade education or below (33.3%) and the other 2 survivors were high school graduates or had obtained a GED (66.7%). All 3 of the survivors reported being an immigrant, born outside of the United States, and having moved to this country. One survivor indicated that she spoke English “not well”; and the other two survivors reported they spoke English “okay”. All 3 of the survivors preferred to speak Spanish.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. All 3 of the survivors reported that they “have trouble paying regular bills”. When asked to compare their current financial situation to two years ago, all three survivors reported no change.

The Help Seeking Process

First Places Help Was Sought

Participants in the group reached out to several different people when they first sought help for the abuse; one went to her English teacher and another reached out to her boss. For both survivors, this person then brought them to the hospital and/or the police. It was through these first contacts that the survivors then learned about the services available through the domestic violence program.

- I went to my boss. My husband wouldn't let me talk to anybody so I went, got the phone and sent a text [to] my boss. They took me to the hospital.
- With the police. They just started asking me what happened and I explain for them and I said I need contact [DV program].

What Was Helpful in This Process

For each of the survivors, their initial supporters helped them to access other needed services, including bringing them to the hospital, calling the police, or connecting them with domestic violence support.

- She (my English teacher) called the police.
- After I called my boss they took me to the hospital and from the hospital to the police. And I told the same English teacher & they told me about [DV program].

What Were Barriers in This Process

The survivors identified immigration as the biggest external barrier to them in accessing services. Participants in the group reported that their abusers would often threaten their immigration status. Several survivors were also afraid they would be unable to access services without legal status.

On a more personal level, it was common for survivors to fail to identify their abuse as

abuse if it was not physical, thus making them feel they did not qualify for services. The women also discussed how sometimes women in general are afraid to send their abusers to jail and will thus avoid contacting the police for help.

- Everybody's case is different. For example, my ex is abusive and he always said he's going to call immigration because he's American. He thinks he can control me because he's going to call immigration and I'm going to lose my kids and everything. But everybody's case is different. My case isn't as scary, like others who were hit. He was just doing mental abuse.
- I don't know, because my only reported incident was in [county name]. And I don't know if the police department in [county] is going to collaborate with my attorney in the process of getting a U-Visa.
- I have some people who've gone through the same thing. I give them they can come over there and I give them the number to this place or they can call the police. But I tell them they don't have to go through this. Even if the person doesn't hit them, if he plays with their minds psychologically, they should come here.
- In my case, I tell them to just call the police, tell them what happened, so they can arrest them. We always think we don't want the guy to go to jail. But the best thing is to call the police, then they can come here to [program name]. Because to me abuse is not okay. The first thing we have to do is call the police to stop for one second the abuse. A lot of women who I know are walking out of [Program name], and the guy is just waiting outside for them. I just think they gotta go to jail. If they're illegal, they've gotta go back to their country. I just think it's more good for the woman. I think like that, but everybody thinks different.

What is Working: Experiences with Services & Support

Services & Supports Currently Being Used

When asked what services and supports they are currently using, all three survivors discussed receiving mental health support, legal advocacy, and immigration support. One survivor's children had attended the children's support group.

- I received a lot of mental and psychological help & they supported me when I felt like I had no worth.

- They gave me mental help but they also sent us to immigration lawyers. They help us with the U-Visa, so it's better for us.
- I got my U-Visa and a work permit. Now I can be here legal for 3 years.
- Mine (children) came to the group too. It's been good for them.

Satisfaction with Current Services & Supports

When asked to discuss their satisfaction with current services and supports, participants in the group reported positive changes in their lives as a result of receiving mental health, legal, and immigration support from the organization. One survivor reported that it was very helpful to create a safety plan for emergencies. The group felt the counseling support they received made them feel better emotionally and stronger psychologically. An important piece of the discussion was that the two survivors who were able to obtain their U-Visas with the help of the organization now felt much more secure being in the United States.

- I felt like I was going crazy before I came here. I feel a lot better now that I'm here.
- The mental help. Because of the way it makes you more strong so you can fight more to have a better life. That helps you a lot. Sometimes when they tell you about immigration, you always think "Oh, how am I gonna go to immigration? I'm not gonna get nothing. And they're just gonna send me back home". But they help you a lot and there's a 99% chance you'll get a U-Visa. So I think that helps a lot.
- The mental & psychological help, because I don't have the U-Visa yet.
- Yes I learned how to carry my keys in my hand so that if someone tries to hurt me, I can defend myself by putting the keys in their eye or ear. And I should call the police if necessary. And what to do if someone is following me. This happened to me. The father of my children was driving drunk and he was following me in his car. I had a protection order and they told me if he tried to do anything to me, to call the police. So I called the police in [county name] and they came to get him. The police asked me if I was okay and I said, "Yes, I'm fine". So when I called the police and they heard my cries, the police came in a matter of seconds. They asked me if he lived there with me, and I said, "No, only I live here". They didn't ask me any other questions; they just took him away. I didn't have any idea before that I could run to the police for help until someone told me.

- I feel more secure now that I have my papers. Because I felt like immigration would come and take me away.
- The U-Visa because I feel more secure and wouldn't have a good job without that.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors suggested more individual and group counseling support in addition to more bilingual staff as recommended changes to the current services and supports. They also suggested that the organization do more outreach to make sure survivors know about the services it provides.

- Maybe they can give more counseling for everyone, so we can try to help another woman. Because we already passed through the situation. Sometimes nobody wants to help anybody, and it's unfair because if we have been in the situation, we can help somebody. Help more people in groups, like some of us. So if we know anybody in the same situation, we try to help them too.
- [Worker] treats us the best way she can. But she's only one person and there's a lot of clients. So if they can have more than one person that would help. The language is a barrier between us, because there's only one person and we have to wait for her. There's [another worker] but we have to wait for her too.
- In the first place, tell them about this organization and that it's here to help them, that it exists. Even though they're not from here, they're immigrants, there's a lot of help for them—more than in their own countries.

Services & Supports Wanted But Not Received

The survivors did not identify any services or supports that they wanted but were not received. They were grateful for the support that they did receive.

What Survivors Would Have Done Without Current Services & Supports

The survivors reported that they would each be in a very tragic situation had they not received any support services.

- I think we'd go crazy, because the service helps a lot because we don't have family here.
- I would not be alive. I'm 100% certain about that.
- I wouldn't be here either. If only I'd known before, I would've come then, because I suffered a lot. There are so many women who just don't know that these services exist. Because their husbands tell them "you can call the police", but immigration will take them away.

Appendix I: LGBTQ Focus Group Summary

Context

This focus group was hosted by an LGBTQ domestic violence survivor's organization. The organization serves LGBTQ survivors of abuse through the provision of multiple services, including support groups, individual counseling, legal advocacy, shelter referrals, safety planning, basic needs assistance, community education and community organizing. They offer one-on-one advocacy based counseling that includes working on past and present relationship issues. They also have a "relationship skills" class that they offer to help others be proactive in obtaining healthy relationships.

The program runs a co-ed support group for LGBTQ survivors of domestic violence. The program staff and the survivors feel that the mixed co-ed group is important so that survivors do not have to identify as a specific gender and/or sexual orientation in order to participate. It was very important for this group to know how their contribution to the research was going to influence a change in services.

Demographics

A total of 8 survivors were recruited for the group, from both an existing support group and from community outreach to other organizations. A total of 6 survivors were able to participate in the group; five of the survivors identified as female and one survivor as male. Three of the survivors were between the ages of 21 and 30, one between the ages of 31 and 40, and two between the ages of 41 and 50. Five of the survivors identified as White/Caucasian and one identified as African American/Black. Four of the survivors identified as Lesbian/Gay and two survivors chose the "other" category and described their sexual orientation as Queer. One survivor identified as having a disability or disabling condition(s).

The survivors varied in their levels of educational attainment; three survivors were high school graduates or had obtained a GED (50%), two survivors were college graduates (33.3%), and one survivor had an advanced degree (16.7%). All six survivors reported being born in the United States and that they could speak English “very well”. Five survivors reported that they preferred to speak English; one survivor did not answer this question.

The majority of survivors in the group (66.6%) reported they had trouble paying their bills (see Table 1). When asked to compare their current financial situation to two years ago, half of the survivors stated they were “much worse” or “worse” off than two years ago. Two survivors identified their financial situation as the same as it was two years ago and one said it was better.

Table 1: Current Financial Situation

	N=6	%
I simply can’t pay my bills.	1	16.7
I have trouble paying regular bills.	3	50.0
I can pay regular bills, but a big expense would cause a hardship.	1	16.7
I can easily pay my bills, but need to be careful.	1	16.7
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Most of the survivors indicated that they spoke with a friend or a family member first about their abusive relationship. Some found their friends and family members not very helpful and looked elsewhere for assistance. One survivor sought out his Employee Assistance Program and obtained referrals to other services through there. Several survivors reported someone they reached out to labeled their experience as domestic violence or abuse, making it clear that

they could benefit from seeking help and that their situation was serious. In most cases, friends had referred the survivor to this specific LGBTQ organization. Outside of friends and family, most survivors reported that the LGBTQ organization was one of the first places they sought help.

- I turned to a friend too. I talked with him on the phone for a while and then I went beyond that to more services.
- I think my best friend first. And then when that became, not working out as much, then I kinda confided in a co-worker who was less involved in the situation just to have like an outside perspective.
- I went to a family member. One was helpful, one wasn't. So...(laughter). And then I came to the [name of LGBTQ abuse support organization].
- I think one of the first people I talked to sent me here, she was really helpful. Because I knew about the [name of LGBTQ abuse support organization] but I didn't really know what they did. And that was actually my partner because I was experiencing violence from an ex-partner.
- I guess when I started confiding more in my friend, she was really supportive of me while I was in the relationship, trying to help me out as much as she could. But it wasn't until I really confided in somebody outside of our friend group that it became more real. Like it just, yeah, suddenly real.
- I went to my employee assistance program and talked to them about it and that's kind of how I was referred to this organization here. And then I also got another counselor too so I wanted to get like a broad perspective from a bunch of different professionals and to know where to go from there and what to do.
- I ended up going to the police and taking some like legal routes. And definitely friends and my family was really supportive.
- I came to the [name of LGBTQ abuse support organization] and also went to my doctor because I had a lot of issues, I had a lot of nightmares and a lot of stuff going on from just leaving. And just not being able to take care of myself. So the [name of LGBTQ abuse support organization], doctor, then I also reached out to a spiritual healer off and on... And I'm on the waiting list for a counselor, so.

What Was Helpful in This Process

Survivors explained how helpful it was to feel validated when talking about their situations and have someone tell them that it was serious enough that they needed and deserved help. Hearing the perspectives of others outside of the relationship helped the survivors to see the seriousness of what was happening in ways they may not have before. It was also very helpful to have someone who understood how certain institutions operated (such as the courts), which paperwork needed to be filled out, and which steps needed to be taken to ensure the best possible outcomes. Not having to educate or explain to people working at the LGBTQ support organization about issues around gender and sexuality made the survivors feel much more comfortable expressing themselves.

- ...To be able to talk about it and not feel crazy, like I was making it up or it wasn't something that was real scary. The first people I talked to were like "Whoa, you need to go do something about that". That felt really good to hear and have witnesses too.
- My friend was a police officer so it was kind of reaffirming to talk to him and because he had seen all sorts of things out there in the world, he's saw it all. So it was nice to be able to tell him my story and get his perspective on it and see what to do after that.
- I guess when I started confiding more in my friend, she was really supportive of me while I was in the relationship, trying to help me out as much as she could. But it wasn't until I really confided in somebody outside of our friend group that it became more real.
- For me it was like getting a sense of what's normal and breaking out of what was my normal in that relationship and seeing what other people think, how other people live and getting all the different perspectives that I could. And if a lot of them said, you know, it's kind of messed up what you're in, then I knew it was messed up and I needed to do something about it.
- I definitely didn't find the legal system helpful at all. But I did, there was one person who was part of the like, domestic violence advocate program, who like actually helped me walk through the paperwork steps and that was really helpful because that was just like so overwhelming and so much bureaucracy and so much baloney to deal with. So it was definitely helpful to have people who specifically had answers or methods or, but then also just like, any kind of emotional support I found helpful.

- When, every time I kept calling for help, she was there for me. And it was like you know, you can't keep doing this. But it showed me somebody cared, I think.
- I had been seeing a therapist at a queer counseling place and just my therapist over time had been telling me she thinks I'm in an abusive relationship and I was very much pushing it away and not wanting to attach that label to my relationship. But I think it got in my brain and I did start to believe it. And I think because it was a queer therapist organization it had more credibility in my mind. Oh, and she referred me to the [name of LGBTQ abuse support organization] but it took me like 5/6 months to actually talk to somebody. I chickened out a lot. Called a few times and hung up. I wasn't ready I think. It took me a little while.

What Were Barriers in This Process

All survivors identified numerous barriers in the help seeking process. Several of these barriers were personal challenges while others were external in nature. These barriers made some survivors hesitant to seek help and/or report the abuse to the criminal justice system. Many of the barriers experienced by the group, both personal and external, were related to their identification as LGBTQ survivors.

Personal barriers focused mainly on self-blame and the fact that most members of the group did not seek help until they spoke with someone who identified their situation as abuse. Some of the survivors reported that the first people they spoke to were unsupportive and blamed them for the abuse. Others spoke of the fear they felt of being stigmatized or judged because of their identification as LGBTQ .

- For me the first family member I went to actually turned it against me and said that I was the reason, that you know was kind of like blaming me for the situation.
- Oh yeah, one thing, just like my biological family, just I'm not super open with them about what happened because I feel like being queer is...having my family accept my relationship with my ex was really important and so I was very secretive about what was actually going on because I wanted that relationship to look credible.

One of the major external barriers cited by several group members was the small size of their community and the fact that many of them regularly run into their abusers within their social circles and where they live. This presents a challenge in regard to safety planning and limits who they can talk to about the abuse, including friends who are also friends with their abuser.

- I know at least for me, my ex and I shared pretty much all of the same friends, even still. And that was incredibly difficult. So having my friends as support has been great but not having, I can't even imagine not having the [name of LGBTQ abuse support organization].

Not having medical insurance and having to pay out of pocket for counseling or other services also made it challenging for some survivors to seek help through therapy or counseling.

- They referred me to a domestic violence outfit and because I didn't, I worked all my life, I quit my job 3 weeks before I had my breakdowns, no insurance, I had nothing. So it's like waiting list, I'm like, waiting list?!
- I don't have insurance and I just recently started seeing a therapist but I had to really do a lot of research about sliding scales. And even sliding scale is out of my price range but I just started this month and I'm like well, I got to start sometime, so. When things finish they might be hard for a little while but I think I'm happy about this decision.

Identifying as LGBTQ presented further challenges for group participants as they were often left feeling like they had to educate members of the criminal justice situation about LGBTQ issues. Several survivors also felt there were loopholes in the criminal justice response to abuse, especially around protection orders. There was also some degree of blaming the victim and re-victimization by the criminal justice system.

- I felt like I spend a lot of time, especially in the legal system, trying to convince people to take me seriously because of the gender stuff. And, like trying to explain, like using male pronouns for the person on documents but then they would be like but they were

female. You know, trying to explain gender to court officials and feeling like I was having to do a lot of education in places where I didn't want to.

- I had a lot of problems with the police. Both, you know 20 years ago and now. My abuser was actually a man,...because I didn't come out until I was older, until about 6 years ago. So that was a thing to come in and hear, you know, and feel comfortable and say well my abuser was a guy, abusers, and then my ex had a stroke and so I never thought I'd get out but then he almost killed me so he got out of the house. But later he was still abusing me over the phone, whatever and I didn't, you know. But he went to jail and they called me up to bring him his meds and then like, I don't live with him, I don't, he threatened to blow my head off. And then I go into the jail to bring this stuff and get treated like, look at this poor sick guy in here. I'm like, just to be treated like that was just outrageous, you know. That was bad, I didn't like that.
- ...Just like trying to convince everyone to take me seriously consistently, finding all these weird nuances with the law where like basically they can only protect you after something really bad has happened and so like, trying to make sure people knew how bad that things were and it just was like exhausting and didn't ever actually feel helpful and mostly felt scary and complicated.
- Yeah I feel like, along those lines, like for me especially in dealing with the legal system a lot of stuff came up for me around like shame of going toward the legal system when a queer person is on the line and a gender queer person of color is on the line. And like if I talked to other people besides the [name of LGBTQ abuse support organization] about that a lot of times they got like "You're protecting your abuser" or "You're...". You know, and here I could be really complex about that. Like that feels like something I want to think about. I know it's not my job to take care of them but also like I care about the different layers of oppression that I experience and everyone in my community experiences. And how mental health is a big issue and those different things that I just felt like I could be really big and complex about here in a way that I couldn't in all other places I went for help.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

Most of the focus group participants were using the support group, phone counseling, one-on-one counseling with an advocate, legal advocacy, and information and referrals provided by the organization. Several survivors also participated in a relationship skills class offered by the organization and found that quite helpful as well. Financial assistance from the

organization to pay for rent, legal expenses, or gas money was also utilized by a few of the group participants.

- Well me, just the support group and then the phone conversations and stuff like that, phone counseling conversations, whatever it is.
- I do the phone, I'm not in the support group at this time but I have been. I've been with these guys for four years, so they've been a big help.
- I've pretty much only met in person and on the phone, one-on-one. I've never been in a group. Took the relationship skills class a while ago and it's been really helpful, mostly now because my situation isn't recurrent. I talk a lot about like current relationships skills and relationship building and healthy communication stuff, it's sort of helpful for that.
- I do the one-on-one conversations, the support group. But also my advocate, the situation I left was all-encompassing, so I had to find housing and safety was a huge issue for me because she's very much out there; and so pretty much my advocate has been my window to the world...She sends me information about things and I follow up on, like I mean, yeah everything from housing and shelter to writing programs and yoga and just anything and everything.
- Just like information, like you know where's a gay-friendly church and things that I needed to help myself feel better, the mental health thing, and stuff like that. They'll get me the information when they're able to do it.
- When I was in like legal situations a lot my advocate from here came with me to court and that was like the best thing in the world. I mean for like whole days waiting for hearings I thought it was like so awful, it was really really good support.
- They helped me financially. I got in a bind and the courts kept wanting money and the only way I saw getting out of it was my ex. You feel like that's the only person you can go to. So they were able to help me so I wouldn't have to go there again.

Outside of the LGBTQ organization, several of the survivors were seeing therapists or counselors, attending 12-step meetings, or going to church.

- I had like anxiety out the roof and I finally have a therapist now that, it's EMDR therapy, it's like, it's just phenomenal like the change in me the last 4 months. But I only got it because I was able to work and I had insurance. But I've lost that but she's stickin' with me for very minimal.

- I go to therapy and really a lot of 12-step meetings.
- Church.

Satisfaction with Current Services & Supports

Overall, the focus group participants seemed very satisfied with the services they were receiving through the LGBTQ organization. There was a strong sense among the group that they felt accepted at the organization and didn't have to hide who they were because it was a queer specific organization. The staff at the organization would patiently listen to them without judgment and showed that they cared for the wellbeing of the survivors. The organization created a sense of safety and security for the group and validated their experiences.

When asked which services provided by the LGBTQ organization were most helpful in their healing process, the group provided the following answers:

- Their phone advocacy, the phone. Because you can call in, except you can only call in through five Monday through Friday. So that's been tough, a lot of times. You've got the crisis line [name of organization] that helped.
- I would say the [name of LGBTQ abuse support organization] in general and speaking with the advocate one-on-one and then also coming to group. Those have been the most helpful beyond counseling and everything else.
- I find just the [name of LGBTQ abuse support organization], the one-on-ones I have with my advocate and just the information that I get sometimes. ...Like he'll copy me a chapter from a book of something that we're talking about. They're just so helpful in that way. They think of every little detail. And support group has been amazing. I was very apprehensive to start the support group because I'm not much of a talker but I turned a little bit more into a talker I guess. But just hearing other people's experiences and getting to share them has been really helpful. And I think just supportive friends that have stuck around and that have shown that they care and those relationships growing and has been also really, that's an important thing, yeah.
- The one-on-one sessions, definitely. And the group is even helpful too because sometimes other people say things I may not have been able to put into words or whatever. And for me there's that, one part of, it's not in this particular program, but

one part of domestic violence advocacy is a financial support for housing and that's been helpful for me, so.

- I think like within the group, doing exercises and stuff like that. That's been helpful because, getting other people's perspectives too and just thinking about things that I may not have thought about bringing up. And how to handle situations in the future and with new relationships, everything else, it's been amazing. And I don't think any other counselor that I have seen could do what this group does.
- Definitely group and then the phone conversations. And then, I don't use it very often but the crisis line at night, they were the one that advised me to go speak to the officer and stuff like that. At first I just kept saying, well, you know, I don't know I'm probably making too big of a deal about this, I'm never going to speak to this person again so it's not going to happen, I don't want to seem like a little buster like I'm just making a bit deal of nothing, I'm not really physically hurt right now, you know whatever. And I'm glad like, it was like 5:00 in the morning and I was in the parking lot on the hill, you know, there was no one else to talk to, everybody else was in bed so I'm glad I made that call to the crisis line and the advice she gave me and stuff.
- I think the relationships with the advocates here that I have built, the person that I see every week and then also just knowing that I can call at any time in the week and even if that person's not available I now know some of the other people and that they're like caught up and know what's going on and then also things that I've been referred to by people here I've also like started to build community with other people because of those things and just this safety feeling of that...
- What I found too was the different advocates were some, at times, at different, if I was suicidal or if it was more of an anxiety, a mental health issue, they had, there was an advocate that was more up on that kind of stuff. So that really helped...
- It also makes a difference, because I attended some groups that were non-queer specific and it does make a huge difference because it helps a lot to have that in this community. Because there is a difference in judgment, because even though the advocates may not be judgmental, sometimes the participants are. So it's been very helpful to have you know, the [name of LGBTQ abuse support organization] being queer-specific.
- I sort of already said this but my, just my relationship with my advocate. I've had the same person for over a year and she's really consistent and really awesome and just having that consistency and building that relationship and being able to come every week for free and there's just like so much access all the way along in there that I haven't been able to find other places or make those same kind of connections. That's been the best part for sure.

- I was going to add too that I don't make a lot of money and having access to such amazing, amazing support for free is just, it's incredible, it's like life saving. Because when I left my relationship I just like didn't sleep at home for like a month because my ex had keys to my apartment and I didn't have money to change the locks...Yeah, I just really liked that I had the support.
- When I come out here, it's an hour drive because so I can get a domestic violence [name of LGBTQ abuse support organization] that is gay friendly, that is, you know. I drive from [city name], the base of like the mountain over there, so I can get this kind of service.
- They really helped out with the gas part, if you need gas money to come out here and do group or whatever, it's available if you were in the need. You know to make it accessible as much as they can for you, it's cool.
- I really like the wide range of services that you can get here, from talking on the phone to coming to group and just getting that. Talking on the phone in the beginning for me was what I needed because it was a way of building trust and getting that external help that I needed. And then coming to group gives me different perspectives from other people who've been through what I've been through and then the activities, I think that's helpful because it's a way of thinking outside the box and thinking about stuff that you haven't done before and really going deep within and going from there.
- And the advocates, because the way they do talk with people, you know I mean their patience and their knowledge and their, you know. I did have one that left. So I was with her like year and then a new one I had. They do seem like they care, it's a big deal.
- Yeah they care that you're safe. Like the genuine care. The support and the way they ask questions and get you to look at things in a positive way.
- Even the difference between sanity and insanity sometimes. Because sometimes the crazy me came from the ex. I couldn't separate her thoughts from mine. So just kind of getting me back in my body and kind of rethinking what I'm talking about and trying to do.
- That's really important, to have that consistent every week or every other week, like just re-affirming that it did happen. Because there's so many outside influences generally that tell you it didn't or minimize it. So it's nice to have somebody there just believing in you.

How the Specific Needs of the Population Are Addressed by the Services & Supports

It was clear that all participants in the group found the services provided by the LGBTQ organization to be very helpful for their specific needs as LGBTQ individuals. There was a level

of understanding by the advocates at the organization that made the survivors feel much more comfortable and accepted. For this group, it was important for the advocates they spoke with to also identify as LGBTQ .

- Well for me, like I identify as lesbian but last year the person I started seeing was a dude so I was on the down low about that and had a lot of like mixed emotions about myself dating a guy and stuff and how people would think and just the attitude of the community not being very accepting and stuff like that...So I, you know, at first when I came into group I think the first time I don't know if I tried to play like the pro-noun game where I don't use "he" or anything like that just say "they" stuff like that. And then probably by the second time I was just like forget it, it is what it is. I didn't want to spend all my time concentrating on not slipping that it was a guy and stuff. But no one was like judgmental about it at all. It was still, same with when I had my phone conversations through [name of LGBTQ abuse support organization], it was a person, it didn't matter about the gender. So I appreciated that a lot because that was something that even some friends and acquaintances that are aware of the situation don't know that it was a guy to this day and stuff like that just because I just didn't want to out myself about it. So it was really helpful here, no judgments and stuff.
- Yeah I feel like just being able to be my whole self consistently in any conversation about everything and not having to teach anyone what that meant...Sitting with someone and talking about it who really understood queer community and the sort of nuances of that too and not having to, I mean like I had a legal advocate appointed to me and she was not queer clearly and she was helpful also but like she'd be like "Anytime you see him, call the police. If you see him, call 911". (laughter). I was like, the community is the size of a postage stamp, like I'm going to see him, you know? And so just being able to be like, how would I decide, what would that look like. Not having only the black or white answers of like the legal system or any other systems.
- Feeling like you don't have to hide. We've hidden. We've hidden the abuse, we've hidden the drug use caused by the abuse. We've hidden the, you know, the bruises. We've hidden. That's what we've done. You know, and to come to a place where you don't have to hide anything, because I went to [name of domestic violence organization], well, you know, I was hiding. So to be able to have this it's...
- ...I don't know about everyone here, but it seems like most people are still living with their abuser in their community and understanding, or having that place that understands that the queer community is super small and navigating that and having advice on how to navigate that and support around that is really important.
- Yeah there's an understanding that's kind of different too. Because the questions are different. I don't know exactly how to describe that I just know that...well it's the

complexity of a queer relationship versus not, and so understanding the dynamic period. It's just the questions can be much more specific and so you don't have to hide behind anything so you can truly be out back with the answers and then you can finally get some real answers because you're not having to pretend.

- I think speaking with advocates here, there's a level of understanding because they're gay too and maybe they've been through situations like that too. And you can't get that anywhere else. You can't get that level of understanding and openness to where you can talk about anything, literally anything, it could be sex, it could be whatever, and no straight person is gonna know about gay sex the same way as a gay person would. Or, whatever the topic is, so.

Areas for Improvement

Recommended Changes to Current Services & Supports

Several of the focus group participants suggested that they would like to see the organization open a little later or at least have an advocate on-call for nighttime help. For most of the survivors, trauma would come in the evening and that is when they would find themselves needing to talk to someone. A second suggestion dealt with services specifically for children who were survivors of abuse, such as a child advocate. The organization has a queer parents meeting once a month, but one survivor who wants to attend has been unable to so far.

Another suggestion was to have the organization advertise more so that their pamphlets and information on services they provide were easier to find. A few participants also suggested having branches in other cities and generally more locations to make services available and easier to access for a broader range of queer survivors.

- It would be great if the [name of LGBTQ abuse support organization] specifically could be open a little bit later. I mean because sometimes the trauma doesn't come until 9:00 at night or whatever. And we do have the 1-800 domestic violence hotline but sometimes those people have been helpful and then there's been a few times when they're not helpful. So that would be nice.

- Yeah because you don't have to rehash everything to catch them up, get them up to speed, you know...I'm tired of telling the story.
- They are starting to do, the [name of LGBTQ abuse support organization] is starting to have kind of a support once a month meeting for parents, so queer parents can come together. But I don't, I just haven't been able to attend that particular one. But I don't know, I just want to say that it would be nice to have some kind of child advocate in the arena of it, all this.
- I would say just advertising more so people know who to call and maybe having them in broader areas so you can pick up a pamphlet and everything. Because it took me going to an employee assistance program to know and also I think in other cities too, because I have friends that have gone through stuff in other areas of the country that don't have services like this and I think that would be really helpful if there was some way to branch out or interact with other organizations or governments or something like that to make it happen in other places.
- More locations. I mean like I said I travel a long ways for this. I didn't even, you know I've seen October's big domestic violence month and you see big advertisements in the paper and all these domestic violence places but you never see this one. You never see the [name of LGBTQ abuse support organization] outside of [city name].

One survivor thought some type of assistance or support for perpetrators, some place they could go to learn about relationship skills, would be helpful. There was quite a bit of discussion about the need for community education around domestic violence issues. One survivor said she would find it helpful if the organization could do some education specifically about how self-defense does not make you an abuser and that abuse can take many forms outside of typical physical abuse. Bringing some sort of drug and alcohol abuse support into the organization was also suggested. Several participants also commented on the need for different types of therapy during different stages of the healing process and the need for a well-rounded professional support system.

- I don't know if they actually have anything like this but I also feel like some kind of like support group for the other side, like perpetrator support, relationship skills. When I signed up for the relationship skills class, the person who I'd come here about also tried

to sign up for the relationship skills class and I was like, yeah actually they need it more than I do (laughs). But they couldn't have us both in the class. So I feel like specific support, I don't know what that would look like.

- Like even have an education piece part of it. Perhaps like, well like there's [school coalition name], like if they had a guest speaker, like if the [name of LGBTQ abuse support organization] had a person on staff that did out-resourcing and out-education and talking to groups out in the arena. Like employers or hospitals...And even to teachers, I think, hugely helpful. About what it looks like.
- I've been in a stalker situation and so I feel like specific safety stuff around small community and community accountability and like a community-based legal system, an entirely new method of accountability. (laughs). But also just like how to work within the system that we do have of safety and support around that for people and queer community and definitely one-on-one support.
- I think also addressing the needs though after someone has left and been gone for a little bit because, like some of my family members, okay, "Oh well you're not there anymore so it's all over".
- ...I guess I'm just trying to say maybe different types of therapy after you're out for a while and specifically tactical therapy, you know like your body maybe revisits the trauma but then you are able to get through it in a different way. And it's just something about after someone's been gone for a while, the whole idea of get up and get over it is not always applicable. So maybe even having the education of, you know if you've gone through something that's trauma, you know, you can still get support for it.
- I think getting as much maybe professional assistance that you can, not just folks in one group, branching out and getting a bunch of different perspectives of people who know what they're talking about that may have gone through similar situations. And there may be some bad counselors out there and if there is one then don't stick with them. I mean you can move on to somebody else and get the support you need.
- Drug abuse. I think they need something, if there's anything, because I know lots of people end up using drugs as an escape. But I didn't see where there was a lot of help. If you don't have insurance, you don't have this. Like that stuff. You know group throughout the, you know right in the [name of LGBTQ abuse support organization] where they have a substance abuse group or something like that...
- I think domestic violence is its own issue. My ex, he used bi-polar as an excuse for his actions and it just muddled the water for me to know what was really going on. And it kind of made excuses for me to say, "Yeah, he's bi-polar, this is why he's doing it" or whatever, but once I disassociated that and recognized it for what it was, then I knew that's what the problem was and I knew what to do with it. So I think it's easy for people to come up with excuses or for their partners to have them come up with excuses.

- I just want to say something about...and I don't even know how it looks but the difference between, I mean for me sometimes, an education if you're not an abuser if you're defending yourself. Because so many times, in my case, like the victim is blamed and they wouldn't see what she had done all the way to lead up to a situation or something.
- Or that abuse doesn't look one way, you know because I didn't have a black eye doesn't mean that a bunch of crazy shit didn't happen. All the manipulation and isolation, and the like year long, two year long bouts of like intense depression because of where I was at and I had no idea why, just all that stuff leading up to it.

Services & Supports Wanted but Not Received

The focus group participants discussed two major areas in which they wanted support but the appropriate services were unavailable. The group felt they were often having to educate members of the legal system about queer issues; there is a lack of education and understanding within the criminal justice system that greatly hinders the assistance they provide to survivors. Excerpts from these comments were provided in a previous section. The other area of support needed by some members of the group were services specific to children dealing with trauma and issues surrounding domestic violence.

- Well I can say, I have children and it's very hard to find services for, particularly children of domestic violence with a queer issue (laughs). So, but even when I was accessing the other program before I came to the [name of LGBTQ abuse support organization], there's very little support for the children. Very little. The only support that they got was if I went to group, there was a baby-sitting group where they had some interaction. But, nothing. Nothing. No schools. Principals were helpful because they're, I happened to be at a school that honored the restraining order and any time he was close they locked the school down. This was when I left him. Anyway, but they just, that was the only issue. I mean, there's no training. I'm reading this book right now about kids from domestic violence and there is very little training for therapists, or even counselors around the kids that leave. And because their syndrome is totally different than just a normal situation. And so it's been very difficult.
- Well my son probably wouldn't be in prison if there was help. Because I didn't know, he didn't know. And that's where he ended up. And if things would have been different he wouldn't have.

What Survivors Would Have Done Without Current Services & Supports

Each member of the group reported that they really didn't know what they would do without the support and services they received from the LGBTQ organization. Many reported feeling they would have been less open when talking about it and their healing process would have been hindered. Some said they probably would have stayed with their abusers, partly because they would never have recognized the relationship as abusive.

- Drown.
- I would never have found the knowledge or the outside perspective that I'd need and tell me what to do. I mean I might have done the same thing that I did but in terms of healing it would have taken way longer and if that never happened, so. Services are real important I think.
- ...I would have felt really alone as far as who to talk to because a lot of people I just didn't tell. Like my mom still has no clue, you know, she's like, "Oh why haven't we seen so-and-so around here for a while?" And I just make up some bull-shit answer like her car broke down or something, whatever. Just because like I'm not currently in it and so for the people that are in my life that know about it it's like, "oh, sweet, she's out of it, we can rest". Blah-blah-blah. But like there's the after effect that's going to continue that I'm still dealing with, you know. It's only been since January. And so to have a place where you can come and not feel like you're burdening everybody by still talking about it or still harping on it feels really good. I don't know what I'd do otherwise. Even also like understanding it and just having like no judgments because there's a lot of people out there, there's the judgments like, "Well why don't you just get out of it?" or "Why do you put up with it?" or this, that, and the other. I told myself that the entire time. Like what am I, just being like a dumb bitch or something like that?...Just really, really helpful to be here.
- I know at least for me, my ex and I shared pretty much all of the same friends, even still. And that was incredibly difficult. So having my friends as support has been great but not having, I can't even imagine not having the [name of LGBTQ abuse support organization]. Like I do not know where I would be right now. And I think the only reason that I'm able to have support from my friends now is because of the [name of LGBTQ abuse support organization]. Being able to like sit down and tell them what has really been going on the last 7 years of my life and being able to open up about that. I really, if I didn't have the [name of LGBTQ abuse support organization] I think my friends would have been just as supportive if I had gone back to my partner because they wouldn't have really understood and they would have just been as supportive no matter

what I was doing. But now I'm letting them now know that I need this specific kind of support. So it's, my advocate's been invaluable.

- Yeah I feel like it would have been much, much harder to go away from the situation I was in but also to manage all of the after effects and especially in community, because the both of us were in a very small queer community and so actually having a place where I could talk about like what felt complicated about talking to the police about the situation and what felt hard about both living on [location] or things, it would have been really hard to navigate all of that without the [name of LGBTQ abuse support organization], for sure.
- Well I don't know if I'd have this life, similar to what everybody else is saying, but also it's just, it's like the only place where you can come to where it's not judgmental, there's no blaming. Because even the best of acquaintances, there's still a feeling sometimes of blame, of responsibility, or lack of understanding. And so I know that it's not just that there's not judgment but it also goes one step further to be support. So like, they ask questions, I mean there's like, you know everybody else's asking questions about why and they're asking questions about how you feel. I mean it's just totally different. And without that, I don't think I'd ever gone from the anxiety to being able to function...So then having somebody to support the moving on process, going from that level of trauma to being able to communicate with somebody without screaming and crying or whatever is, you know.

Appendix J: Men’s Focus Group Summary

Context

This focus group was hosted by a domestic violence program that works with survivors of domestic violence and their families. Services provided by the organization include: one-on-one counseling, support groups, education, legal advocacy, and a 24-hour crisis hotline. Emergency shelter services are available for women and children for up to 90 days; the organization contracts out with a hotel to offer shelter support for men. Support groups at the organization are for women only; however, one male survivor was participating in an older adult survivor group with the permission of the rest of the group.

Recruitment for this group was conducted within the host program and broadly across the region, with the help of the state DV coalition. Most area DV programs reported serving only one or two male survivors, often only providing court-based services for them. There were no programs in the outreach area currently hosting a men's support group, although local programs have run men's groups in the past. All 3 survivors recruited for this group came from the host DV program. This focus group was the first time these three men had been in a group setting with other men who were also survivors. All of the men mentioned this was validating for them, to know that they were not alone and other men had similar experiences.

Demographics

Three survivors were recruited for this focus group and all three were able to participate. One survivor was between the ages of 31 and 40, one was between the ages of 41 and 50, and the other was between the ages of 61 and 70. One survivor each identified as African, Hispanic/Latino, and White/Caucasian. All three participants reported their sexual

orientation as heterosexual/straight. One reported that he has a disability or disabling condition(s).

One survivor said he had a high school diploma/GED, one survivor had some college education, and one was a college graduate. Two of the survivors reported coming to the U.S. from another country; of these two survivors, one considered himself an immigrant and the other did not respond to this question. One survivor reported that he spoke English “very well” and two reported speaking English “okay”. One survivor preferred to speak English, one preferred Spanish, and one did not respond to the question about language of preference. The group was conducted in English.

All three participants reported experiencing financial difficulties; one said he was unable to pay his bills and two reported having trouble paying regular bills. Two of the survivors indicated their financial situation today was “much worse” than two years ago; one reported his financial situations was simply “worse” today.

The Help-Seeking Process

First Places Help Was Sought

It took all three of the survivors in the group quite some time to seek help for the abuse. Two of the focus group participants mentioned speaking with friends initially. One of the survivors was referred by a friend to the domestic violence program, and another was encouraged to seek help for domestic violence in general; after researching DV organizations online with a co-worker, he came across this program. The third survivor was working with a caseworker from the state that referred him to the domestic violence program.

- My caseworker for the state put me in touch with this agency, and they actually gave me, they opened up avenues for me. And when I did make the decision on [specific date and time] of this past year, I left and never looked back. So it was the hardest thing I've ever done, but I'm not sorry.
- I spent one year with no help and then sometimes I think to...myself until I found a friend, she was abused too, and she used to come here. She tried to convince me from the beginning, but I didn't, I couldn't understand the program's calls, you know, by the same as women's. I'm a man, I got shame. I didn't know.
- ...You get to a point, it was getting overwhelming you know, in terms of the way my mind was thinking about things, no sleeping, and so one day I just um, I was talking to a friend I had to finally confide in somebody, and he mentioned why don't you look for domestic violence counselors...Something that you don't want to talk about, and when the friend mentioned that, I just went on the website and uh, um I wasn't also very good with a computer so I asked a co-worker, do you have an idea, I pretended it was for somebody, not for me, because I didn't want her to know. And she came over and we started searching and the first group that came up [in] the north. I didn't want to attend any group in my area too, then I may meet somebody that I know or somebody that knows me. So I wanted to go outside the, my circle and living area, and I called this number, and fortunately the person that picked up took my information, hoping to hear from them over the weekend because it was a Saturday that I called and they were going to call me back, so I didn't hear anything on Monday and Tuesday when I called [DV advocate name] [who] picked up my case and wanted to meet with me.
- In my case it was [DV advocate name 2] the lady that ran the elderly program, I mean there were nights that I tried to kill myself, and I would phone her at 11/12 o'clock at night, and without her, I wouldn't be here. She's a very special lady. She's left now, but I mean she will always be a part of who I am, and then I met [DV advocate name] and I see [DV advocate name] now, but [DV advocate name 2] was and will always be my friend.
- ...You know there's a point in which you can't take no more. And that's pretty much how it came to be, and I met [DV advocate name 2] and we talked about what are your options. Well the options are, you need to make a decision because nobody can make that decision for you, you have to do it. Very painful.

What Was Helpful in This Process

The participants spoke mainly about the helpfulness of the advocates they came into contact with at the domestic violence program. The advocates listened to them, provided them with necessary referrals, and helped to explain the psychological reactions to the abuse the

men were experiencing. The group mentioned several times how the counseling support was life-saving and helps to keep them going even though the process of healing is painful. One survivor spoke about how it was helpful to have a family close by that he opened up to; they would keep him company, making him feel less alone. Group members were especially poignant in their descriptions of their psychological fears and subsequent relief, as shown in the following extended passages:

- I spent three months to decide to come. When I came here, I feel a relief because at least somebody else was listening, you know, to me, and right now I got a year coming to therapy since, I feel better.
- But it was such a relief, you know, actually when I met with [DV advocate name] it was very, I couldn't speak two minutes, I mean the whole period of my meeting with her was full of tears, you know, I couldn't just, I couldn't control myself because I don't talk about it, but it was deeply, you know all written and being put together was really, really hurting me. So, when I met [DV advocate name] and she was um, she made me feel like she's here to listen and there is some kind of solution that is going to come from her. I had to tell right then when you touch on some of these sensitive issues, things that you been through, then it becomes really difficult to control too.
- ...When I came here, the main relief was can't speak because you got all these things inside and you feel you're gonna explode. When you go here you're...you get a release, and somebody else is listening up.
- When my first contact over here, um with [DV advocate name] was such a big relief. I mean she really took me off that moment of, uncertainty. First of all, I was just, I didn't know what was going to happen to me the next minute in terms of the way my brain was working and my body was reacting all the time. My fear is that you gonna be disgraced, like, I'm gonna, like, go completely insane. I didn't know what was going on because I could not think on one side of my brain became like a traffic jam. Every single minute, I mean, it is like you can't concentrate on one single thing. A whole lot of things and I couldn't define that, was that a problem of getting insanity, completely insane being out there like that, that people be walking on the street and that was a problem but when I came to first meeting with [DV advocate name] she took me through actually diagnosis and the formulas of the behavior of the brain functions and stuff like, and that gave me huge relief: this is being caused by something, it's not a state that you are, there could be improvement in it because what she make, the explanation she gave me of how your body's reacting because of this, your brain is reacting this way, this is being produced here, that is being produced there, she took me through that so that first

meeting that day with her was such a big relief. I just realized that all is not lost, if I can get the necessary help and get the whatever...Then she referred me to, she did a very good job, referred me to um, [name of mental health agency] you know, psych person for them to take, actually go into medication aspect from there, and they were doing the medication part of it, which helps me to sleep and they will start off with that. I will give them more credit for the medication that in it will help to at least to slow me down and help me to sleep. My major help...was from here,...um I do take my medication, but I believe my strongest help, major part of my strength is coming from this program that I'm attending here. Um, medication, it has some side effects and stuff like that like which, um personally I feel more comfortable, more stronger when I meet with [DV advocate name] too. Just that if you ask me to compare the two...I would say maybe overall the medication I would give it maybe 30% and the rest of the 70% of my strength is coming from my initial contact that I had over here.

- I, one of the things that I was told over and over was that if nobody would ever look at me because I'm an old man, and you know what even though I left and I lived in a safe house for nine weeks, that stays with you. A lot of the things that are said to you don't go away. You can understand it better, and it makes more sense to you, but somewhere in the back of your mind it's been drummed in there and it's hard. I mean I come here and we meet with [DV advocate name 2]. [She] has been my saving grace. [DV advocate name] has the uncanny ability to listen to you and actually pick apart what you are saying.
- The counseling, the therapy help you keep going, you know, every time I come here, when I go out I feel like, you know, brand new. My body and I are recharged to start again...I, you know, that's why I ask my therapist if I gonna, if I could be the same person than before because even though I got almost a year and I got a lot of questions in my head like what I did wrong, or could I did better, or you know. But even now I can't know the answer because it wasn't me. I always try, I think I told me therapist, I think...I love more her than myself, and now I know she knew that I love more her than myself, and now I'm learning to love myself first, and the rest of the things.
- Finally there was a family that I was able to open up to, and they, letting them know my situation, you know, they know, but they didn't know. They know the initial all the problems and stuff like that, that was going on, you know, anytime when like I have to leave the house in the middle of the night or something, you know sometimes my keys are taken away from me, and they're the people I call, will come and pick me up, and to get out the house to avoid police contact and all kinds of things...But this family became like a, besides my treatment, they made it a strong point that we don't even want you to eat dinner in your house, we want you every single [night]. For them to make sure, I love to go because it takes the mind, it occupies my mind a little bit, you know.
- I mean, the helpful part of the program is, is just, first of all, she diagnosed what you're going through; to let you know what you are going through...It's just a beautiful part of

it, and she, listening to you,...to know that, I know what you are going through, and then offering the solutions to the problems...She's just, you know, very good at what she is doing and...giving you the solution, not medication, but self strength solution to overcome some of these things is very powerful.

What Were Barriers in This Process

The biggest barrier for the men in the group seemed to be pressure they felt as men to be strong and “keep everything together”. They felt quite a bit of shame about their situations that kept them from coming forward and confiding in anyone about what they were experiencing. There was also a sense of loneliness and a feeling of having to start over that made it difficult for some of the survivors to leave their abusers. They also did not know that services were available for men, as this specific domestic violence program, only advertises support for women survivors of abuse.

- This was hardest part you know because like a man you got a different vision, you have to be strong, and you never have to cry. When I decide to come here at the beginning, I got a lot of doubts because you know like an immigrant and I got married with a citizen, she left me, she abused me, I thought I couldn't get help from nobody.
- My first contact was, it was very difficult to come out about it first of all, how I'm feeling because it's very difficult...When you're a man it's difficult to speak about it, I mean you feel very ashamed to talk about it, and when things happen in public, so you tried to hide everything and try to believe in that you're strong as, you know, you looking like you can be strong and just take everything.
- ...But I was attending, we was attending marriage counseling during the problem...and she just walked out, but this [counselor] didn't offer me anything. [S]o um, that was the difficult part because I then didn't know where any help was going, the way I was going towards...and suicidal thoughts...
- It is a little bit difficult when it comes to a guy, I mean females, you know, they have friends, they easily share these things with friends, but when it's with a male, it's difficult to share with somebody if your wife is slapping you, or kicking you and you can't kick back because of certain things, it's difficult to share with anybody. So finding help takes a lot of courage...

- If you talk to somebody outside maybe you gonna be, they gonna laugh at you because most of the mans on the earth they think they can beat up a woman or humiliate or something. Um, most of the time I cried like a baby, but I didn't understand why. During the nights after she left, during the nights, I wake up crying, I got a lot of pressure. Sometimes I think, you know, to kill myself because I feel my life, having nobody.
- You know, and I don't know if, when you make the decision to leave, whatever the circumstance is, I don't know if you really mentally are ready for what's coming. The loneliness that you feel in the relationship is there, and when you leave it's a different relationship because now you are alone. I mean, when [DV advocate name 2] took me to the safe house, I had checked in and she left. You know I went downstairs and I sat on a rocking chair looking at the water. That was the first time it hit me that you know what, now it's different because you're not going to be made fun of anymore, but here you are and it's a different kind of loneliness I found.
- ...The loneliness aspect is a killer. Secret killer, I mean it kills you softly, but it's difficult to talk about...The last thing you talk about is to have another relationship, no, you don't even want to think about it, personally, I don't even wanna think about it...The loneliness besides coming into the therapy...stepping out, going home, and walking into your premises of seeing where you gonna be for the night, nobody to say anything to, nobody to talk to...
- You know if you're gonna survive you're gonna have to start a new life with new people. Very hard to do, none of us are young, very hard to do...I don't care if you seek religion, or you seek spiritual, there's got to be more, and I don't know if there is more. I'm sort of on this journey right now, and because I'm old I look at it as a journey, and I don't know how the journey is gonna end, but it is a journey and you know what, it's very educational in a way. It's scary as hell, but it is educational. I guess, that's where I am.
- ...Sometimes you hold your pride so much as a man and certain needs you can't even ask... When you want to move on you basically moving on empty handed. 'Cause in my case it's like I'm working, but every single day, every single week the paycheck that comes in, it's already gone...Because I also feel like I don't want my debt to be somebody's own, and to put it on. If there are such helps in the group, think it's just some of the underlying problems that we come up with when a man is walking out of a home or something like that.

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All participants in the group spoke about mainly receiving one-on-one counseling services at the domestic violence agency. One survivor was attending a support group for older

adult survivors of domestic violence that was made up of all women. One man received material supports from the agency in the form of furniture for his apartment and food when it was available. Referrals were provided for legal assistance, but one of the survivors did not find them to be helpful.

- They got me some furniture. They pretty much just showed me what is available for me. I mean [DV advocate name 2] again...worked with my caseworker from Department of Elderly, who was also an incredible lady.
- In my case, you know, um, my major difficult, my point of, my services I'm having, getting from here is solely from [DV advocate name], and, um, all the other connections, all the other help, she tried even helping me, you know, accessing a lawyer on the basis of no fee. Certain information that she relates to me are the way to get certain things, you know, what, how to go about it and stuff like that has been more helpful.
- ...You come here and say, you know, I'm getting really low on food, if they have food here, they give you food, but now you're in a position of, to me it's almost like begging, and they never once implied it like that, but I mean that's the feeling you get because again, you're a man. That's the hardest thing. Thanksgiving time you got a little box of food, you know Christmas time you get a little box of food, and I, all your life you've worked, and all your life you've provided, the hardest thing is to all of a sudden say, thank you for the food, and you have to take it 'cause otherwise you're not gonna eat.

Satisfaction with Current Services & Supports

One survivor spoke about going to a general support group at a mental health agency that he found unsatisfactory and ineffective; in contrast, he found the counselors at the domestic violence program more supportive and helpful. All three participants in the group were satisfied with the counseling services they were receiving from the program; they spoke of two different advocates that provided emotional support, education, and advocacy. One survivor who speaks Spanish as a first language found the bilingual services at the DV agency especially helpful.

- In my case, um, over there the [name of mental health agency], they have a group meeting, and I don't see the head and tail of that program. It's a group; we just go there

and um, all you hear is just each person talking about their issues and problems and problems. He go one person to another, what you have been doing for the week and how is it, what is going on with you, and then they would go on repeating how terrible things are going, how good things are going. Um, I don't find that helpful at all because ...look, I'm already in turmoil...First when I see the people it makes me feel like, ok, I'm not alone in this situation, but then when they're gonna go over their issues and be telling me this ...[and] he's just listening, but one of my expectation is he will give you solutions to the, what ever you are telling him, or what ever you are telling, but it's not coming, there's no solutions that is coming from him, not like maybe coming to meet [DV advocate name] here and she asking you a question and you speaking and she giving solution to the problem...

- Thank goodness [DV advocate name] is a super lady, but it's very hard for you to sit there and open up, and say, look it, here is why I'm here. Here's what's going on in my life, and it's not fun. It's not a game. So, I, that was kind of scary and I didn't understand why all of a sudden [DV advocate name 2] was having me see somebody else, but in time I did, 'cause I still talked with [DV advocate name 2], 'cause I'd see her at group, and I did because [DV advocate name]'s expertise is different than [DV advocate name 2]'s, and I think that's helped me a lot because she kept filling in a lot of areas that I didn't have answers for. So, to me, you know, this place has really been pretty good.
- I mean, [DV advocate name 2] has helped me in every aspect of my life at this moment. You know places to go to get help, you know legal help, and how do you deal with somebody that, you know, I've been sued a couple of times for bills. You know, she's an advocate, a voice for, excuse me, for seniors. I mean these are things that I wouldn't readily be able to find out right now. I'm just not that sharp anymore. And then the other aspect is you can tell them what's bothering you and a case like going to court, it was very scary, she was right there. The last day that I had to go she couldn't go, and I walked from my living place called [housing name], I walked to the courthouse. It was the longest walk I ever took. Scariest thing I ever did, but when it was over I was walking back home and I was like now what? You know, and she's been there for me time after time, and I know I sound like a broken record but I can't begin to tell you how many times after her regular hours that I would talk to her. Never once did she say oh I'm busy or I gotta go. She always listened to me.
- For me it's, um, bilingual program, you know, and then uh, my case, uh [person's name] at my therapies, she's teaching me, you know...and now I feel better because I knew something that before I didn't know about my emotions, how to control it, how, you know, it's the best part. They are teaching you to recognize yourself inside. This is the best part for me.
- You know, [DV advocate name] is an incredible, she does have a gift...of being able to listen to you and actually almost become part of your thoughts. Sometimes it scares the heck out of me, and I find myself thinking for the next two or three days about what we

talked about. It's like, I also look forward to getting back here again because that's my period of joy and it's my period to talk to somebody for that hour, cares about what you are feeling.

Areas for Improvement

Recommended Changes to Current Services & Supports

One survivor did mention that every survivor's needs would be different from one another and should be considered on a case-by-case basis. He suggested if there was a need for referrals and services outside the agency, it would be helpful if outside advocates and providers would come to meet with the survivor and an advocate at the agency itself; this would allow the DV advocate to intervene if necessary. Survivors also mentioned tailoring services so that they helped to maintain an individual's sense of pride and competence. One survivor suggested the inclusion of religion in some way with the services provided at the DV agency.

One of the focus group participants was experiencing great difficulty obtaining legal assistance to help him with his immigration status; a lawyer was too expensive and suggestions he received from his advocate were ineffective. He was denied a work permit because of his immigration status and suffering extreme financial difficulties because of this.

Participants also suggested increasing the number of advocates available and making sure they were being rewarded for their hard work. All three survivors emphasized the need for better advertising by the domestic violence program specifically toward men, making sure that men knew services were also available for them. One survivor suggested that it would be helpful if some male survivors could speak out and try to get other men to seek help.

- I think we can do something better to help people like me with immigration. You know, cases like this. Even when I went to the court, when I told the judge I got a domestic violence case, he saw me, you know, different, strange. I told him I feel shame, you know because the courtroom was full...[B]ut this program is great because I told you, I

think it saved my life, but they need to do something extra for guys, cases like mine because even I represented myself because I couldn't pay a lawyer.

- ...Sometimes it's just, you know, the sense of the pride that a man will have to ask for things, certain things, sometimes it's a little bit difficult. It could be a means of helping the person to find a job or on his own...And now for him to walk into a door...ordering the food stamps...or asking for assistance for food before he can eat in the evening. Um, it would help if the group is assisting you emotionally and everything.
- So in a situation of people of age, in terms of assistance that will be coming to...the patient's aids should be designed according to what the extent of certain things may be. I'm strong enough to go out there and work sixteen hours a day. I don't mind. I want to do it. Could that be any help coming, being tailored for me? He could not do that...The pride aspect of a man going through this, is something that you sometimes don't want to talk about it, but you have no choice...Looking at the different individual situation things could be tailored in the way that you can just maintain your pride or something like that in a way.
- Probably get more trained people that could help. There's so many people that need help. I mean real help...I mean, I'm sure they have a heavy caseload here for the amount of women that are here. And I think that would be an asset if you could find more people that care like this core group does.
- I'm sure every one of these [advocates] has a different specialty. So, when you get somebody that can really handle the problems that these ladies are handling. I'm not saying you got to put it on a pedestal, but by God you ought a make sure somewhere along the line they get a break.
- They got a lot of men's outside suffering like us. I would like to do something to let them know you can help them because we can. We are getting help. There are a lot of people out there suffering, maybe killing their self because they don't know where to go...They have to know there is a place to help them because it's horrible. I think some day I gonna try do something to try to help because I know it's awful when you have no help and you don't know where to go. I would like to let them know, they can be helped.
- Well, I would say, first of all I would make it a priority in terms of whatever assistance that I can realize that an individual needs. If his problem being the legal assistance, and his problem being finding accommodations. People running these services, my million dollars could pay for the service to come in to your premises here to see how, to be able to be a part of whatever services they are going to run. Which I know is going to be a problem...Also, each individual here from experience, you have something in your life that you have held onto and has been a very core in your life, something, a backbone in your life, but you might have lost it in the process. It could be a religion, it could be something very dear. For example, I would advise maybe religion could be part of the program be it ministers, pastors, or whatever. For example, personally religion was

something that I had to give up, my religious life because of her...Whatever form of religion that a person belongs to yeah, if it could be incorporated.

- [T]he million dollars, you know, I would like to spend to get men who would be bold enough to kind of speak out. Let other men feel comfortable to come out to get the help that is needed for them. Trust me, I have never smoke in my life, I never drank, tasted alcohol in my life, but when I was going through this, I started drinking. But then I was lucky enough to be held back and advised when I started getting help. So I'm saying there are men out there turning alcoholic and all kinds of things because of things that they been through.
- I think there's special needs, yeah. And I think like in my case, I came in here not knowing what to expect. I came in here with a lot of fear. Every meeting I sat in was aimed at women. I mean, that...be all, and I wasn't offended by it, but I didn't understand it because then I started thinking, am I the only guy that's going through this? And obviously I'm not. All the books that you'll see down there are for women. Somebody's got to let people know men get involved in this too.

Services & Supports Wanted but Not Received

One survivor was in need of legal assistance but was unable to afford a lawyer or obtain free advocacy or support elsewhere. Because of this, he was unable to obtain a work permit and was experiencing great financial difficulty. One other survivor had received some services at a psychiatric hospital that he did not find helpful and was dissatisfied with.

- ...But you know, the pain's still here because I got two years because without job, I'm living from charity because immigration services didn't renew my work permission, and right now, I'm in immigration court by myself because the lawyer charge \$6000, \$7000, you know, I am spending two years without a job...In immigration services in my case they are weak, they suggest things that never work...I do things, you know, just to survive, but I'm living with a friend because I don't get enough money to pay a rent. I can't support my son because I don't have a work.
- I was admitted in [name of psychiatric hospital] for a period of, and they taught me that my emotions were just...the question he ask me make me feel very stupid, and these are some of the things that you're gonna meet when you're going places for assistance...So, I even refused to even have any contact with him while I was at admission over there because he was treating me like somebody who's out of his [mind].

What Survivors Would Have Done Without Current Services & Supports

Several times throughout the focus group, one of the survivors continued to mention that he felt he would be dead today if it were not for the services he was receiving through the organization. The domestic violence support services provided by the organization were seen as lifesaving by all the men in the group.

- In my case it was [DV advocate name 2] the lady that ran the elderly program, I mean there were nights that I tried to kill myself, and I would phone her at 11/12 o'clock at night, and without her, I wouldn't be here.
- I don't know it's, when you come here if you find the right person, they save your life.

Appendix K: Older Adults Focus Group Summary

Context

This focus group was hosted by a DV program that primarily serves victims of DV and their families; program services include counseling, legal advocacy, community training and education, a 24-hour hotline, and emergency shelter placement. The program runs a support group for older adults (age 55 and above) and focus group participants were primarily from within this existing support group. The DV program advocate that facilitates the older adults' group reported that she was very pleased that her group was being included in this study. She feels that the majority of DV services and agency resources, funds, and research are directed at young mothers experiencing DV or survivors with co-occurring mental health and/or substance abuse issues; she feels validated that the unique needs of older adults are being studied at this time.

Demographics

A total of 12 survivors were recruited for the group; a total of 11 survivors were able to participate in the group. Ten of the survivors identified as female and one survivor as male; although the male survivor was dressed in female clothing and was accepted by the group as female. Six of the survivors were between the ages of 55-60, and 5 were between the ages of 61-70. All 11 survivors identified as Caucasian/White; and all 11 survivors described their sexual orientation as heterosexual/straight. Six of the survivors (54.5%) reported that they consider themselves to have a disability or disabling condition.

There was some variation in the highest level of education achieved among this group of survivors; 2 were high school graduates or GED (18.2%), 6 had some college (54.5%), and 3 were college graduates (27.3%). Ten survivors reported being born in the U.S.; one survivor did

not respond to this question. Ten survivors reported that they spoke English “very well”; one survivor reported that she spoke English “okay”. The preferred language to speak was English; with the exception of one survivor who preferred French.

Survivors were asked to report their current financial situation and to compare their financial situation now to two years ago. The majority of survivors (90.9%) report financial stability/the ability to pay their bills (see Table 1). When asked to compare their current financial situation to two years ago, the mean score on the scale of 1 to 5 was 2.64, suggesting that the majority of survivors are currently worse off financially than two years ago.

Table 1: Current Financial Situation

	N=11	%
I simply can’t pay my bills.	0	-
I have trouble paying regular bills.	1	9.1%
I can pay regular bills, but a big expense would cause a hardship.	6	54.5%
I can easily pay my bills, but need to be careful.	3	27.3%
I do not worry about paying for things I want and need.	1	9.1%

The Help-Seeking Process

First Places Help Was Sought

Some of the survivors in this group first sought help for domestic violence from the police, the courts, friends, and family; others came directly to this DV program first. Most of the survivors indicated that they did not seek out help or DV services independently, but were referred for services by someone else that recognized a need for support they could not see themselves. Some of people that reached out to survivors and suggested that they seek services included medical and mental health professionals, social workers, friends, and family.

The excerpts that follow make it clear that seeking help for DV can be complicated and take some time.

- I turned to the police. My roommate killed my dog and the police gave me this number to call; because I found an assault weapon in his closet and he had no license.
- I actually ended up at [name of psychiatric hospital] in [city name], and that led me here.
- My therapist recommended it. After a couple of years ago I came, some before and then I started again last summer. And I moved out ten days ago, and I wouldn't have been able to do it without [DV advocate name]. There is no way. And the girls from the support [group].
- I started to go to counselors. I knew there was some major problems. This is not my first time for mental abuse. This is actually my third time. And I knew that it was starting to go...it was really getting bad. The mental abuse. And I started going to a counselor and I am still going to her. And she told me that there was a very, very good program in [city name] and that's when I got a hold of [DV advocate name] and I started coming here.
- I too wouldn't have known what to do without [DV advocate name], it saved everything. I was in the hospital and the social worker gave me the number to call. I didn't call right away, but at the point that it got really bad I did call.
- I too was recommended by a dear friend who actually does some volunteer work here and actually recommended [DV advocate name] to me as a really lovely person. So that's why I came.
- I lived with it just for years without telling anybody. Nobody knew anything was going on. But then it just kind of all came to a head this past fall, and I happened to be with my sister when it just kind of...and well she remembered this group from when she needed it several years ago. So she called [name] hospital and they gave her the number and she gave it to me. And I am a completely different person today then I was when I came here.
- I started with the police department. They actually gave me information on the resource center here. And then I went to the court for a restraining order, and there was an advocate there who gave me more information. And I didn't do anything at first and then finally I picked up the phone and called here and met with [DV advocate name], and then she got me into the group. It was the best thing because you find out that you are not the only one that's going through it all. And you can relate to what other people are saying: "that happened to me" and "that happened to me". So, it's a good group to be in.

- Well, for me, this is happening over and over. This third time my husband decided to cheat on me and while he was doing that, I started really realizing all the abuse that I was taking from him also. And I had been with him for quite awhile and decided I needed to do something, so I reached out to my family and friends. Which is when I started therapy too, and they kept nudging me that I need more help. And so I decided to come here because I couldn't handle my person anymore, and I knew I needed help and I knew I needed to be strong in order to get away from the situation for good because I know that if I go back to the situation it's going to eventually come back to the same thing. And that's the hardest thing for us to realize is that even though we might still love that person, we know what he is capable of and we need to do as much as we can to stay in these programs to keep ourselves strong enough to stay away from what we would really love to go back to but know that we can't.

What Was Helpful in This Process

The fact that someone was willing to reach out and suggest to these survivors that they were, in fact, victims of domestic violence was identified as being very helpful in this process. Having someone to trust, whether that is a friend, a family member or others, was also identified as important in the help-seeking process. Another survivor reminded the group that the process is going to be different for each person because each person's situation is so unique and different.

- Maybe becoming a safe haven for them too, a confidant for them, a soft place to go. Because I think initially you are ashamed and you just want to be able to trust somebody I'm not saying that it has to grow from there, but that's basically how I started-a friend pointed it out-it took me almost two months to even come here to be honest with you. She kept on saying it, so again, she was my safe haven and I knew she loved me and cared about me. I think that's important to people, because you don't always get that from family members.
- I think every case is an individual case and it's all different. Some people can count on their family, some people can't count at all on their family. Some can count totally on their friends, some don't have friends or very little because they've been so abused and put into their little house and can't go anywhere, they really don't have any. It's just a really hard situation for every abused person and everyone is a different situation.
- Well, I think you are wanting to know how people got here...It's always a series of events that lead you here, and when you finally do get here with domestic violence. Part of it is going to the police and reaching out and getting nowhere; going to counseling,

having the wrong counselor; and then someone recommending that you come to the facility or to this program. And it's not just something that happens overnight. I have been here for years and it's a long journey to get to where we need to be because we have been through so much. This program has really helped a lot of women, including me...There are some really damaged people that get here. They are lucky to get here. There is a lot of us who have been to a lot of places we probably never should have gone to in our life...but it's a process. Adventure...if you want to use the word. But it's a process. And without a program like this, a lot of us would not be here. Not on this earth.

What Were Barriers in This Process

The survivors in this group identified a number of personal barriers, as well as external barriers, to the help-seeking process. Many survivors indicated that these barriers often significantly delayed their help-seeking process. Some of the personal barriers to seeking support included feelings of fear, feelings of worthlessness or depression, denial that what they were experiencing was really abusive and/or not understanding that verbal abuse can be domestic violence, and concerns that they would not be believed.

- It's such a big fear: to stay and to leave. They are both so fearful.
- Fear is right there in the beginning. The fear keeps you, it stops you dead in your tracks. You have to get beyond the fear cause that's what these guys do, they put the fear into your life so much that you feel like you can't go out there and be a person.
- Well again, go back to the beginning. We crawl in here because we are nothing of a person. We are down really low. No self-esteem. Post-traumatic stress. Anxiety. Depression. Suicidal intent. You know, all of the above – really lost souls that come to this program.
- I used to go to Al-Anon for quite a long time – about 10 years. And I don't think I realized that my husband was abusive. I knew he was alcoholic. Well, it took me a little while to really understand he was alcoholic, but after I got that was talking to my friend who was into, really into...was knows about the different abuse and stuff like that. I kind of got aware of...sometimes you just don't know that you are being abused...[I]in fact I heard it one time also from somebody that said his girlfriend was abused before he met her and she didn't know. And when I heard that, I thought, how does somebody not know that they were/could be abused? So, I started to think all the things which is abusive. Not, it wasn't physical, he never hit me; but was emotionally abusive. And by going to the

therapist and she would explain different things to me and I could see it clearly and then I started to analyzing different things. Looking for things that he did and thinking about relating them to myself and realizing that he is abusive, you know.

- The day the police officer handed me the domestic violence paper and his number he said, “If you need any help call me but you need to call this”. And I’m like “why do I need to call this for, what’s wrong with him?” And he’s like, “you’re a victim. Do you see how bad this is and when you’re right in the thick of things you just don’t...” So about a week went by and me and my girlfriend went up to the court house to get a restraining order and she said, “I think today’s a good day to call the [DV program]. And it’s the best thing that I’ve done.
- When I go to court I felt like anything I said and did, they weren’t gonna believe me, they would think it was not real, that I was fabricating these things myself that were happening in my life. Like mental illness, having a nervous breakdown. I actually was apologizing to my lawyer, who’s gonna believe me? They’re gonna think this is not real when, you know, it’s real.

The survivors in this group identified several external barriers to help-seeking. One of the primary barriers the group discussed was family dynamics: either family members denying that the abuse is taking place or feeling unable to discuss it, or family members acknowledging the behavior but suggesting to the survivor that it is acceptable or normal. The survivors discussed that life behind closed doors is different than what people see on the outside, and it creates a sense of disconnect. Another identified barrier was mental health professionals who were not trained in DV issues who sided with the abuser or gave inappropriate advice to the survivor. These barriers clearly contributed to or exacerbated the personal barriers just described. Many survivors expressed fears about financial stability; how manage housing bills, lawyer’s bills, potentially being homeless, etc. And finally, several survivors identified their lack of access and/or inability to use technology, such as cell phone or computer, as a barrier in the help-seeking process.

- As far as reaching out to family, you don't want to reach out to anybody that knows anything because they are keeping it in the closet even though they know.
- I found with my family that nobody wanted to say anything to me, especially my son who's 33 now and has been living on his own for a long time. He came temporarily back home while I was still with my husband because he went back to college and nobody said anything to me until I left and then they're all like, "well you know he's been abusing you for years, you know that you should have gotten out". My son's like, "I'm so happy that you're out", and it's like, he couldn't do enough for me, and he's trying to help me out. And it's like, my friends and everybody...All of a sudden it's like, "I'm so glad you're out of there, you really needed to leave...". And it's like wow this all came out of the woodwork when everybody was afraid to say something when you're in the situation. You don't realize how many people care about you, well in my case I've been very blessed. A lot of people have come out and I know that I have a good system to help me. And I'm very blessed and I know that everybody doesn't have that. Wow, it's just amazing how people think but don't want to tell you. Abuse is a very secret thing; it's not supposed to be spoken about.
- I have been seeing a psychiatrist who is a lovely man but I can't help get the feeling that occasionally he feels everything I say, I'm paranoid. Which isn't true. It's the truth, and it really happens. I also feel that sometimes that men are in this club, I call it "old boys club", and that too sounds paranoid, but that's how I feel and what I see.
- But what I am trying to say is that the therapist we went to was a woman and my husband is very charming and charismatic and a fairly decent good looking Italian man. He totally won her over and everything shifted to him. And she did more damage to me then. Yeah, she totally left me feeling so bad about myself ...". Yeah, so if you get the wrong therapist or the wrong help...
- And I have a fear of being homeless when you get older, you know. Living in...the worst place you could live, I don't know. No security, and social security, who knows what's going on with that and that's still not enough for us, not for me anyway, my own social security...not enough. Financial fear is...it's like what's gonna happen to me?
- I can't do anything, I can't do GPS. I can't even use my cell phone. I don't know how to figure it out. I've tried and tried but I'm so alone, there's nobody to help me...I don't know how to turn it on, literally.
- We just got a new line so we could bring a computer home. We've never had one in the house.
- I've always hated mechanical things....I was the last person to get a cell phone. My husband insisted I get it so he could get in touch with me...And then yesterday [name of cable company] finally came, I got a computer, he hooked that up and the new landline and I got a new cell phone. And I don't know how to work any of them.

What Is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All of the survivors in this group are currently participating in the support group for older adults within this agency. A few of the survivors are also receiving individual counseling with the same program advocate who facilitates the support groups. Many of the survivors are additionally receiving counseling from outside agencies or private therapists. Some of the survivors are getting food and household supplies from the program.

Satisfaction with Current Services & Supports

When asked to discuss their satisfaction with the services and supports they are currently receiving, the majority of survivors talked about positive changes in their lives as a result of participating in the support group. The survivors reported learning new skills, increased self-esteem and confidence, increased knowledge, increased feelings of safety, and improved overall quality of life. Many of these survivors are still living with their abusive partners, but they reported that their home lives are improved. Some survivors reported that they have been able to leave their abusive partners because of the ongoing support of the group. There was a good deal of praise for the particular program advocate who works directly with these survivors; she is viewed as someone very important in the lives of these survivors. Additionally, the survivors spoke of the importance of having DV-specific services available in their community because other general social service providers do not have the training and expertise in DV needed to support survivors appropriately.

- Our self-esteem is lifted. Our being is lifted. We learned a process of what we don't want in our life. We learn about boundaries – who we are going to let in and who we are going to let out.

- My husband has actually been better since I came here. He knows I'm not alone anymore. I told him, I said, "I'm part of a battered women's group, leave me alone".
- It's hard but you know...I'm glad that I left. I made a good decision but I'm still having meltdowns. It doesn't go away. It doesn't go away for a long time. Some days are good and some days aren't but at least I know I'm in a better place. And you have to make the decision about where you need to be. And God does provide, if you believe in God and ask God, He will provide for you and help you. I can't believe that I've gotten to the point where I am. There are a lot of issues I have with everybody else like if I don't go to work I don't get paid, what do I do? If I'm in the hospital I'm not going to get paid. You know, there are a lot of issues I still need to work with but the bottom line is I'm safe and I have my free will.
- It's a real soul search. And you're definitely going to have problems trying to adjust to it. We all do, and that's why we need this group, because we all help each other adjust to it. Because we've all been there or are there.
- Just taking baby steps. Just take baby steps to take care of yourself. Like what [name of DV advocate] said, take care of yourself, because if you don't he will.
- [Name of other survivor in group] has helped me a lot, given me a lot of confidence that I can do it. I can, I can find a way, and I'm smart enough.
- That's why this program is so important, because you don't have that [validation] out there that you need. It's just not there.
- A program like this is very necessary for us because we have no place to go. Yes, a lot of us can go to therapy, but this program knows about domestic violence, and therefore, they can give you more information than anybody else can. Because most people that have been here have walked the walk and they've done their homework on what works and how we need to change it.

Areas for Improvement

Recommended Changes to Current Services & Supports

The survivors in this group discussed some general areas where services for survivors could be improved in their community. Several survivors in the group had experienced working with community-based therapists or counselors who did not have the expertise in DV that the DV program staff demonstrated, and the survivors recommended outreach and training to the

broader mental health community to improve their services. Increased and improved shelters, safe houses and transitional housing were identified as a community need. Participants also said that many residential programs specialize in working with dually-diagnosed survivors; this group felt that those populations need their own services separate from the survivors without problems with addiction and chronic mental health disorders.

- I think a lot of us feel this in the family...There is this wall that goes up and behind closed doors, these men, they will abuse us verbally and some of things that they call us are so demeaning, but they never let the other people around, like the family, see it. One day they will get caught, and do get caught because it's inevitable, but until they actually see it – it's Mr. Charming. So you need really, you need somebody that's a really good counselor that can see beyond that and ask they right questions to bring this creep out.
- I didn't get that far, I did get the process of housing, which is not something that's immediate, so for a lot of women we need a place to go, we need a place to stay, we need somebody who can feed us until we can actually rebound or get going again. We need these things, they're so important. And a lot of the women have children. Can't bring a boy into a lot of these places that you can go to. So we need safe houses for us.
- What I find, cause I have a counseling session there too, a group session. But I found that a lot of the people in that session, a lot of the people in those safe houses, a lot of them are alcohol and drug addicts. And very few of them are...they might have abuse with them too but they have a lot of chemical problems. So when you go into, I went to this one...It's not safe...
- Yeah, it's like, ok I have all of these drugs and alcoholic people trying to get better but, it's hard. They're really hard people...You don't have anything in common.
- They have safe houses for people with chemical dependencies but nothing for abused people who have been abused only and need to have help.

The survivors discussed some service and support needs specific to being an older adult that could be improved upon. Survivors said that they could use additional help with financial stability and job training; they noted that trying to find employment as an older adult can be very challenging. They also identified the need for services that included their extended family

(i.e. adult children). One particular survivor had a daughter that had threatened to cut off all contact with her if she did not leave her boyfriend and seek DV services; the survivor felt that her daughter was not respecting her rights as an adult and treating her with appropriate dignity. The issue of adult children intervening in the lives of older parents was a concern, and survivors felt that having family support services might help address some of these concerns.

- As we are getting older, society has it in mind that we are supposed to be settled and our life is supposed to be settled and our life is supposed to be perfect now and we are not supposed to have any worries. When I had problems in the past with the other issues I had, I just knew I could just go ahead and everything would be fine. Because I was younger and I thought different and I was like, “oh well, I knew that this had to be and it’s done and now let’s go on”. I’m not saying I didn’t have issues from it, I didn’t feel bad about it. But this time now that I’m older I feel like I’m very devastated. It’s taken a toll on me totally, completely, 100% more than any of the other times. And I think a lot of that has to do with my age, I’m not dealing with it as well.
- Hence the workforce, try looking for a job. I don’t know there’s anything for older women to get us back in doing something that brings some money so we’re not sitting here going...to a food pantry.
- You ladies were talking about families. I was glad to hear you talking about it because that’s basically my problem because we all have older children now and my daughter’s a nurse and she’s mandated and it just snowballed. And I was saying, some kind of family program where if you have this kind of problem with your family against your boyfriend maybe everybody could get together and get to know each other better, have a setting, an environment where people could maybe take care of some of those problems.
- Family members of the people [survivors of abuse] who need a place like this...It might be a good thing for the family members that are trying to protect that person have access to a place like this too. Because a lot of people aren’t educated on, myself included, what is abuse, what can you do, what is your role as a family member or daughter or son, how should you support your mother at this point. So they would be able to know that there is a place for them to come to talk about what is their feeling.

Services & Supports Wanted But Not Received

The only service that survivors identified as a need but something that they did not receive from this program or others related to legal services: basic legal rights information, legal advice or counsel, legal representation and/or accompaniment to legal appointments.

- Yeah let's go one step further...if we're getting a divorce...we can't get counsel, like if I killed somebody I could get somebody to represent me but in a divorce situation if you have no money I don't think you can get anybody to represent you. Right?
- Oh I'll be paying for the rest of my life, but the point is if you have no money why can't we get some kind of legal representation? It's American, why are we not entitled to this? But if someone kills somebody you get an appointed lawyer. Some of us have no money; we leave with just maybe a suitcase with our underwear in it and whatever. And we're supposed to get a lawyer...how do you get a lawyer if you have no money?
- Oh I know about that one...the free counsel, but as far as come along with me to court and help me get something from this man that has a million dollars...we don't have that...We are just literally floundering out there and don't forget where we are at the time. We can't think, we can't form sentences because we are in shock. We've done everything we can to get ourselves out the door because we are afraid that we are going to be a part of the wall or six feet under.
- Every lawyer that I've called, they want a credit card. You call and say what you want and right up front it's like, "well we need a credit card to talk to you".

What Survivors Would Have Done Without Current Services & Supports

When asked what they would have done if the current services and supports they are using were not available, a number of survivors indicated that their mental health and well-being would be compromised, for example lowered self-esteem, depression, and mental health related hospitalization. Some survivors indicated that they would still be living with their abusive partners without the supports the program provides. About half of the survivors in the group are still living with their abusive partners, but those survivors indicated that their quality of life would be much worse without the supports the program has provided them.

- You know, I still live with it. I am still at home, still in the situation; but the only thing that is getting me through is looking forward to this group every single week. These are my support people. To come and be able to listen. I got so much just from hearing, you know, what others have gone through, so I don't know where I would be if it wasn't for this group. It is a Godsend.
- I would still be with my husband.
- I would be away from him, but I probably would be out of my mind by now. Because it was really bad...I had a restraining order on him. Every time I heard a noise I would jump out of my skin, you know. Always looking the other way...I probably would have still been like that. I would probably be in a mental hospital by now if I didn't finally make the move to come here. So there's hope. I don't know where I'd be really.
- I would still have no self-esteem. He thought I wasn't worth it, that I deserved it. If I hadn't started coming here, it made a big difference.
- I might have gone back already. Just not knowing any better, saying, ugh, it's just me. And I'm glad that I'm not, and I'm glad that I'm alone and I'm glad that I need to be where I am. I know that. One day at a time is what I take it now. One day at a time. And I know I'm where I'm supposed to be, and I know there are greener pastures ahead of me if I just let it be. So this program has helped me a lot.
- Well this program has given me self-esteem, and I don't even know if I'll ever be out of the relationship with my husband or not. But by sharing and listening to other people it's kinda given me tools and how to not take it or what to do with myself to not let him put me down as much. I put "as much" at the end. And if I didn't come to the program I would be more on the depressive side, which I have a tendency to be on the depressive side, and I would be feeling more isolated, because I really don't have friends. Well I have friends but I never see them, so by coming here I get a warm feeling so they're like friends in a way. So I think that's a big thing not feeling as isolated. I would be more isolated and depressed.
- Without this program I wouldn't have learned how to get to where I am today. It's been a long road for me, it's still ongoing. Because I started off still married and now I'm divorced, and the divorce has taken four years. So this program helps me to find different areas of self-esteem so I...where to get things I that I need that I wouldn't know how to get. To alleviate part of the anxiety, depression and fear. It's helped me to reach out to those people that I did need to go see for the anxiety, depression and fear. Which lead to another avenue of recovery. It again has helped me to realize I'm not alone and to be able to talk to other people and share and hopefully come to some end to all of this for ourselves so we can have a new beginning. It's been a long journey and it's ongoing, but I'm not the person I was when I first walked through the door. A lot of us, like I said, come in and we can't form sentences and we can't think. Part of that asking you all the time, "what was the question", that's part of Post Traumatic Stress,

which is real for most women who have been battered and abused and tormented and put down and the whole nine yards...and alcoholism. Just throw it all in the pot. So a lot of us without the program, there's nowhere to go. You can't go to your family. You're in a state of shame, in denial. So it's hard to find out where to go for recovery. There isn't a lot of places out there for us. So without that I wouldn't be here. I wouldn't be where I am today. I'm a different woman.

Appendix L: Recovery from Substance Abuse Focus Group Summary

Context

This focus group with survivors in recovery from substance abuse was held at a women's service organization located in a major urban area. The organization began offering substance abuse services in the 1980's after they recognized addiction as a complicating factor in the lives of women who are being abused. The organization aims to help women rebuild their lives for themselves and their children free from interpersonal violence, substance abuse, and poverty.

The organization focuses on early intervention and prevention and provides many services, including a 24-hour hotline, telephone counseling, crisis intervention, safety planning, empowerment counseling, support groups, substance abuse treatment alternatives, advocacy, information/referral, and community education. Various groups are offered by the organization, including a series of psycho-educational groups that focus on empowerment, education, and healing. The groups help women to strengthen their self-confidence and self-esteem, rebuild their lives after being controlled by domestic violence and/or substance abuse, and develop broader life skills.

The program hosts a support group for survivors in recovery from substance abuse; there is a core group of women who attend weekly and other women that come and go. Most women attend voluntarily, although some are mandated by child protective services or the criminal justice system. Survivors who participated in this focus group were primarily recruited from within this existing support group.

The survivors who participated in this focus group were in various stages of recovery from substance abuse. Their years of sobriety ranged from a few months to 38 years; most of the group had been sober less than 2-3 years. The survivors were willing to answer questions

and eager to tell their stories. Participants in the group were interested in helping other survivors.

Demographics

A total of 10 survivors participated in the focus group; all ten survivors identified as female. One survivor was between the ages of 21 and 30, six were between 41 and 50, and three were between the ages of 51 and 60. Four of the survivors in the group identified as African American/Black, five as White/Caucasian, and one as “Other”, who specified East Indian. Seven of the survivors identified as heterosexual/straight (70%) and three as bisexual (30%). Nine survivors (90%) considered themselves to have a disability/disabling condition(s) and one did not.

The educational attainment of the group varied; two survivors had a 9th to 11th grade education (20%), three had some college (30%), and five were college graduates (50%). Three of the survivors in the group (37.5%) reported that they came to the U.S. from another country (two did not answer this question). Two survivors reported speaking English “well” and eight survivors reported speaking English “very well”. Nine survivors reported their language of preference as English and one survivor did not respond to this question.

A little less than half of the group (40%) reported having trouble paying regular bills, three survivors (30%) reported being able to pay regular bills but that a big expense would cause a hardship, two survivors (20%) reported they could easily pay their bills but that they still needed to be careful (see Table 1), and one survivor did not respond to this question. When comparing their current financial situation today to two years ago, the mean score on the scale

of 1 to 5 was 3.70, suggesting that the majority of survivors are more financially stable now than they were two years ago.

Table 1: Current Financial Situation

	N=9	%
I simply can't pay my bills.	0	-
I have trouble paying regular bills.	4	44.4
I can pay regular bills, but a big expense would cause a hardship.	3	33.3
I can easily pay my bills, but need to be careful.	2	22.2
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Focus group participants first sought help from a variety of sources, including DV shelters, hotlines, therapists, the prison system, hospitals, police, family members, friends, church, and Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) support groups. All of these individuals/organizations/groups varied in their helpfulness to the survivors.

Several survivors reported that they sought out domestic violence hotlines and shelters through the phonebook when they first sought help for the abuse. Unfortunately, they found this approach was not helpful because shelters were either too full or there were too many restrictions and the women did not meet the criteria (e.g. only for women with children, no sons over a certain age). One participant was referred to a therapist through her Employee Assistance Program. A few survivors received referrals through the prison system; these were helpful for some but not helpful for others. The same was reported for receiving referrals from

a hospital or detoxification program. AA and NA support groups were reported as being helpful and providing good referrals.

The next place the survivors turned to for help also varied in source and helpfulness, but included the police, the court, therapy, a church, or a DV program. The survivors reported that they were referred to this specific DV program by family, friends, the Internet, a doctor, a district attorney, a drug/alcohol case manager, or a NA/AA sponsor.

- The second man I married, I found in alcoholics anonymous, and I sensed that something was wrong when he'd come up physically and it's like he was gonna abuse me, and um, my first call was to the police. I didn't find them very helpful...at all. Matter of fact we weren't married and I was in this live in relationship, which I'm totally opposed to because of my faith, and I was afraid of my husband. He's a third degree black belt, but he did recommend me to [other DV program] of [county name].
- Oh, everybody was telling me, you're being abused. You're being abused. Why are you with this man? You gotta get out of there, you know, and all. So my friends in AA, um, were prompting me to get help, to get enough help so I could take the first action in getting him removed, him removed, not me, him removed.
- ...So I knew I needed to get some help and from emergency detoxing, and um, made me a...outpatient, they put me in outpatient program which I love to death. I never missed a day, and then one of these people at the inpatient program, told me about this place, and I knew I needed more than just that program, I knew that I needed more help than the rest of them. So, I was going to reach out to any group that I could.
- Exactly, until I got pregnant and he literally pushed me down the stairs, and I had a miscarriage. I was six months pregnant, and um he pushed me down the stairs, and that's when I knew I had to go because, if he did this to me what's he going to do to my child. Then I had reached out to my parents. My parents let me stay with them until I found a place, then I wound up going into a rehab for my addiction, and from rehab I moved to [city], and then, um, wound up relapsing and getting into another abusive relationship, which led to another abusive relationship, which led to another abusive relationship...Maybe I been six months clean this point, and um I just had it, completely had it, I didn't want to be around the people I was associating with anymore, and um, I didn't know where to go so I went to [?] that's where I am living now. When I started looking for resources in [city] for a place where women can go to be safe, that's when I found out about [name of DV/substance abuse recovery organization]. I happen to go to therapy upstairs, and I came down here one day, and I've been here ever since.

- I also know a lot of people from church who been around me and said you need to get help.
- Um, part of the reason how I got up here was I went on the Internet and did some research. Um, I Googled, you know “domestic violence organizations” or “groups”, and it popped up with [name of DV/substance abuse recovery organization]. I made a phone call and they told me to come in and I been here ever since.
- The way I found is because one of the members here, she told me about it she told me about it and I came with her, and I liked it ever since, and I been coming for, this like my fourth week here, fifth week here. Since I been in here they have told me about other groups like one against rape, you know, other groups that I could go to, and I plan on staying you know, staying in, like staying focused on my issues, you know because I got a lot of issues so.

What Was Helpful in This Process

It was common for most of the women to finally seek DV services when someone in their life - a family member, friend, or group - labeled their experiences as abuse. Once the survivors were referred to the organization, they found that the organization was welcoming and had a fast intake process, allowing one woman to see a counselor within a day and become immediately involved in the support group. The program was perceived by the women as a safe zone to talk about anything and they felt automatically welcomed by the staff. The survivors felt the organization welcomes women at every stage in recovery and are knowledgeable about DV, substance abuse, and recovery-related issues.

One participant explained that she had checked “yes” to the abuse question on a medical form about five times before a doctor finally followed up. In doing so, he stayed with her for 45 minutes and did not leave until she was connected by phone to a social worker that could help. The social worker then referred her to DV services with this organization.

- Um, for me I would say my counselor’s the most helpful because I don’t know, it’s like my common sense every time I go...and the least helpful I felt was the police.

- The reason why it's helpful to me is because they welcome you with open arms. The fact is I can talk about anything and not feel threatened.
- ...So I'm pretty much learning and they share their experiences and then I share mine and then a lot of them come out and tell me that they have been molested before...
- [name of DV/substance abuse recovery organization] gave me the ability to see that I was in fact being abused by a master manipulator, and somebody who would eventually kill me because of his black belt degree. And then I got a protection order, and they gave it to me right away, not even basically he had hit me years before. That was the last time he hit me, but because of all the sexual stuff that was in the protection order, they granted me the protection order immediately.
- I thought [name of DV/substance abuse recovery organization] was too good to be true, and from coming from the [county name] [name of DV program] they aligned me with a counselor immediately. Over the phone. I was entitled to go to [name of support group] and then right after that I was automatically enrolled in [name of other support group] right after that... I didn't have to do anything but show up. And then I could go to them, in addition to [name of support group]. 'Cause they took place an hour before and then I could go right to [name of support group] and then right to my counseling. It was like I had it all planned out in one day.

What Were Barriers in This Process

There were several barriers to seeking help for the abuse, both personal and external. Personally, the women were quick to blame themselves for the abuse and said they were both fearful and depressed enough to think the abuse was their fault. Several did not define what they were experiencing as abuse. A few participants in the group disclosed histories of gang rape, incest, and domestic violence as children.

All of the women in this group reported having abused drugs or alcohol in the past and some were continually in and out of rehab. The survivors' co-occurring issues with substance abuse added another challenge to seeking help for domestic violence, as most of the women sought help for the substance abuse before reaching out to a DV program.

External barriers included one survivor being unable to access shelter services because she did not meet the qualifications for intake - she did not have any children and was not in the right county. Some family members and friends were not helpful when the survivors turned to them for help. Often the perpetrators of the abuse would also threaten the women, claiming that if she reported the abuse he would harm her family.

- I got turned onto alcohol when I was 22 years old, and unfortunately I'm a victim of gang rape at the age of 14. I lost my sanity, I lost everything. I married a man who physically, repetitively physically just beat me, and I thought it was all my fault the whole time I was there. I was going to a psychologist, and he left me for another woman.
- ...But I would never say in rehab that I was molested by my father because I was ashamed and so many people would be there and they knew. If they knew my family I didn't want them to judge me or my mom, 'cause me and my mom was close and she always supported me. So, I didn't want them to judge my mom, and say, "well damn, where was your mom, why didn't she do anything?" You know, so, I was really worried about her, and now I'm not worried about her feelings. I can't worry about that.
- I was in the relationship, I was going through the abuse...and I got on the phone and I looked in the yellow pages and I found a hotline number. They wanted to put me, find me a place to be in a shelter of some sort...She said you had to have a family. My child was incarcerated. I have a 25 year old and he's been incarcerated since he was 14, so um, I didn't have an answer for her, you know so it was a little difficult for me, and so I just talked with her...and she walked me through...
- I thought that I was suffering from depression and I thought that I was the problem. That this was all because of me...
- I was in complete denial that I was being abused. I kept thinking it was my fault, my fault, I aggravated him. And consequently I kept seeking counselors to see, to work on myself, and falling into this whole steps of AA and calling my sponsor and calling fellowship members of AA and talked to programs and all this continued, and um, I filed for divorce back in 98, but never followed through, um, because I thought I was...but in fact enduring this for thirteen years I finally became so broken...emotionally that my doctor for the [name of university] picked up on my reports that I was being abused and he recommended me to [name of DV/substance abuse recovery organization] and it took being hit by my husband, being hospitalized, and um also continued sexual abuse.

- Right now I am in the middle of going through final divorce decree, I, it's very huge for me because I have feelings for my husband about what it could have been, but I became addicted to him. That's what it was. It wasn't love, it was an addiction. Yet I knew I was being mistreated, like that, I don't understand it. Maybe I'll find out more about that the more I come.
- ...Met my ex in rehab. I worked there, he was a patient there, and everything was hunky dory when he was sober so he was doing what he had to do...and then um once he relapsed it was like Dr. Jekyll and Mr. Hyde...he beat me, he burned me, and I was in the emergency room...too ashamed and too embarrassed to say what really happened because my mom's boss was the...in the ER that week, so they all were looking at me to say, "come on, you know, I know you didn't do this to yourself, what really happened?" And I'm like, "no, I'm serious, I did this to myself, I did this to myself," and when he had left out of the room to use the men's room...I told them what happened and of course the police were called. He told me that if I press charges that not only was he gonna be tried and stuff, he was gonna do worse to my family, and at the time I had a twelve year old brother and a two year old brother. So, um and he said what I did to your arm is not going to be, what I do to your brother's private areas, and I was scared, I didn't know what to say, I didn't know what to do, and I lied to the cops, and I said, "you know, he really didn't do this. I accidentally banged into the stove," but they knew, they knew I was lying because when he walked into the room, I was totally like shivering.
- My family I didn't think they were helpful because my daughters, I didn't raise them up in a...so when this thing took over they couldn't understand what was going on with my mom. So the only thing they could do, what they chose to do was do a family intervention, you know try to get me in somewhere and get help and then when that didn't work...I wasn't able to be around my grandson or you know...

What is Working: Experiences with Services & Supports

Services & Supports Currently Being Used

All of the survivors in this group were participating in the women's recovery support group. Other support groups offered through the organization that the survivors were attending included: women for sobriety, AA/NA, and Overeaters Anonymous (OA). Other outside services the women accessed included social security (SSI and/or SSDI), welfare (TANF, WIC, and/or food stamps), intensive outpatient treatment, day programs, behavioral health services, educational support, a support group for families of incarcerated individuals, career

planning, vocational rehabilitation services, church, Sex and Love Addicts Anonymous (SLAA), and unemployment assistance. The survivors also discussed how the program had provided referrals and links to other support services and community resources including immigration services, employment/job training, housing, and in-kind supports/donations including furniture and clothing.

- They help me with my furniture. I didn't have a bed to sleep on, or a kitchen table to eat on. They gave me food 'cause I wasn't working...
- They helped me get my record expunged.

Satisfaction with Current Services & Supports

The participants in this focus group found many of the services offered through the organization helpful and appreciated that the services were free of charge. Mainly, the group felt a sense of fellowship, freedom, dignity, and empowerment when receiving services through the organization. They appreciated that the program is specifically designed for women; this means their issues are understood and the organization brings more women into their lives for support. Participants also mentioned that the peer support and mentoring available through the organization were very helpful as they were able to connect with other women dealing with the same issues, and felt less alone. The women can easily relate to staff because many of the staff are in recovery and/or have also experienced abuse.

Safety planning, referrals provided by the organization, assistance navigating the criminal justice system, individual and group counseling, transportation, and assistance becoming productive members of society were all reported as the most helpful aspects of the program. The survivors in the group reported that the most helpful sources of support were the support group run at the organization, AA and NA groups, a vocational rehabilitation program,

welfare, and church.

- I would say my counselor's the most helpful because I don't know, it's like my common sense every time I go...and the least helpful I felt was the police.
- Everybody loves everybody. I never heard anybody arguing here. Nobody. We all have this compassion because we've been down in the trenches.
- I just found that [name of DV/substance abuse recovery organization] I look forward to coming here. Because it gives me the freedom, you know, the freedom to be me, like where else can you come and just you know, and you don't feel like there's something wrong with, and they walked me through like losing my job. At the end of my road I was stealing, stealing from my job, and I brought all the items that I had stole from my job, never used them, just trying to fill that void, I brought all the items down here and the women in [name of DV/substance abuse recovery organization] they surrounded me with love and we added everything up and wrote everything down and we took it back to my ex-place of employment. You know, I've been able to help other women, tell other women about this program. That's a blessing, you know. They helped me with knowing, yes you was being abused.
- And they even give you tokens right.
- ...When I start working...I could give back, show my appreciation for what I have received.
- Computers. The computer suaveness of all the counselors, they can look up anything. I mean I called my counselor today I had this big cyst in my kidney and she looked up kidney cysts.
- I'm getting to know myself and the things that they say their man did, I be like I did those things. So they pretty much helping me. You know that I can't do these things. So, they teaching me right, and helping me.

Areas for Improvement

Recommended Changes to Current Services & Supports

Participants suggested more staff and a larger program space so the organization can assist more survivors. When asked what they would do with the program if they had a million dollars to spend, several survivors discussed creating a state-of-the-art shelter for survivors of domestic violence. On a smaller scale, the group would also like to see refreshments provided

at support groups.

- I started out with [name of DV program] in [county name] which I found not helpful and I'll tell you why. Because...they wouldn't give me a counselor, they would give me a person who would, like...a freshman or a sophomore in college who didn't know anything about domestic abuse, and then I had 50 billion hoops to jump over to even qualify to get in a group.

Services & Supports Wanted but Not Received

Survivors in the group named a few services they were unable to receive, including housing, jobs, and access to an outside therapist. Those who were unable to see an outside therapist cited the lack of health insurance and financial constraints as the barrier to service. Several survivors did not get the support they needed from the police and spoke of other women they knew also experiencing similar neglect by law enforcement. One survivor spoke about not having a positive experience with a different DV shelter she sought help from.

- I just want to say I think the police were the least helpful because there was an incident...accidentally shot her, but abusing...because he held a gun to her head repetitively, repetitively you do this and the police have not filed any reports in [city name]. They have nothing to support her in the court of law. The [name of DV program] that I went to, I had to jump over 50 burning hoops just to get into that group, and I never made it to the group.
- I had been there four times, four times, and I never once made one group after all the counseling that I had. You had to meet certain requirements, and I don't know what they were looking for, what they weren't looking for, but that upset me greatly.
- You had to get there early in the morning. Be there at the same time. The police for me was half and half. I had some police officers that would sit around and wait for...I've dealt with this for the last four years, so within four years there was quite a few calls, a couple times that I actually dropped...bruises, my nails was broken...he was cutting my face, I had bite marks here or something...I remember one time he was right there...at my house, she would be outside in her own car you know waiting for him. So, um, that was a good cop...I had a moment where I had a cop that they would be like oh we know about him, he's a fly-by-nighter. Well, I seen the cop cars drive by my house. Drive through my block, and he was just there on the corner. Come on you know what I'm saying? I had that. I had that.

What Survivors Would Have Done Without Current Services & Supports

Several of the survivors reported that they would likely “die” if the services and supports provided by the program were unavailable. Others said they really do not know what they would have done or where they would be right now. One woman said she would start her own support groups at home if she had to.

Appendix M: Rural Focus Group Summary

Context

This focus group was hosted by a domestic violence program in a rural area of the southeastern United States. The shelter provides weekly support groups for in-shelter and non-residential domestic violence survivors, as well as family members of domestic violence survivors and homicide victims. Separate support groups are held for children of domestic violence survivors. Other services provided by the program include: a 24 hour crisis line, individual and group advocacy, information and referrals, court advocacy, and various services for children. Survivors for this focus group were primarily recruited from a cohort of survivors who had once used shelter services but were now graduated from that service and receiving only intermittent non-residential services. Nonetheless, many of their responses to questions focused on their shelter experiences.

Demographics

A total of seven survivors participated in this focus group. All seven survivors identified as female. Two of the survivors were between the ages of 31 and 40, four were between 41 and 50 and one was between 51 and 60. Three of the survivors identified as African American/Black, three as White/Caucasian, and one as Hispanic/Latina. Six survivors identified as heterosexual/straight and one identified as “Other” with no specification. Five of the survivors (71.4%) reported that they consider themselves to have a disability or disabling condition(s).

The educational attainment of the group varied; five survivors had obtained a GED or graduated high school, one had some college, and one was a college graduate. Three of the survivors in the group (42.9%) reported that they came to the United States from another country. Two of those three survivors identified as immigrants and one of the three did not

respond to this question. One survivor reported coming to the United States from Mexico. Five of the survivors reported speaking English “very well” and two survivors reported that they speak English “okay”.

More than half of the group (57.1%) reported having trouble paying regular bills. One survivor (14.3%) said she could pay regular bills but a big expense would cause a hardship. Two survivors (28.6%) reported being able to easily pay their bills but still needing to be careful (see Table 1). When asked to compare their current financial situation to two years ago, half of the group reported it staying the same, two survivors reported being better off now, and only one survivor reported being somewhat worse off (one did not answer this question).

Table 1: Current Financial Situation

	N=7	%
I simply can’t pay my bills.	0	-
I have trouble paying regular bills.	4	57.1%
I can pay regular bills, but a big expense would cause a hardship.	1	14.3%
I can easily pay my bills, but need to be careful.	2	28.6%
I do not worry about paying for things I want and need.	0	-

The Help-Seeking Process

First Places Help Was Sought

Several of the survivors in the group reported speaking with friends, family members, a preacher, or co-workers when they initially sought help for the abuse. Frequently the friend, family member, or co-worker would provide emotional support while the survivor was still in the relationship. When the abuse escalated, especially if it was to the point where a survivor was afraid her abusive partner was going to harm her children, the decision was made to leave. The first place many of the survivors went for formal DV services was to the domestic violence

shelter; they arrived there through the help of friends, family, co-workers, or the shelter staff themselves.

- ...Called our preacher because he had been counseling us. And then after we had that night I just felt like I was in a fog. I was dizzy, I was so dizzy still. And I thought it was from him pulling on my neck and all. And even that first time I just went to my boss's house and...
- I had a friend that, my son and him were good friends and I was just starting to go over there, she would help me and her husband was a police officer and she would call and check on me every day and her husband, because he was a police officer, he'd come out there and he tried to bring me a charge aid to come in and they would get minimal time on a weekend and all. And then we became close, the ladies that work there are so friendly, you now, they come out and they ask if you need anything and all, like...

What Was Helpful in This Process

The group spoke a lot about the shelter providing not only a safe and secure place for them to stay, but also supplying things they might need such as food, toiletries, clothing, and school supplies for their children. The group reported that the staff at the shelter thought of things they might need before they could, certainly reducing the overwhelming nature of the situation for many of the women seeking help. The group felt like if they needed something, they could ask and would likely receive help from the shelter staff. A few women also reported that the shelter would not tell them what they needed to do but would listen to them, talk to them, and help them come up with a plan. The survivors felt that the staff at the domestic violence shelter was non-judgmental of the women seeking help, something that was also very important to the group.

Several women also spoke of someone offering to go with them to their house to get what they needed, pick up their children, and physically get to the shelter. This made the initial steps to leave a bit easier for the survivors, as they had support every step of the way. One

woman reported having a police officer come with her to get her things at her house. The women also reported that it was helpful for the shelter to develop safety plans with them for when they were out in the community.

One survivor in particular was an immigrant from Mexico. Her husband, the abuser, kept her immigration documents; the shelter was able to help her get them back when she arrived there for help.

- I turned over my car, which was his, my cell phone, and all the ladies that I worked with went, when I left,...I had everything I needed. I went and got my kids, my underwear, clothes, and everything and we walked out. I stayed at the shelter for 38 days. Which was a wonderful thing I did because I didn't have a car, they took me back and forth to work, took my kids to day care, so I didn't have any bills to pay. They have a safe. I was able to put my paychecks in the safe, not touch them, I didn't have any bills. And if you don't have clothes they'll give you clothes. School was starting, I didn't have school supplies. They gave my kids everything they needed for school.
- I've got to get out of this. So the morning...I got up here to [town name] and they called [name of domestic violence shelter] and told them, and she said, "You want to get out? You sure you want to get out this time?" And I said, "Yes I want to get out". She said, "You sure?" I said, "Yes, please!" And she said, "Okay, so where's your baby?" I said, "She at the school". She said, "Go home, get her, get her clothes, and get out. Do you need the police to go with you?" I said, "Just give me a gun. Just give me a gun and I will be fine". And he said, "No m'am, I can't give you no gun. I will trail you there to get your clothes, to get your baby, and you get out". So I got my, went to the house to get my clothes and all.
- They don't tell you what to do but they help you, they talk to you, bought me food, cleaning supplies, you know that would last me a month or so that I didn't need to worry about nothing. And then I got a sense that if I needed something I could call them probably and they would help me.
- ...All you'd have to do is call them, tell them who you are...You need somebody to talk to, if there's not something that they're doing like taking in a new client or something, they're, even though we're not there, they are still there for us. And you know, and they just really care about, I mean just really, really want to see you succeed. They want the best for you. I mean it's not this oh you know, "you stayed through all of this, oh however, this many years", they do not judge you or anything. You're here and that's helpful to do for you. Like I said, I left but I mean if I still need anything I can call for

someone to talk to, they're there. And it wasn't like I was just some, oh I was just some crazy person. No, they don't look at it that way.

- And my husband kept my papers, you know my papers, immigration papers. So [name of domestic violence program] helped me to have my papers back.

What Were Barriers in This Process

The survivors in this group identified a few personal barriers to help-seeking, but the majority of the barriers to the help-seeking process experienced by these survivors were external. The personal barriers these survivors reported included decreased self-esteem and self-worth due to the abuse suffered at the hands of their abusers, making it hard to garner the strength to leave. Some of the external barriers to the help-seeking process included fear of losing their children, financial concerns, the community connections of their abusive partner, and limited transportation.

A few of the survivors reported being afraid of losing their children if they left their abusers, concerned that their abusive partner would report them for kidnapping. Several of the survivors were concerned about where they would go and how they would manage financially after leaving their abusers; many of the survivors felt financially dependent on their abusers. It was apparent that because this group of survivors lives in a small rural community, their abusers are often well known by others and thus maintain some sort of support and power over the women. Transportation also presented a barrier to service, as public transportation is not available in this rural area.

- I went to the one apartment complex and tried to get an application to get in and all I told [name] and she said they can't do that. I know...so it had to be somebody there that knew of us or him or his temper. She said they can't deny you because that's HUD and that's what they're there for, to help people.

- I didn't know how to leave with a child. You know? How do you leave, I mean in my head if I went there he could get me for kidnapping and all of that. And I didn't want to go to a friend's house because he would have went over there and did stuff and I didn't want to get them involved and everything so I stuck it out for as long as I could. I knew it was gettin' to the point where he was gonna, you know he degraded me, I felt like dead, I felt like I was dead and that night he was gonna start punching on me.

What is Working

Experiences with Services & Supports

Services & Supports Currently Being Used

Most of the survivors spoke of using the domestic violence shelter in the past and it being very helpful for them at the time. While living at the shelter, the survivors received assistance with food, clothing, and other daily living necessities. Currently this group of survivors contacts the DV program as needed for counseling, support groups, or various in-kind supports. One survivor spoke of needing assistance in paying for her medication and being able to utilize a sliding scale and/or receive the medication without cost. And the program staff continues to keep in regular contact with these survivors to monitor their progress and needs.

- ...They have a thing now where you can go, at the mental health they helped me get my medicine. I need high blood pressure medicine. I can't afford that. So they get my income and they provide me with my medication for free. And they have that service that they do provide.
- ...Even while we were there it was Mother's Day and we got nice gift and a couple things that you wouldn't even know we wanted and we needed and stuff like that. And for Easter, oh God, we had the best ham!

Satisfaction with Current Services & Supports

Overall it seemed as if the survivors in the group were very satisfied with the services they were receiving from the domestic violence program. The staff were available and helpful

when needed, going above and beyond the expectation many of the women had when they first began to utilize program services.

- Therapeutic. It's just peaceful you know.
- You know, they thought of, they can do things for you that you wouldn't do yourself. And I mean it's just, you can probably just knock on the door and get help.
- I just liked to be by myself so bad, I just loved it there [at the shelter], I just loved it there, it's helped me a lot.

Areas for Improvement

Recommended Changes to Current Services & Supports

A few of the group members suggested the need for medical, dental, and even eye exams at the program. One survivor suggested that the program link with other local service providers to see if they can get them to donate some of their time for free exams for survivors. One woman suggested getting the Lion's Club, an international organization that collects and donates used eyeglasses, to provide the shelter with eyeglasses. To many of these women, glasses are necessary and yet too expensive for them to afford on their own.

- And while you're in there, they provide you with you know glasses and dental doctor to come in and you know...to get the doctor to provide the free service to volunteer his service to have your eyes checked. You know and then go and get the fancy ones and stuff, you know they do have some that you can buy, frames, but what costs you is the lenses. Like I have bifocals and stuff like that...Get other locals to help out, like...Lions Club has glasses for people; well, why can't they help provide some of the glasses for the people at [name of domestic violence program] after the doctor has prescribed, you know gave them the free service to get their eyes examined.

Services & Supports Wanted but Not Received

The survivors in this group did not identify any services or supports they wanted from the DV program that they did not receive. One survivor did mention that she wished she could

have qualified for food stamps and that she found herself frustrated about the qualification process.

- But they were gettin' food stamps and I couldn't. My personal opinion's that just take everybody off and start throwing in together a single mom, being married and everything. I mean I wasn't even divorced from him when he took me off the insurance. And I don't have no money to pay the hospital bills. You know, because when he started to have an affair he didn't pay no bills. We had to file bankruptcy. You know, she was more important than sitting down paying the bills.

What Survivors Would Have Done Without Current Services & Supports

Several of the survivors in the group spoke about how close they felt to death in their relationships. One woman shared that she discovered her husband's pistol was loaded after he had threatened to "blow her brains out"—a pistol he normally kept unloaded. For most of these women, the program, shelter, and the assistance they received from friends and family made the difference between life and death. There was little talk by the group about what they would have done without the services except for the belief that they would be dead if not for the help of the shelter and program.

Dissemination of Research Findings

Multiple dissemination activities have been completed or are planned for the immediate future. The presentations were all specified as preliminary and not for attribution in any form:

- Preliminary findings presented to FVPSA grantees and state administrators at the annual conference in May, 2011 in Seattle.
- Preliminary findings presented at the Association of Applied and Clinical Sociology in October, 2011 in New Orleans.
- Preliminary findings presented to the annual program meeting of the Council of Social Work Education, violence against women track, in October, 2011 in Atlanta.
- Study overview and briefing provided to ACYF Commissioner and FVPSA staff in December 2011.

Immediately planned dissemination activities include:

- Webinars with an overview of findings to participating sites, national DV organizations, the media, and other interested parties during the weeks of February 13 and 20, 2011
- A presentation to interested staff within USDHHS.
- Separate reports disseminated to the 4 states and the two most active national organizations.
- A “Research in Brief” to be posted on VAWnet, along with the executive summary and full report.
- An article for submission to *Violence Against Women*; the first, with others to follow.