

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: The Longer-Term Influence of Civil Legal Services on Battered Women

Author(s): Carolyn Copps Hartley, Ph.D., Lynette M. Renner, Ph.D.

Document No.: 249879

Date Received: May 2016

Award Number: 2010-WG-BX-0009

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this federally funded grant report available electronically.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The Longer-Term Influence of Civil Legal Services on Battered Women

Principal Investigators:

Carolyn Copps Hartley, PhD
University of Iowa
School of Social Work
308 North Hall
Iowa City, IA 52230

Lynette M. Renner, PhD
University of Minnesota
School of Social Work
105 Peters Hall, 1404 Gortner Ave
St. Paul, MN 55108

Final Technical Report Submitted to the
National Institute of Justice,
U.S. Department of Justice
March 31, 2016

Acknowledgements

This project would not have been possible without the incredible support of Iowa Legal Aid, particularly Shellie Mackel, Managing Attorney of the Equal Justice Project, and Dennis Groenenboom, Executive Director. Recruitment could not have been possible without the efforts of Iowa Legal Aid AmeriCorps workers Aubrey Corbin, Alex Hofer, Nadia Igram, and Megan Balek. In addition, the data could never have been collected without the dedication of multiple interviewers, including Samantha Grimes, Leah Kriener, Kibben Rumohr, Courtney Vassiliades, Kari Rhodes, Shauntel Nutile, Amber Garrison, Callie Bui, Wenday Cooper, Mariah Shandri, Amanda Rivera, Tricia Borelli, Teresa Hobson and Jennifer Barry Burton. We also wish to extend our gratitude to research assistants Chris Martin, Stephanie Grabinski, and Nadia Sabbagh for their valuable contributions to the project. Finally, this project could never have been completed without the women who agreed to participate and share their experiences. Their strength, courage, and dedication are truly remarkable. We hope this study honors their voices.

This project was funded by Award No. 2010-WG-BX-0009 awarded by the National Institute of Justice Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this report are those of the authors and do not necessarily reflect the official position of the U.S. Department of Justice. We wish to thank the National Institute of Justice Office of Justice Programs staff for supporting this project.

Abstract

Civil legal services are an under-recognized and under-studied response to intimate partner violence (IPV). We conducted a two-year, panel study of how the receipt of civil legal services provided by Iowa Legal Aid (ILA), influences safety, psychological well-being and economic self-sufficiency outcomes for women who experienced IPV residing in metro and non-metro communities in Iowa. We also examined the impact of the quality of the attorney-client relationship on women's sense of empowerment on these outcomes. The research questions (RQs) that guided our study were: 1) What is the direct relationship between civil legal services and revictimization, psychological well-being, and economic self-sufficiency for women who experience IPV?, 2) Does the quality of the attorney-client relationship mediate the relationship between civil legal services and women's sense of empowerment?, 3) Does women's sense of empowerment mediate the relation between civil legal services on the study outcomes?, and 4) Are there differences in the relationship between the type of civil legal services received and outcomes for women residing in metro and non-metro communities?

We used a panel study of women seeking civil legal services to examine key outcomes. Participants were victims of IPV receiving assistance with a civil protective order (CPO) or a family law problem. Contract interviewers in seven locations around the state of Iowa conducted up to five in-person interviews with participants at six-month intervals (Waves 1-5). One-hundred and fifty women completed Wave 1. Of these women, 112 completed Wave 2, 85 completed Wave 3, 62 completed Wave 4, and 32 completed Wave 5. Approximately two-thirds of the 150 women received assistance from ILA for a CPO ($n = 97$); the rest were represented in a family law matter. Thirty-six percent of women lived in non-metro/rural areas ($n = 54$).

At Wave 1, women reported high levels of IPV, high levels of depressive and PTSD symptoms, and low measures of economic well-being. Surprisingly, despite the presence of IPV, depressive symptoms, PTSD symptoms, and financial struggles, women also reported adequate levels of future-oriented, goal-directed thinking, and empowerment.

Our hypothesis that receipt of civil legal services would reduce revictimization, and improve psychological well-being and economic self-sufficiency for women over time (RQ1) was partially supported. Women experienced a decrease in physical violence and less stalking from Waves 1 to 3. Women's symptomatic responses to traumatic stressors and depressive symptom decreased (Wave 1 to 3). Women's adequacy of family resources and monthly income increased and the difficulty living on their current income and number of assistance resources used decreased (Wave 1 to 3). We found no relation between the type or amount of legal services received and changes in study outcomes.

Our hypothesis that the quality of the attorney-client relationship would have a mediating effect on the relation between civil legal services and women's sense of empowerment (RQ2) was not supported. Women reported positive attorney-client relationships, their sense of empowerment increased at each wave, and the strength of the relationship between women's empowerment and the quality of the attorney-client relationship increased over time. However, the type of legal services received did not mediate this relation.

Our hypothesis that civil legal services would exert a positive influence on women's outcomes overall, but that positive changes would be mediated by women's sense of empowerment (RQ3), was not supported. Empowerment scores at each wave were associated with increases in women's psychological well-being and economic self-sufficiency, but unrelated to women's reported revictimization.

We did not find any significant interactions between the type of legal service and location with regard to any of the outcome variables (RQ4).

Civil legal services appear to have a positive association with women's safety, psychological well-being, and economic self-sufficiency over time.

TABLE OF CONTENTS

Acknowledgements.....	i
Abstract.....	ii
Executive Summary.....	1
INTRODUCTION.....	15
Differences between Criminal and Civil Interventions to IPV.....	16
Purpose of the Study.....	17
OVERVIEW OF RELEVANT LITERATURE.....	18
Prevalence of IPV and Safety.....	18
IPV, Psychological Well-being, and Parenting.....	21
IPV and Economic Self-Sufficiency.....	23
IPV and Empowerment.....	25
IPV and Rurality.....	27
Conceptual Model, Research Questions, and Hypotheses.....	28
METHOD.....	30
Background on Iowa Legal Aid.....	30
Data Collection.....	33
Measures.....	38
Participant Attrition at Each Wave.....	50
Data Analysis Plan.....	51
RESULTS.....	52
Sample Description.....	52
Descriptive Statistics for Wave 1 IPV Measures.....	53
Descriptive Statistics for Wave 1 Psychological Well-Being Measures.....	56
Descriptive Statistics for Wave 1 Economic Self-Sufficiency Measures.....	59
Descriptive Statistics for Wave 1 Empowerment and Attorney-Client Relationship Measures.....	62
Bivariate Analyses.....	62
Repeated Measures Analyses.....	65
Research Question 1.....	66
Research Question 2.....	73
Research Question 3.....	74
Research Question 4.....	76
DISCUSSION.....	76
Research Question 1.....	78
Research Question 2.....	79
Research Question 3.....	80
Research Question 4.....	80
Study Limitations.....	81
Implications for Future Research.....	83
Implications for Policy and Practice.....	85

REFERENCES	92
DISSEMINATION OF RESEARCH FINDINGS	107
LIST OF FIGURES	
Figure 1. Conceptual framework for the study.....	28
Figure 2. Map of the location of each woman enrolled in the study by type of civil legal case.....	36
LIST OF TABLES	
Table 1. Sample Recruitment.....	37
Table 2. Retention of Participants at Each Wave	38
Table 3. Women Enrolled by Geographic Location	49
Table 4. Demographics by Wave.....	54
Table 5. IPV Measures by Wave	57
Table 6. Psychological Well-Being Measures by Wave.....	60
Table 7. Economic Self-Sufficiency Measures by Wave	63
Table 8. Empowerment and Attorney Client Relationship Measures by Wave	73
Table 9. Correlations between the Attorney-Client Relationship and Women’s Empowerment .	74
Table 10. Correlations between PPS and Outcomes for Wave 1.....	75

Executive Summary

The majority of research on legal responses to intimate partner violence (IPV) focuses almost exclusively on criminal justice system responses. More recently, researchers have examined coordinated community responses (CCRs) to IPV. However, examining *civil legal services* as part of these coordinated responses continues to be largely absent from criminal justice and social service research and practice literature, and is essential for making improvements in both practice and policy.

Civil legal services provide a host of legal service provision, including: filing civil protective orders (CPOs), representing women in cases involving divorce, establishing paternity, custody and visitation, child and spousal support, and housing discrimination. Although assistance with a CPO is most related to the IPV, many other civil legal services address outcomes that likely affect women's long-term psychological well-being and economic self-sufficiency in addition to safety. As such, it appears that *civil legal services are a critical component* of a coordinated response to IPV and one that has been under-recognized and under-studied for far too long. With civil legal services addressing not only immediate safety, but outcomes related to housing, employment, and economic self-sufficiency, the effects of these services may not be realized immediately, requiring longitudinal studies to sufficiently examine their effects

The purpose of this project was to conduct a two-year, panel study of how the receipt of civil legal services provided by Iowa Legal Aid (ILA), influences safety (revictimization), psychological well-being and economic self-sufficiency outcomes for women who experienced IPV and resided in rural and urban communities in Iowa. We looked at both the provision of family law services (divorce, child custody, child support) and CPOs, because after CPOs, family

law services represent the largest category of legal services provided to battered women by legal aid offices. Finally, given that empowerment is a central focus of many services and interventions provided to women who experience IPV, we examined the relationship between the quality of the attorney-client relationship, women's sense of empowerment, and subsequent revictimization, psychological well-being, and economic outcomes.

Research Questions and Hypotheses

The research questions that guided this study were: 1) What is the direct relationship between civil legal services and revictimization (by her former partner), psychological well-being, and economic self-sufficiency for women who experience IPV?, 2) Does the quality of the attorney-client relationship mediate the relationship between civil legal services and women's sense of empowerment? 3) Does women's sense of empowerment mediate the relation between civil legal services and the study outcomes?, and 4) Are there differences in the relationship between the type of civil legal services received and outcomes for women residing in metro and nonmetro communities?

We hypothesized that civil legal services would reduce the risk of revictimization, would improve psychological well-being, and would increase economic self-sufficiency for women over time. We also expected that women who reported a higher-quality relationship with their attorney would experience a greater sense of empowerment, and civil legal services would have the greatest impact on women's safety, well-being and economic self-sufficiency when accompanied by empowerment.

Method

A panel study was used to examine the longer-term outcomes of receiving civil legal services among women who experienced IPV. Potential participants were self-identified victims

of IPV who contacted Iowa Legal Aid (ILA) for assistance with a civil protective order (CPO) or a family law problem (divorce, child custody, child support). Women were recruited shortly after ILA decided to take their cases. Inclusion criteria for the study were: 1) being 18 years of age or older, no minors were included; 2) currently experiencing IPV, or had a recent history of being a victim of IPV; 3) having minor children in the home, and 4) her case was taken by ILA (because we are assessing the long-term effects of civil legal services, we were only interested in following women who actually receive ILA services); 4) her service request was for a family law related issue or a CPO; and 5) there was no evidence study participation would pose safety concerns to her or her dependents.

Data Collection

Contract interviewers in seven locations around the state of Iowa (Sioux City, Council Bluffs, Des Moines, Waterloo, Ottumwa, Cedar Rapids, and Iowa City) conducted in-person interviews with study participants at five time points: an initial assessment interview (Wave 1) and up to four follow-up interviews at 6, 12, 18, and 24 months (Waves 2 through 5). One-hundred fifty women completed Wave 1. Of these 150 women, 112 completed Wave 2, 85 completed Wave 3, 62 completed Wave 4, and 32 completed Wave 5.

Using a survey instrument to collect data at each wave, interviewers gathered demographic information (Wave 1), women's history of IPV (Wave 1) and measures of repeat abuse (Waves 2 to 5), psychological well-being and parenting (Waves 1 to 5), quality of the attorney-client relationship (Waves 1 to 4), and empowerment (Waves 1 to 5).

Measures

A woman's history of IPV victimization was measured using the physical and nonphysical violence subscales of the Index of Spouse Abuse (ISA), the Women's Experience

with Battering Scale (WEB), the Psychological Maltreatment of Women Inventory, Short Form (PMWI-F), the Physical Assault subscale of the Revised Conflict Tactic Scale (CTS2), a measure of non-violent Coercive Control, and the Stalking Behavior Checklist (SBC). Women's safety, or repeat abuse/revictimization, was assessed in Waves 2-5 through the PMWI-F emotional/verbal abuse subscale, the CTS2 Physical Assault subscale, and the SBC.

Psychological well-being was assessed using the following measures: Center for Epidemiologic Studies Depression Scale (CES-D); the Impact of Event Scale-Revised (IES-R) which measures symptomatic response to traumatic stressors; the Interpersonal Support Evaluation List (ISEL), a measure of perceived availability of social support; the Connor Davidson Resilience Scale (CD-RISC); and the State Hope Scale which measured ongoing goal-directed thinking. Parenting was assessed with the Self-Efficacy for Parenting Tasks Index (SEPTI) and the Kansas Parental Satisfaction Scale (KPSS).

Measures of economic self-sufficiency included an assessment of how financial factors played a role in the abuse women experienced, monthly income, program assistance use, and perceptions of the difficulty living on one's current income. The Family Resource Scale (FRS) was also used to measure the adequacy of resources. The Domestic Violence-Related Financial Issues Scale (DV-FI) was used at Wave 1 to assess economic abuse and women's perceptions of the role that financial factors contributed to, caused, or increased levels of IPV. The DV-FI also measured women's current perceptions of how becoming financially secure might influence their current or future safety and how confident they felt about meeting their goals of becoming more financially secure.

Women's sense of empowerment was examined using the Personal Progress Scale-Revised (PPS-R). The Bond Scale of the Working Alliance Inventory (WAI-Bond) was used to

measure women's perceptions of the quality of the attorney-client relationship. Quality included women's assessment of the level of respect and trust between her and her attorney and her confidence in her attorney's ability to assist her.

Our primary independent variables were the type of civil legal services received (either a CPO or family law case) and the amount of time spent on each case, defined as the number of billable hours recorded by ILA.

Finally, data were collected on demographic variables at each of the five interview waves. Women provided information on their birthdate/age, race/ethnicity, highest education level, number of children, marital status, length of the abusive relationship, employment, and geographic location of residence.

To address the study's research questions, we primarily performed repeated measures analyses of variance (ANOVAs). For the first research question, we examined the overall receipt of civil legal services as related to the study outcomes. We further explored how outcomes were associated with the type of legal service (civil protective order or family law) and the amount of service hours (i.e., billable hours or time spent on a case). Analyses for the second and third research question did not include amount of hours but the type of case was included in the analyses. The fourth research question focused on the effect of location on the relationship between the type of service and the outcomes.

Results

Slightly under two-thirds of the 150 women in this study were requesting assistance from ILA to obtain a CPO (n = 97; 64.7%). The remaining women (n = 53; 35.3%) were represented in either a divorce or child custody matter. Iowa is a largely rural state and 36% the women in the study sample lived in non-metro or rural areas (n = 54). The women in the study sample had

an average age of 32 years and all had children. A substantial number of women were not working at the time of their first interview, which was reflected in their relatively low monthly incomes. Most of the women had been in a cohabitating relationship with their perpetrator before seeking services from ILA.

Women in the study reported high levels of physical and non-physical IPV, emotional and verbal abuse, psychological maltreatment, and coercive control. Almost all the women were above the clinical cut-off scores on the ISA physical and non-physical subscales. The women experienced a substantial number of physically assaultive behaviors at the hands of their perpetrator, including potentially lethal behaviors such as being choked, beaten, or threatened with a gun or other weapon. With respect to stalking, approximately one-third of the women did not report frequent stalking and slightly less than one-third of the women reported five or more stalking behaviors on a weekly basis.

Economic abuse was prevalent among many women in the study. A substantial number of women stated that financial insecurity played a role in the violence they experienced. Not all of the 150 women experienced economic abuse, but for those who did, the perpetrator controlled access to the family income, negatively affected their debt, damaged their credit rating, and prevented them from acquiring skills for better employment. Over half the women also expressed that concerns about finances affected their decision to leave the relationship. Regardless of whether women reported economic abuse, their economic vulnerability is clearly reflected in their financial circumstances at the initial interview. Most women reported low total monthly incomes, found it either 'very' or 'extremely' difficult to live on their current income, and reported less than adequate resources for their own needs or 'extras' for their family. They also had very little money left over on a monthly basis that could be saved to build assets.

At the initial interview, women were found to have psychological well-being scores that might raise clinical concerns. Seventy-one percent of women met the clinical criteria for depression and 65% of women met the clinical criteria for PTSD. Women reported only modest levels of social support and resiliency. Despite the presence of IPV, depression, PTSD, and financial struggles in their lives, women reported adequate levels of future-oriented, goal-directed thinking and empowerment, as well as very high levels of emotional nurturing of their children and were overall satisfied with their parenting role.

Research Question 1

In the first research question, we examined the association between civil legal services and revictimization by her former partner, psychological well-being, and economic self-sufficiency. We, first, expected to find that the receipt of civil legal services would reduce the risk of revictimization for women over time. Our overall hypothesis was supported. On average, women reported substantially less physical violence between Waves 1 and 2, and this decrease held over to Waves 3 through 5. Women also reported a significant decrease in emotional/verbal abuse and stalking behaviors from Waves 1 to 3. However, no statistically significant relation was found between the type or amount of legal services received and a decrease in emotional/verbal abuse or stalking behaviors over time. Thus, it appears that civil legal services for both family law cases and protective orders have a similar effect on women's reported revictimization over time.

With regard to psychological well-being, we expected the receipt of civil legal services to improve women's psychological well-being over time. Our overall hypothesis was partially supported. Women's symptomatic responses to traumatic stressors, including intrusive thoughts, avoidant behaviors, hyperarousal, and depressive symptoms significantly decreased from Waves

1 to 3. However, we found no relation between the type or amount of legal services received and changes in traumatic stress responses or depressive symptoms.

Women's goal-oriented thinking, resilience, and social support levels did not significantly change from Waves 1 to 3. Women's ability to be nurturing toward their children and their parenting satisfaction remained stable and relatively high. Across Waves 1, 2, and 3, women reported a significant increase in their ability to provide structure and discipline appropriately, yet this change was also unrelated to the type or amount of legal services received.

Finally, we anticipated that the receipt of civil legal services would improve women's economic self-sufficiency over time. This hypothesis was supported. Women's economic situation improved from Wave 1 to Wave 3. Between Waves 1 and 3, women reported a statistically significant increase in the adequacy of their family resources as measured by the total FRS. Women also reported a decrease in difficulty living on their current income, an increase in monthly income, and a decrease in the number of assistance resources used. However, as was the case with the revictimization and psychological well-being measures, we found no relation between the type or amount of legal services received and changes in the economic self-sufficiency measures.

Research Question 2

Our second research question focused on the quality of the attorney-client relationship and its mediating effect on the relation between civil legal services and women's sense of empowerment. Overall, women reported positive relationships with their attorneys. At each wave, women's sense of empowerment significantly increased; however, the type of legal services received did not influence this change. We found that the strength of the relationship between the quality of the attorney-client relationship and women's empowerment increased

over time. The results also show that the quality of the attorney-client relationship is highly correlated with women's empowerment, particularly at later time points. As hypothesized, however, we found no mediating effect of the attorney-client relationship in the relation between the type of civil legal service and women's empowerment.

Research Question 3

Our third research question focused on whether women's sense of empowerment mediated the relation between civil legal services and the study outcomes. We hypothesized that receipt of civil legal services would exert a positive influence on women's outcomes overall, but that a reduction of revictimization and positive changes in well-being and economic self-sufficiency would be mediated by women's sense of empowerment. Examining the associations between empowerment and the key study variables at each wave, we found that empowerment scores were associated with several statistically significant increases in women's psychological well-being and economic self-sufficiency, but unrelated to women's reported revictimization. Thus, it appears that women's increases in empowerment have substantial gain on their later mental health, resilience, and financial stability but are unrelated to their revictimization. We also found no mediating effect for women's empowerment on any of the key study variables.

Research Question 4

This final research question explored differences in the relationship between civil legal services received and revictimization, psychological well-being, and economic self-sufficiency outcomes for women residing in metro, urban, and rural communities. When examining the interaction between type of legal service and location, we did not find any statistically significant differences among women residing in the three geographic locations on any of the key study variables.

Limitations of the study methods include sample retention across waves, possible selection bias in the initial recruitment and attrition in the follow-up, and the use of self-report measures.

Implications for Policy and Practice and Future Research

Intimate partner violence has a ‘radiating impact’ on multiple areas of women’s lives. Yet, the majority of responses to IPV focus on criminal legal interventions. Despite the advancement of victim rights in criminal proceedings, the criminal justice system is a limited response to the widespread impact of IPV. In the civil legal system, a woman experiencing IPV may initiate a case against her abuser; whether by requesting a CPO, filing for divorce, petitioning the court for changes in child support payments or visitation, or suing the perpetrator to compensate her for physical or emotional harm she suffered.

Although not always recognized, civil legal services have the potential to address longer-term safety for women experiencing IPV. Divorce decrees can include a protective order that does not expire in a year like a CPO. Effective divorce and custody decrees can also mitigate the perpetrator’s use of children to gain access to their victims by stipulating neutral locations or no contact between the adult parties during visitation exchanges. The decree can also specifically indicate what kind of communication between parties is allowed related to parenting matters, perhaps restricting the perpetrator to communicating only via email or through a third party.

Civil legal services can most directly address economic self-sufficiency in two ways: by increasing income and decreasing economic liability. Maximizing child support, spousal support, and achieving a favorable and equitable distribution of marital property and assets in a divorce decree can help increase women’s income. In addition to increasing income, decreasing economic liability can significantly impact a woman’s economic self-sufficiency. If it can be

shown that the perpetrator incurred debt during the marriage for items only he used, or his partner did not know about the debts he incurred, the woman can request to have the debt attributed to the perpetrator in a divorce decree. CPOs can also address immediate economic needs by setting child support requirements or allowing women temporary possession of the family home or a car, even if those possessions are held only in the perpetrator's name. Although civil legal services are not specifically intended to address women's psychological well-being, one can assume that increasing safety and economic self-sufficiency would contribute to women's overall well-being.

Expanding Access to Civil Legal Services

In this study, we found that civil legal services decreased revictimization and increased psychological well-being and economic self-sufficiency for women experiencing IPV over time. Although civil legal services would appear to provide significant assistance in addressing the 'radiating impact' of IPV, one potential barrier pertains to the woman's access to assistance of counsel in civil cases. Policy makers and federal and state legislators are encouraged to consider the following strategies for improving access to civil legal services.

Advocating for a right to council in the civil legal process. The right to counsel is not guaranteed in most civil proceedings, although some states have legislation that provides counsel in civil cases involving a restriction of physical liberties, such termination of parental rights proceedings and involuntary commitments. Only New York State guarantees the right to counsel in civil domestic violence proceedings, leaving most women, particularly those who are low-income, without access to representation by an attorney in civil matters. States should be encouraged to pass legislation to provide counsel in civil legal cases where individuals face safety risks.

The role of Access to Justice Commissions. States are exploring way to address inequities in access to civil legal services through the establishment of Access to Justice Commissions (AJCs). These commissions are established by State Supreme Courts, sometimes at the behest of state bar associations, and their charge is to provide an ongoing assessment of the civil legal needs of low-income persons in their state and to develop initiatives to meet these needs. To date, 35 states and two US territories have AJCs and all states should be encouraged to establish these commissions to better monitor and improve access to civil legal services.

A call for increased funding for state legal aid agencies. The primary source of civil legal assistance for low-income Americans is state legal aid organizations which receive most of their funding from the Legal Services Corporation (LSC). However, roughly half the eligible low-income clients who contact an LSC funded legal-aid agency are turned down for services because of insufficient funding. At the policy level, we need to examine avenues for increasing the legal assistance available to women who experience IPV but who cannot afford private attorneys by advocating for increased funding for state legal aid agencies. A limitation of legal aid programs is their income means test for eligibility. Although they have some flexibility in disallowing income and assets based on a woman's lack of access to the perpetrator's income, the woman's income still needs to be less than 125% of the federal poverty level to receive assistance. Resources for women who do not meet the income means test for state legal aid services but still lack sufficient income to hire a private attorney must also be considered. Pro bono assistance by private practice attorneys and university legal clinics may help to address this gap, as would encouraging states to allow the use of victim compensation funds to pay for legal services for victims of intimate partner violence.

Improving assistance with pro se representation. There are *pro se* avenues for seeking

assistance in the civil legal system which involve representing oneself in a court case without the assistance of an attorney. For example, women can file *pro se* petitions for a CPO or an uncontested divorce. There are, however, constraints to obtaining equal access through the *pro se* process. Unfortunately, many women filing *pro se* fail to include sufficient details in their petition needed to meet their state statutory requirements for their petition and we know that women are less successful getting CPOs when they do not have the benefit of legal counsel. *Pro se* filers may be unaware that many states provide for additional remedies in CPOs designed to deal with immediate needs, such as temporary possession of the marital home, that arise when one leaves an abuser. These additional remedies can significantly enhance women's safety and economic well-being.

Historically courts provided little to no assistance to *pro se* litigants in completing complicated legal forms or presenting their case to a judge; however, in recent years there has been a proliferation of legal self-help centers around the country that provide some form of in-person services, document assistance, and web-based information to individuals representing themselves without the assistance of an attorney. The majority of assistance provided by these centers involves family law cases, child support, domestic violence, and landlord/tenant disputes. Unfortunately, the scope of services available at these centers is limited and many clients have legal issues that are too complicated to be handled through *pro se* litigation but may not require full legal representation. More states should be encouraged to allow attorneys to provide unbundled legal services or limited scope representation to these clients.

Implications for Future Research

This study examined only two types of civil legal services, family law and CPOs in a state with a mostly homogenous population. Although family law and CPO cases represent the

largest service requests of women experiencing IPV, women have other legal needs, such as employment and housing discrimination, tort claims, and even Title IX violations that could be examined.

Future studies of civil legal services for women experiencing IPV need to include more diverse samples and national probability samples, as well as examine how women who are not income eligible for legal aid services are getting their legal needs met. And if methodological and ethical challenges can be addressed, comparative studies of the effects of civil legal services for women who did and did not receive services would be beneficial.

Additional research could also examine the effects of different circumstances of the legal case on case outcomes and outcomes for women. For example, we were unable to examine whether opposing parties were represented or unrepresented in these women's cases or if women received additional representation for a violation of a CPO or their partner's failure to pay child support. Future studies could also examine objective qualities of the legal representation such as how good the attorney is in court or in negotiation, or how their training and years of experience affect outcomes.

Finally, this study only examined women's cases at the individual trial level. Civil legal services have the potential to impact outcomes for entire groups of women experiencing IPV at the appellate level. Thus, future research should also examine how appellate cases have been used to affect policy changes benefitting victims of IPV.

The Longer-Term Influence of Civil Legal Services on Battered Women

The majority of research on legal responses to intimate partner violence (IPV) focuses almost exclusively on criminal justice system responses. However, the majority of these studies examine effects of arrest (Bouffard & Muftić, 2007; Klein & Tobin, 2008), prosecution (Davis, Smith, & Nickles, 1998), and court-ordered treatment of batterers (Bennett, Stoops, Call, & Flett, 2007) on women's safety and repeat offending; thus, ignoring other influential types of legal responses. More recently, researchers have examined coordinated community responses (CCR) to IPV. The 'community' entities typically consist of the criminal justice system, social service agencies, and shelters (Pennington-Zoellner, 2009). Absent from most studies of CCR's however, is mention of *civil* legal services; and in fact, many studies of CCR's look almost exclusively at criminal justice responses (e.g., arrest, prosecution, court-ordered treatment) (Babcock & Steiner, 1999; Murphy, Musser, & Maton, 1998; Syers & Edleson, 1992). Examining civil legal services as part of a coordinated response to IPV continues to be largely absent from criminal justice and social service research and practice literature and is essential for making improvements in both practice and policy.

Examining the needs of victims of IPV six months after leaving shelter programs, Allen, Bybee and Sullivan (2004) found that 59% of these women identified working on legal issues, and many of these legal issues were completely unrelated to the prosecution of their abuser or obtaining a protection order. Instead these women were seeking divorces, working out child custody, support and visitation issues, or dealing with landlord/tenant or housing matters. As the authors note, their findings on other needs IPV victims face is particularly salient given that CCR efforts "almost always focus on creating reforms in the criminal justice system" (p. 1030). The criminal justice system is critical to fostering batterer accountability; yet it is equally imperative

to understand the continuum of battered women's self-identified needs and make improvements in practice and policy to increase the accessibility of needed resources. CCRs must more purposefully link with organizations that can enhance women's longer-term quality of life and economic self-sufficiency. Given this, it appears that *civil legal services are a critical component* of a community coordinated response to IPV and one that has been under-recognized and under-studied for far too long. With civil legal services addressing not just immediate safety, but outcomes related to housing, employment, and economic self-sufficiency, the effects of these services may not be realized immediately, requiring longitudinal studies to sufficiently examine their effects (Clough et al., 2011).

Differences between Criminal and Civil Interventions to IPV

Criminal justice responses to IPV focus largely on the offender's behavior in a very narrow sense—only that behavior which violates criminal statutes. Although it is assumed that the female victim benefits from criminal justice interventions, the criminal case is not about her. From the prosecutions' perspective, the victim is a 'complaining witness,' not a client or a party in an offense against the state. Other than no-contact orders, court-ordered treatment for the batterer, and possible financial restitution, criminal justice responses do not address any other concerns battered women might have.

Civil legal services for battered women differ in their focus, scope, and the nature of the attorney/client relationship. With the help of a civil attorney, women can 'bring a case' against her abuser. A civil attorney may represent women in several actions, possibly starting with a civil protective order (CPO) and ending with a divorce settlement. Civil attorneys work collaboratively with their clients and are responsible for providing rigorous legal advocacy that is unique to the women's particular needs.

Civil legal services provide a host of legal service provision, including: filing CPOs, representing women in cases involving divorce, establishing paternity, custody and visitation, child and spousal support, and housing discrimination. Although assistance with a CPO is most related to the IPV, many of the other civil legal services address outcomes that likely affect women's long-term psychological well-being and economic self-sufficiency (Farmer & Tiefenthaler, 2003; Hartley, Renner, & Mackel, 2011), in addition to safety. For example, civil legal services can address economic issues by helping a battered woman obtain a higher child support payment or a more equitable distribution of marital property in a divorce settlement; housing issues by stopping a landlord from evicting her from public housing due to her batterer's criminal behavior; or employment issues by preventing an employer from terminating her from her job as a result of her batterer's harassment in the workplace (Hartley et al., 2011).

Civil legal services are distinguished from legal advocacy provided by domestic violence advocates. Domestic violence advocates help women negotiate various community programs to more effectively access needed resources (Allen et al., 2004). Although advocates provide 'legal advocacy' by accompanying women to court or helping her file a pro se no contact order, these advocates cannot represent women in legal matters like a divorce or child custody hearing. Thus, this study focuses on legal services provided by a licensed attorney. Given the ongoing nature of both the relationship and types of services provided by civil attorneys, it is likely that these services will impact women's lives in multiple areas including safety, economic self-sufficiency, and overall well-being, with longer-term influences being possible.

Purpose of the Study

The purpose of our study was to conduct a two-year, panel study of the role of civil legal services provided by Iowa Legal Aid (ILA), on safety (defined as revictimization), psychological

well-being, and economic self-sufficiency outcomes for women who experienced IPV and resided in metro and nonmetro communities in Iowa. We looked at both the provision of family law services (divorce, child custody, child support) and CPOs, because after CPOs, family law services represent the largest category of legal services provided to battered women by legal aid offices (Institute for Law and Justice, 2005). The study goal was to understand the role of civil legal services as an intervention response to the crime of IPV.

With so much focus on criminal justice responses to violence against women, few researchers have examined the effects of the range of civil legal interventions, beyond civil protective orders (Benitez, McNiel, & Binder, 2010; Logan, Walker, Shannon, & Cole, 2008; Logan & Walker, 2009), available for victims of IPV. In one population-based study, the availability of legal services was significantly related to declines in domestic violence rates in the 1990s, while other service variables, such as shelters, hotlines, and batterers programs, were not significant factors in explaining this decrease (Farmer & Tiefenthaler, 2003). However, these researchers looked only at the *availability* of civil legal services on rates of domestic violence and did not examine specific *types* of civil legal services as they relate to individual and family outcomes for battered women. Thus, our study is the only known project to examine the influence of the receipt of civil legal services on outcomes for battered women over time.

OVERVIEW OF RELEVANT LITERATURE

Prevalence of IPV and Safety

The substantial lifetime prevalence of intimate partner violence (IPV) victimization is well-documented among women in the United States, in general (Breiding et al., 2014), and within rural areas, in particular (Breiding, Ziembroski, & Black, 2009; Peek-Asa et al., 2011). Findings from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) revealed

that 35.6% of females experienced rape, physical violence and/or stalking by an intimate partner at some point in their lifetime, with the majority experiencing physical violence (Black et al., 2011). During the 12 months prior to the survey, 3.6% of females reported being slapped, pushed or shoved by an intimate partner, which yields annual national estimates of 4.3 million females who were slapped, hit or shoved by a partner. The survey results also revealed that 2.7% of females reported severe forms of physical IPV, including being hit, kicked, beaten or harmed with a knife or gun, which translates into national annual estimates of 3.2 million females (Black et al., 2011). Data from NISVS also revealed that the lifetime prevalence of rape by an intimate partner for women was an estimated 8.8% and an estimated 15.8% of women experienced other forms of sexual violence by an intimate partner during their lifetimes (Breiding et al., 2014). In addition, the lifetime and 12-month prevalence of stalking by an intimate partner for women was an estimated 9.2% and 2.4%, respectively (Breiding et al., 2014).

Major types of non-physical abuse include emotional, psychological, social, and economic abuse. Emotional abuse has received the most attention among IPV researchers (Outlaw, 2009) but researchers rarely examine emotional abuse on its own and often fail to differentiate between emotional and psychological abuse, which are conceptually distinct (Swan & Snow, 2002). Both social isolation and economic abuse tend to be constructed as risk factors for physical IPV rather than being recognized as types of IPV victimization in their own right (Michalski, 2004; Van Wyk, Benson, Fox, & DeMaris, 2003). In a nationally representative sample of males and females (n = 11,291), 15.6% reported their current partner used at least one emotionally abusive behavior in the past year and females reported experiencing more economic and financial abuse than males (Outlaw, 2009).

Civil legal services and women's safety. Safety from revictimization is a key focus of

the criminal justice response for IPV. Although victims have increased standing in criminal proceedings through federal and state legislation addressing their rights to be notified, present, and heard at trial and in charging decisions, pleas, sentencing, and parole (Tobolowsky, Gaboury, Jackson, & Blackburn, 2010), criminal justice responses (arrest, prosecution, court-ordered treatment) are still meant to punish and deter abusers' behaviors. Research on the effectiveness of criminal justice interventions on repeat abuse is mixed. Klein and Tobin (2008) found arresting batterers has a short-term effect on repeat abuse but does not appear to affect long-term (over a year) rates of recidivism. Felson, Ackerman, and Gallagher (2005) found reporting abuse to police significantly reduced repeat offending; however, whether the offender was arrested after the report showed only modestly significant results. Studies of the cumulative effect of criminal justice interventions found offenders who were arrested, convicted, and subsequently ordered to batterer counseling were less likely to have a new charge for domestic battery (Murphy, et al., 1998; Syers & Edleson, 1992) or a violation of a no contact order (Murphy, et al., 1998) compared to batterers not ordered to treatment.

Given the mixed findings on the effectiveness of criminal justice responses on safety outcomes, it is instructive to examine whether civil legal interventions increase the safety of women who experience IPV. CPOs most directly address the perpetrator's behavior, while family law cases may provide support to women seeking a legal separation or divorce in order to end an abusive relationship. Applying for or receiving a protective order by women experiencing IPV has been shown to reduce violence over time (Gist, et al., 2001; Holt, Kernic, Lumley, Wolf, & Rivara, 2002; McFarlane, et al., 2004). With regard to family law cases, some women are at increased risk of violence when separating from their abuser (Fleury, Sullivan, & Bybee, 2000). Women with children in common with their abuser are unable to completely sever all ties after

leaving, making it difficult to hypothesize exactly how family law services will impact immediate safety outcomes. The ‘best interests of the child’ standards and ‘friendly parent’ provisions used by many courts often take precedence over the presence of IPV when making custody decisions (Hardesty & Chung, 2006). Kernic, Monary-Ernsdorff, Koepsell, and Holt (2005) examined the effects of a history of IPV on child custody and visitation decisions and found that courts did not order strong protections, such as limiting the time or conditions of visitation or limiting the abuser’s parental decision making, even among cases where the IPV was documented and known to the court. However, the authors note that in many of the cases they examined, divorce proceedings occurred without legal counsel. We hypothesized that the receipt of civil legal services, overall, would have a long-term positive impact on women’s safety and revictimization would decrease over time.

IPV, Psychological Well-being, and Parenting

The relationship between IPV and mental health issues is clearly established. IPV victimization has significant negative mental health impacts for women, including an increased risk for depression, anxiety, overall stress, and posttraumatic stress symptoms (Black, 2011); and both the frequency and severity of IPV exposure are associated with increased mental health symptoms (Lagdon, Armour, & Stringer, 2014). IPV victimization produces significant mental health consequences, with a substantial percentage of adult female victims reporting heightened levels of depression and anxiety (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Fergusson, Horwood, & Ridder, 2005; Mechanic, Weaver, & Resick, 2008) and posttraumatic stress disorder (PTSD) (Jones, Hughes, & Unterstaller, 2001).

In a review of research on IPV and mental health, Jones et al. (2001) found rates of PTSD among women ranging from 31% to 84%. The more severe or life-threatening the violence and

the more current the abuse, the more severe the PTSD (Jones et al., 2001). More severe PTSD symptoms, in turn, had the potential to interfere with day-to-day functioning (Gorde, Helfrich & Finlayson 2004). Victims of IPV also report current and lifetime histories of depression (Jones et al., 2001; Renner, 2009; Renner, Cavanaugh, & Easton, 2015). Tolman and Rosen (2001) found more than double the prevalence of depression among women who experienced IPV compared to national norms. The effects of emotional IPV are studied less frequently than physical IPV; yet, depression has been linked with both physical and psychological IPV among women (Follingstad, 2009; Sackett & Saunders, 1999). The women in this study were receiving civil legal services, and we expected they would report a reduction in PTSD and depressive symptoms over time.

Along with mental health outcomes for women who experienced IPV, we examined changes in social support. In a study of services provided post-shelter, women who received advocacy services reported greater social supports two and three years after the intervention (Bybee & Sullivan, 2002, 2005). It was also found that women's improvement in overall quality of life was mediated by social support (Bybee & Sullivan, 2002). Social support is a critical resource and protective factor for women who experience IPV (Goodman, Dutton, Vankos, & Weinfurt, 2005), given the social isolation that is often created by their abusive partners during the relationship. In this project, we expected women's social support to improve as a result of receiving civil legal services.

In addition to the negative association between IPV and women's mental health, a history of IPV victimization has been negatively associated with various parenting domains among women. Physical IPV victimization has been associated with increased anger toward children and less time and emotional energy to devote to children (Levendosky, Lynch, & Graham-

Bermann, 2000), harsh discipline (Renner, 2009), risk of child maltreatment (Taylor, Guterman, Lee & Rathouz, 2009), increased parenting stress (DeVoe & Smith, 2002; Renner, 2009) and decreased parenting efficacy and satisfaction (Renner et al., 2015). Other researchers have found that physical IPV was only associated with negative parenting among mothers who reported symptoms of depression (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003) and others have found that physical IPV had a direct effect on women's depressive symptoms but that maternal mental health was not associated with parenting behaviors (Huang, Wang, & Warrener, 2010). Despite the evidence that links IPV with negative parenting, some researchers have found that mothers in abusive relationships reported increased caring, empathy, and protective feelings towards their children, suggesting that they have developed positive parenting strategies to reduce consequences of violence for their children (Cox, Kotch, & Everson, 2003; Levendosky & Graham-Bermann, 2000; Levendosky et al., 2000). We expected that the women in this study would report improvements in their perceptions of discipline, nurturance, and parenting satisfaction over time.

Despite substantial documentation of negative mental health and parenting consequences of IPV victimization, researchers have demonstrated that women who experience IPV often exhibit significant resilience (Anderson, Renner, & Bloom, 2014; Anderson, Renner, & Danis, 2012; Humphreys, 2003). It is essential to focus on the strengths of women who experience IPV and thus, we also explored whether the receipt of civil legal services influenced women's resilience and goal-oriented thinking over time.

IPV and Economic Self-Sufficiency

Most women who experience IPV report some form of economic abuse (Adams, Sullivan, Bybee, & Greeson, 2008; Postmus, Plummer, McMahon, Murshid, & Kim, 2012) by

their abusers. IPV in general, and economic abuse more specifically, affects women's economic self-sufficiency in several ways. Women experiencing IPV have difficulty obtaining and maintaining housing (Adams, Tolman, Bybee, Sullivan & Kennedy, 2012; Riger, Raja, & Camacho 2002). Baker, Cook, and Norris (2003) found significant percentages of homelessness and housing problems (e.g., late paying rent, skipping meals to pay rent, threatened with eviction) in a sample of IPV victims recently separated from their abuser. Adams et al. (2008) found that 80% of women interviewed who experienced economic abuse reported trouble finding affordable housing and 86% had to stay with family or friends or in a shelter because they could not secure housing. Half of these women also experienced an eviction or lost a home due to foreclosure.

Women's employment is also substantially affected by IPV. Perpetrators may interfere with women's efforts to complete an education (Riger et al., 2002), prevent them from working, or force them to be late or miss work, which can result in losing their jobs (Tolman, 2011). In addition to restricting their employment, their overall job stability and ability to work sufficient hours to support themselves and their children are affected by IPV (Adams et al., 2012; Romero, Chavkin, Wise, & Smith, 2003; Tolman & Wang, 2005). Employment and job stability can be negatively impacted for these women for several years after the abusive relationship ends (Adams et al., 2012; Lindhorst, Oxford, & Gillmore, 2007).

IPV decreases women's economic self-sufficiency while in the abusive relationship. Postmus et al. (2012) found that abusers' economic control, such as demanding to know how money is spent or keeping financial information from their partner, predicted lower levels of economic self-sufficiency. Recent partner violence is more specifically associated with greater material hardship such as homelessness, eviction, utilities shut off, and food insufficiency (Adams et al., 2012; Tolman & Rosen, 2001). Compared to low-income women who did not

experience IPV, Romero et al. (2003) found that material hardship was significantly more prevalent among low income women who did experience IPV. Women whose abusers specifically controlled their access to income and resources, experienced even more material hardship including difficulty paying bills or providing food or other necessities for their families (Adams et al., 2008). Schrag (2014) also found that women who experienced economic abuse were 47% more likely to experience material hardship compared to women who experienced IPV but not economic abuse.

In addition to contributing to actual material hardship, IPV also affects women's anticipated or perceived material hardship. Adams et al. (2012) measured anticipated hardship as 'how much women anticipated that they and their family would experience actual hardships such as inadequate housing, food, or medical care'. They found that recent IPV was directly related to anticipated material hardship. More recently, researchers have focused on financial factors impacted by IPV and explored the concept of financial self-efficacy, or the belief or confidence one has in achieving their financial goals or obtaining financial self-sufficiency (Warrener, Koivunen, & Postmus, 2013). For example, Warrener et al. (2013) found that financial self-efficacy predicted future economic self-sufficiency among women who experienced IPV. Given the myriad of ways in which IPV can affect women's economic circumstances, we assessed changes in women's economic self-sufficiency over time. We hypothesized that the receipt of civil legal services, overall, would positively influence women's economic self-sufficiency over time.

IPV and Empowerment

Empowerment is a central focus of many services and interventions provided to battered women. The goal of empowerment is to engage women in a process that helps them gain control

over their personal affairs, often through helping them access needed resources (Kasturirangan, 2008). Research on the effectiveness of domestic violence services appears to support this empowerment effect. When looking at a range of services (domestic violence counseling, advocacy, and hotline services), it appears victims of IPV experience increased support, perceived improvement in their decision making ability, and increased self-efficacy and coping when participating in some or all of these services (Bennett, Riger, Schewe, Howard & Wasco, 2004).

In this study, we examined the relationship between the quality of the attorney-client relationship, women's sense of empowerment, and subsequent revictimization, well-being, and economic outcomes. We expected women who reported a higher-quality relationship with their attorney would experience a greater sense of empowerment. In a client-centered counseling approach to lawyering (Winick, 1999), the attorney assists clients to make informed decisions, with the attorney's role being to engage the client and explore all possible alternatives. By working collaboratively with clients, the attorney-client relationship is thought to have an empowering effect for clients, which in turn enhances client autonomy. Cattaneo, Goodman, Epstein, Kohn, and Zanville (2009) found greater contact with advocates, civil attorneys, and prosecutors in a criminal court setting was associated with increased 'perceived victim voice' [their measure of empowerment] in the court process (the latter two findings at the level of a trend). We examined women's perceived quality of their relationship with their attorney as it relates to an increased sense of empowerment. We expected a greater likelihood of positive or therapeutic consequences for clients based on the quality of attorney-client relationship; and in turn, we hypothesized that civil legal services will have the greatest impact on women's reduced revictimization, well-being and economic self-sufficiency when accompanied by empowerment.

IPV and Rurality

Although 19.3% of the U.S. population are rural residents (United States Census Bureau, 2012), the majority of IPV researchers in the U.S. have focused on urban women (Annan, 2008). IPV is context-specific and rurality/geography is an often overlooked context (Sandberg, 2013). A population-based study of over 25,000 people from 16 states revealed that 26.7% of females in rural areas reported some form of physical or sexual IPV during their lifetime (Breiding, Ziembroski, & Black, 2009). In a pilot study of 15 urban and 8 rural women, Logan, Walker, Cole, Ratliff, and Leukefeld (2003) found that rural women had lower levels of education, less income, experienced more physical abuse in the past year, experienced more childhood maltreatment, encountered IPV earlier into their relationships, reported less social support, and reported worse physical and mental health outcomes than urban women.

Knowledge on how IPV victimization differs by geographic location is essential because the severity and patterns of violence appear to differ for rural populations, with researchers suggesting that increasing rurality increases the risk of victimization (Peek-Asa et al., 2011). The rural sociocultural context may also increase an individual victim's vulnerability to IPV. Dual relationships with health care providers and/or a lack of empathy by law enforcement officials in rural communities, adherence to traditional gender stereotypes, and a rural culture of reticence towards publicly disclosing family/personal issues may affect a rural victims' willingness to discuss IPV (Bosch & Bergen, 2006; Eastman & Bunch, 2007; Logan, Shannon, & Walker, 2005). Access to any services (e.g., medical, social services) is also an issue in many rural communities. Women in rural areas are more likely to enter the domestic violence service system through self-referral, a legal source, or referral from a friend, and less likely to enter via referral from a social service agency (Grossman, Hinkley, Kawalski, & Margrave, 2005). The

second highest service need for rural women is legal services, and compared to urban women, rural residents have a greater need because of a lack of pro-bono or free legal services (Grossman et al., 2005). Because ILA provides services to the entire state of Iowa, and Iowa is largely a rural state, it is instructive to compare differences in outcomes between urban and rural (defined as metro or nonmetro) women. In the majority of our analyses, we separated the analyses into three residential groups to focus on similarities and differences among women residing in metro, urban, and rural areas of the state.

Conceptual Model, Research Questions, and Hypotheses

The three broad outcomes of this project were safety, psychological well-being, and economic self-sufficiency. We also examined the impact of the quality of the attorney-client relationship on women’s sense of empowerment which may, in turn, further enhance the safety, psychological well-being, and economic self-sufficiency outcomes. Figure 1 below presents the conceptual model for our study. Variables used are described in more detail in later sections.

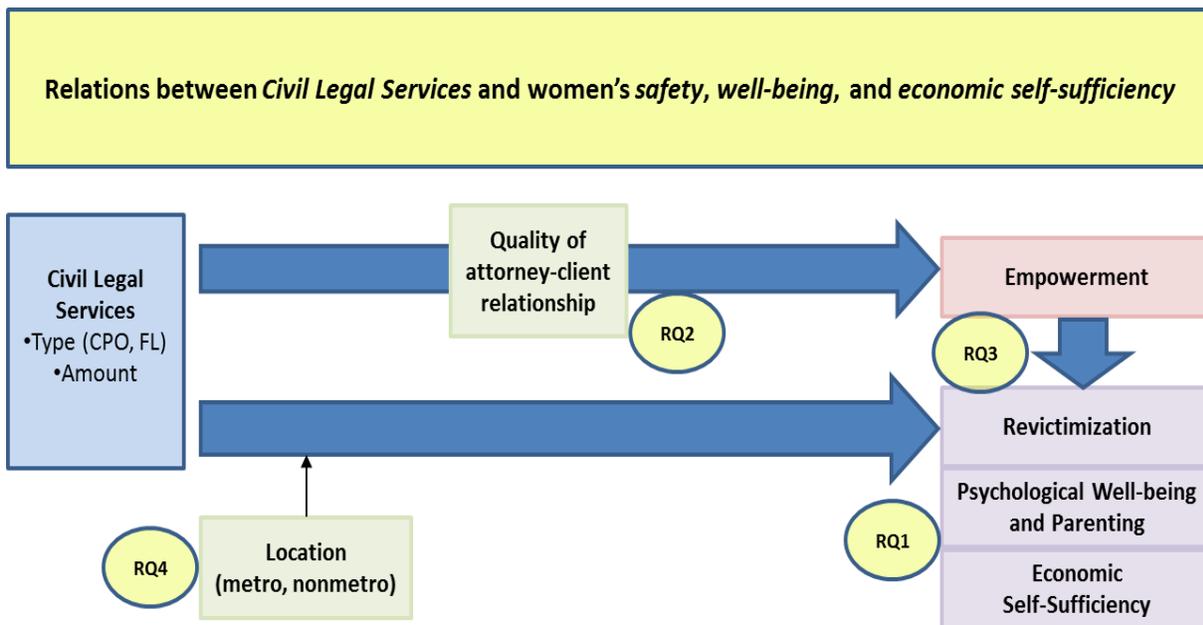


Figure 1. Conceptual framework for the study

Four key research questions guided this study. They were:

RQ1: What is the direct relationship between civil legal services and revictimization by her former partner, psychological well-being, and economic self-sufficiency for women who experience IPV?

- H1a: Women receiving civil legal services will report a decrease in revictimization over time.
- H1b: Women receiving civil legal services will report positive changes in their psychological well-being over time.

H1c: Women receiving civil legal services will report positive changes in their economic self-sufficiency over time.

RQ2: Does the quality of the attorney-client relationship mediate the relationship between civil legal services and women's sense of empowerment?

- H2: Civil legal services influence women's sense of empowerment through the quality of the attorney-client relationship.

RQ3: Does women's sense of empowerment mediate the relation between civil legal services on the study outcomes?

- H3: Receiving civil legal services will exert positive influence on women's outcomes overall, but positive changes in revictimization, well-being, and economic self-sufficiency will be influenced through women's reports of empowerment. Empowerment will help explain why civil legal services are related to improvements in outcomes.

RQ4: Are there differences in the relationship between the type of civil legal services received and revictimization, psychological well-being, and economic self-sufficiency for women residing in metro and nonmetro communities?

METHOD

A longitudinal panel study was used to examine the longer-term outcomes of receiving civil legal services on battered women. This design was selected over other experimental or quasi-experimental designs for several reasons. First, randomly assigning women to experimental or control (i.e., no intervention) groups was not possible for ethical reasons. Victims of IPV face serious and imminent safety concerns that could be exacerbated by assignment to a non-intervention group. Second, a quasi-experimental design was not possible due to case selection procedures used by ILA. ILA prioritizes cases based on the immediacy of the client's needs, whether the client's case has legal merit, and on which cases ILA is likely to have the most impact. Thus, there are significant qualitative differences between clients served by ILA and clients not receiving their services.

According to Rossi and Freeman (1997), when experimental or quasi-experimental designs are not possible, panel studies provide more plausibility by using additional data collection points to allow the researcher to specify the processes by which an intervention impacts recipients. Panel studies are particularly relevant to studying 'full-coverage' programs in which all participants receive but are differentially exposed to the intervention. In our study, receipt of legal aid services can be thought of as a full-coverage program in which women received varying types and amounts of service depending on the complexity of their legal case.

Background on Iowa Legal Aid

Overview description of Iowa Legal Aid (ILA). Potential participants were self-identified victims of IPV contacting Iowa Legal Aid (ILA) for a civil legal problem. ILA is a non-profit organization that provides civil legal services to low-income Iowans in all 99 counties from offices located in 10 Iowa cities. ILA handles approximately 20,000 cases per year. One-

third of cases involve family law issues (divorce, custody, child support, etc.), with the majority of these family law cases involving IPV.

Addressing IPV-related issues is a long-standing priority of ILA. They previously received funding from the Office on Violence Against Women (OVW) to support a portion of the costs of 10 attorneys who specialized in domestic violence cases. ILA also received private grants in addition to \$1 million from the state's Microsoft settlement to develop the Equal Justice Project, whose charge is to "pursue systemic change on behalf of domestic abuse victims through various forms of advocacy (education, negotiation, permissible public policy advocacy, affirmative legal action, appellate work) targeting the issues that contribute to the pandemic nature of abuse perpetration and create obstacles to safety and autonomy" (Iowa Legal Aid, 2008).

Client intake procedures and case assignment. Most new clients contact ILA by phone. A staff person conducts an initial intake to determine if the client meets ILA eligibility criteria; then an intake attorney does a preliminary assessment of the client's legal issue. Staff attorneys in all regional offices rotate doing intake each week. Clients' cases are then sent to the regional office serving their county for staffing to determine if ILA will take the case.

Due to a variety of factors, ILA cannot take every client's case. Cases are taken based on established ILA Case Acceptance Priorities which include factors such as preserving safety and stability of families, preserving the home, and maintaining or improving economic stability. Cases may be declined because the attorneys feel the client's situation does not have legal merit (meaning the client does not have a case), or there are other non-legal resources available to assist the client in resolving the problem. Existing attorney and office caseloads may also influence whether a case is taken.

Screening for IPV. We recruited women who had a history of IPV and who contacted ILA for services related to dissolution of a marriage (divorce), child custody and support issues, or a CPO. IPV was identified by the intake staff using the following domestic abuse screening items:

- Has your spouse or partner ever physically abused or threatened to harm you or your children?
- Has your spouse or partner ever done any of the following to you or your children: pushed, hit, slapped, kicked, choked, threatened to hit you, threatened you with a weapon of any kind, thrown something at you, or grabbed you and stopped you from doing something?
- Has your spouse or partner ever forced you to have sex or unwanted sexual touching?
- Has your spouse or partner ever done any of the following: threatened or attempted to kill himself/herself; destroyed your personal belongings; kept you from friends and family; told you where you are allowed to go; made you afraid of him or her; stopped you from leaving your house; or hurt your pets?
- Has your spouse or partner ever done anything to make you feel that you were being stalked, such as: following or spying on you; waiting for you outside of home/school/work; or making unwanted contact such as phone calls, mail, e-mails, or leaving gifts?

Information about IPV could also have been disclosed during the intake attorney's interview with the client.

Data Collection

Recruitment procedures. Women recruited for this study first met ILA's initial screening criteria for receiving services. Additional inclusion criteria for the study were: 1) being female and 18 years of age or older, no minors were included; 2) currently experiencing IPV, or had a recent history of being a victim of IPV; 3) having minor children in the home, and 4) her case was taken by ILA (because we were assessing the longer-term effects of civil legal services, we were only interested in following women who actually receive ILA services); 4) the civil legal service request was for a family law-related issue or a CPO; and 5) there was no evidence study participation would pose safety concerns to the woman or her dependents.

Potential participants were recruited for the study after ILA decided to take their case. ILA staff tracked client cases through an intake system and once the case was accepted, they contacted the clients to inquire if they would be willing to share their contact information with the researchers. For those 383 women who agreed, ILA staff transferred contact information for these women to the researchers using a password protected web file transfer service (see Table 1 for a full description of the sample recruitment). ILA collects safe phone numbers for all domestic abuse victims. A research assistant contacted women to explain the study and ask if they were interested in participating. Those women who agreed were then assigned to an interviewer in their geographic area of the state, who contacted them to schedule the first interview. Interviewers completed the IRB approved consent form at the first interview.

Interview procedures. Contract interviewers in seven locations around the state (Sioux City, Council Bluffs, Des Moines, Waterloo, Ottumwa, Cedar Rapids, and Iowa City) conducted in-person interviews with participants. Interviewers conducted an initial assessment interview (Wave 1) and up to four follow-up interviews at 6, 12, 18, and 24 months (Wave 2 through Wave

5). Women received a \$75 Walmart gift card for the first interview and a \$65 gift card for each follow-up interview. During the first interview, interviewers collected detailed contact information (cell, home, work phone numbers, email, addresses) from the women to facilitate being able to reach the women for follow-up interviews. For each piece of contact information provided, women were asked to indicate during which hours it was safe to call, whether it was safe to leave a message and what the message should say, and if it was safe to send a letter, email, or text message.

Each woman was also asked to provide contact information for up to three people who were aware of the woman's abuse situation and would be likely to know her whereabouts in case we were unable to reach her with the contact information she provided. Women signed a 'permission to contact' sheet that could be sent to her alternate contact if this person had concerns about sharing information with the researchers. Interviewers also did three-month 'check-in' calls between follow-up interviews to remind women of the upcoming interviews and to update changes to their contact information. All interviews were conducted in-person unless a participant moved out of the area and was willing to complete a follow-up interview by phone.

Study recruitment and Wave 1 sample. We originally proposed to recruit a sample of 300 women, stratified by urban and rural counties (150 urban and 150 rural women) but faced several challenges during our data collection process. We experienced unanticipated and unprecedented delays in the final human subjects' approval for this project. During this delay, Iowa Legal Aid went through significant budget cuts that resulted in the loss of 16 attorneys statewide. Our projected number of participants was based on intake data provided by ILA at the time of the grant proposal. ILA did have a gradual increase in attorneys during our data collection period but their client intake remained lower than the intake numbers used to make our

sample size projections.

Participant recruitment was also affected by turnover in AmeriCorps staff conducting the initial recruitment. There were several months during the project where ILA was transitioning to a new AmeriCorps worker or there were some months when an AmeriCorps worker was not on staff. Each of these instances resulted in a slowing or stoppage of recruitment. We also experienced turnover in interviewers which required identifying and training new interviewers before they were able to join the project. The replacement of project interviewers since data collection began in June 2012 also resulted in some temporary stoppages or slow-downs of interviews in those locations across the state.

As illustrated in Table 1, we also experienced difficulties recruiting women who agreed to share their contact information. We were unable to reach 33% of these women using the contact information provided by Iowa Legal Aid. Their telephone numbers were either no longer in service, did not accept voicemail messages, or women did not return our calls after leaving multiple messages. Despite these challenges, however, we obtained a sample of 150 women at Wave 1. Figure 2 illustrates the general geographic location of each woman enrolled in the study. To protect the identities of women in counties with few participants, all women's locations were randomized within each county.

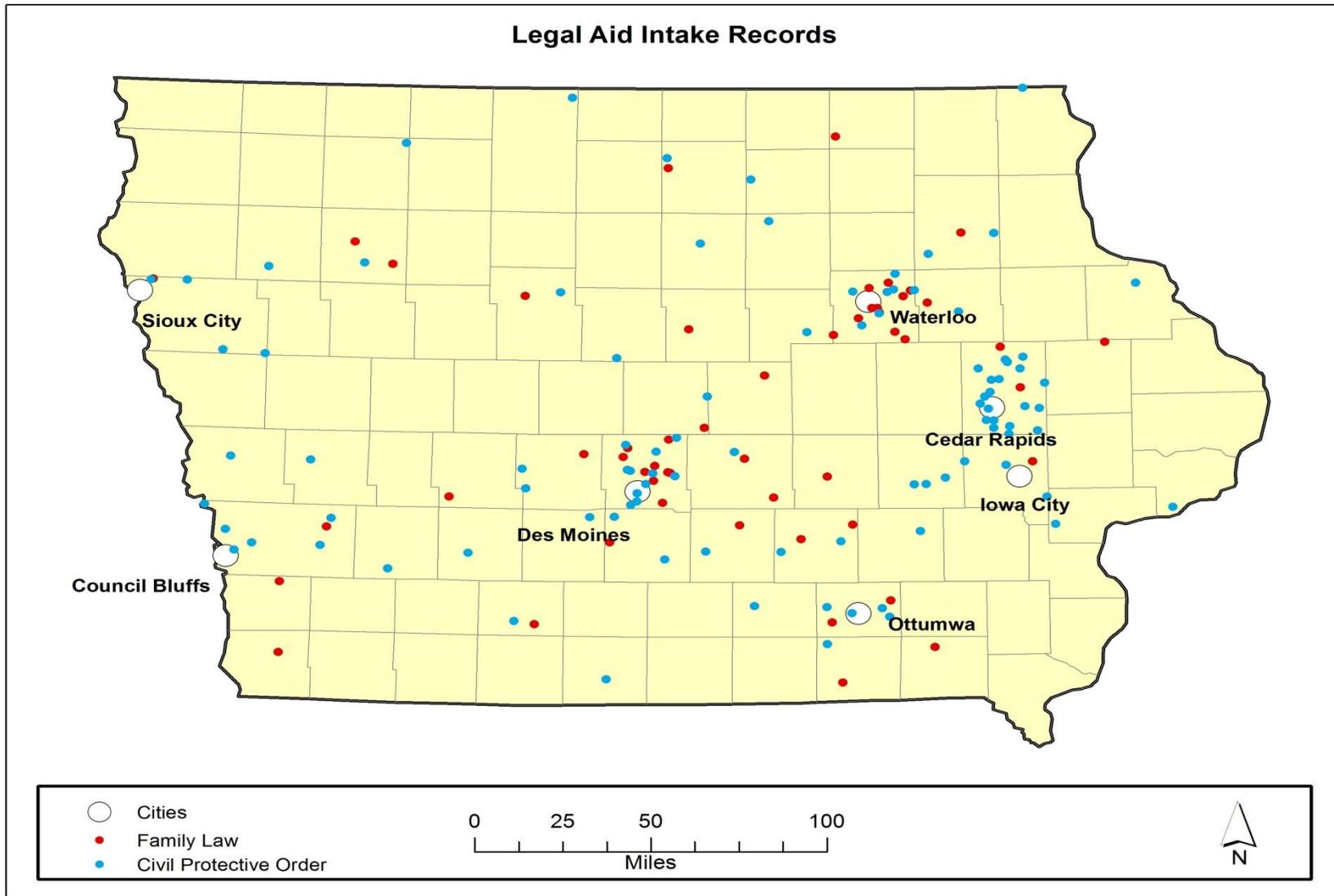


Figure 2. Map of the location of each woman enrolled in the study by type of civil legal case

Table 1

Sample Recruitment

383 women allowed ILA recruiter to pass their contact information to UI recruiter			
127 women were called by UI recruiter but never reached	242 women were called and reached by UI recruiter; 13 women were not recruited because no interviewer was available in her area; 1 woman was not interviewed because she needed a Spanish-speaking interviewer		
	207 agreed to be interviewed		35 women declined to be interviewed
	150 interviewed at Wave 1	57 not interviewed	

Study retention. As presented in Table 2, 74.7% (n = 112) of the Wave 1 sample was retained and completed the Wave 2 interview. Comparably, 75.9% (n = 85) of the Wave 2 sample has been retained at Wave 3. Retention rates for Waves 4 and 5 are 72.9% (n = 62) and 51.5% (n = 32), respectively. However, it is important to note that these retention rates were not calculated based on the Wave 1 sample because women were not recruited as a single cohort. Rather, recruitment was ongoing and continued throughout the entire study. As such, some women were not able to be interviewed in later waves (e.g., a woman was recruited one month prior to the end of the study) and thus, not able to be retained in the study, because the study ended; and due to the interview schedule, there was no opportunity for these women to be interviewed. Calculated in the traditional way, retention rates are 74.7%, 56.7%, 41.3%, and 21.3% for Waves 2-5, respectively.

Table 2

Retention of Participants at Each Wave

150 interviewed in Wave 1		
112 interviewed at Wave 2	38 not interviewed at Wave 2	
	27 not interviewed	11 not able to be interviewed at regular interval due to study ending
112 interviewed in Wave 2		
85 interviewed at Wave 3	27 not interviewed at Wave 3	
	12 not interviewed	15 not able to be interviewed at regular interval due to study ending
85 interviewed in Wave 3		
62 interviewed at Wave 4	23 not interviewed at Wave 4	
	3 not interviewed	20 not able to be interviewed at regular interval due to study ending
62 interviewed in Wave 4		
32 interviewed at Wave 5	30 not interviewed at Wave 5	
	8 not interviewed	22 not able to be interviewed at regular interval due to study ending

Measures¹

A survey instrument was used to collect data at each interview period. Using the survey instrument, interviewers gathered demographic information (Wave 1, with changes captured in later waves), women’s history of intimate partner violence (Wave 1) and measures of repeat abuse (Waves 2-5), psychological well-being and parenting (Waves 1-5), quality of the attorney-client relationship (Waves 1-4), and empowerment (Waves 1-5).

Intimate partner violence. The Index of Spouse Abuse (ISA; Hudson & McIntosh, 1981) measured women’s prior history of physical and nonphysical violence at Wave 1. The ISA is a 30-item, self-report scale which measures the severity of 11 types of *physical abuse* (ISA-P) and 19 types of *non-physical abuse* (ISA-NP) in addition to a total score. Women were asked to rate how frequently each item occurred during the course of their relationship with their

¹ Where required, copyright permission was obtained for all measures used in this study.

abuser using a five-point Likert scale from ‘never’ to ‘very frequently’. When scoring, items have varying weights depending on the severity of the abuse reflected by that item. Final scale scores range from 0 to 100 with higher scores indicating a greater amount of abuse (Hudson & McIntosh, 1981). The clinical cutoff score for the ISA-P is 10 and the ISA-NP is 25. The reliability coefficient for the total ISA total score for the Wave 1 sample was .88, and it was .80 for the ISA-P and .87 for the ISA-NP subscales.

The Women’s Experience with Battering Scale (WEB; Smith, Smith, & Earp, 1999) *measured the experiences or meanings* battered women attached to their partner’s violence. Women rated the 10-items on the WEB using a six-point Likert scale from ‘agree strongly’ to ‘disagree strongly’ to indicate their general agreement with each statement as a description of their relationship with their abuser. Scores range from 10 to 60 with higher scores indicating greater presence of abuse. The WEB has good construct validity and accurately discriminates battered from non-battered women (Smith et al., 1999). Cronbach’s alpha for the Wave 1 sample for this scale was .90.

The Psychological Maltreatment of Women Inventory, Short Form (PMWI-F; Tolman, 1999) assessed a history of psychological abuse. The PMWI-F includes two constructs, *dominance/isolation* and *emotional/verbal abuse*. The dominance-isolation subscale measures behaviors related to isolation from resources, demands for subservience, and rigid observances of traditional sex roles. The emotional-verbal subscale measures behaviors related to verbal attacks, attempts to demean the partner, and withholding emotional resources. Women indicated how frequently they experienced each item during their relationship with their abuser using a five-point Likert scale ranging from ‘never’ to ‘very frequently’. Scores for each subscale range from 7 to 35 with higher scores indicating a greater presence of psychological abuse. Cronbach’s alpha

for the Wave 1 sample for the dominance/isolation subscale was .84 and for the emotional/verbal abuse subscale was .87. Both subscales were included in Wave 1. We used the emotional/verbal subscale in Waves 2-5. Cronbach's alpha for the emotional/verbal subscale for Waves 2-5 ranged from .93 to .96.

The Physical Assault subscale of the Revised Conflict Tactic Scale (CTS2) (Straus, 1990) was used to measure a history of *physical abuse* behaviors in Wave 1 and repeat physical abuse in Waves 2-5. Women responded 'yes' or 'no' to 12 items pertaining to physical abuse in order to indicate whether each behavior occurred during the course of their relationship with their abuser, or in the case of the follow-up interviews, in the past six-months. For Waves 2-5, women completed the CTS2 only if they indicated they had been harmed by the perpetrator in the past six months. Cronbach's alpha for the Wave 1 sample for this scale was .76. Cronbach's alpha for the physical violence subscale was .69 at Wave 2, but subsequent waves are not reported since few women reported repeat physical violence in Waves 3-5.

The concept of non-violent *coercive control* was assessed at Wave 1 with a scale developed by Johnson and Leone (2005). This scale consists of seven items from the Canadian Violence Against Women Survey about the perpetrator's behavior: is jealous or possessive; tries to provoke arguments; insists on knowing who you are with at all times; calls you names or puts you down in front of others; makes you feel inadequate; shouts or swears at you; and prevents you from knowing about or having access to the family income even when you ask. Women responded 'yes' or 'no' to indicate whether each behavior occurred during the course of their relationship with their abuser. Cronbach's alpha for the Wave 1 sample for the non-violent coercive control scale was .51.

An adapted version of the 25-item Stalking Behavior Checklist (SBC; Coleman, 1997)

was used to measure whether women were stalked by their abuser in Waves 1-5. The 32-item scale included in this study was adapted by the Nebraska Domestic Violence Sexual Assault Coalition [NDVSA] (2008) and included the following seven additional items: 1) injured or killed a pet; 2) threatened violence to friends or family members; 3) threatened family members or friends; 4) electronic stalking (i.e. using computer, phone, electronic equipment); 5) attempted to get you in trouble or fired from a job by making false acquisitions; 6) attempted to have your children taken away from you by calling or contacting CPS and making false report; and, 7) attempted to contact the victim through friends/family members. This adapted scale captures additional stalking behaviors that are known to be used by abusers but were not included in the original scale. At each wave, participants were asked to focus on unwanted contact by their abuser in the past six months and rated items on a six-point scale from ‘never’ to ‘once a day or more’. The two subscales, *overt violent behaviors* and *harassing behaviors*, are averaged with scores ranging from 1 to 5. We used both subscales for Waves 2-5, but women only completed the SBC if they indicated they had been bothered by the perpetrator in the past six months. Cronbach’s alpha for the Wave 1 sample for the overt violent behaviors subscale was .84 and .87 for the harassing behaviors subscale. Cronbach’s alpha for the overt behaviors subscale for Waves 2-5 ranged from .67 to .74; and for the harassing behaviors subscale the range was .73 to .82.

Psychological well-being. Depressive symptoms were measured by the 20-item Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) total score. The CES-D measures the frequency of depressive symptomatology in the past seven days. Items include “I felt I was just as good as other people,” “I felt that everything I did was an effort,” and “I had trouble keeping my mind on what I was doing.” Response options ranged from ‘rarely or none

of the time' to 'most or all of the time'. Positive items were reverse coded and all twenty items were summed. Total scores range from 0 to 60 with higher scores indicating higher levels of depressive symptoms. The CES-D has demonstrated high construct and concurrent validity when compared to clinical diagnostic criteria, as well as good internal consistency and test-retest reliability (Radloff, 1977). The scale had good reliability in this study (Wave 1 $\alpha = .91$). Cronbach's alpha for CES-D for Waves 2-5 ranged from .75 to .91.

The Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1996) was used to measure *subjective distress to traumatic events*. The 22-item IES-R measures the level of symptomatic response to traumatic stressors in the last 7 days. Each scale item uses a five-point response option ranging from 'not at all' to 'extremely'. We used the three subscales: *intrusion* (8 items), *avoidance* (8 items), and *hyperarousal* (6 items). Average scores, ranging from 0 to 4 are computed. Example items include "You were jumpy and easily startled" and "You tried not to think about it". The IES-R had good reliability for the Wave 1 sample (alphas = .92, .85, and .88 for the intrusion, avoidance, and hyperarousal subscales, respectively). Cronbach's alpha for the IES-R subscales for Waves 2-5 ranged as follows: intrusion = .93 to .94; avoidance = .86 to .89; and hyperarousal = .90 to .93.

The Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983; Cohen, Mermelstein, Karmarck, & Hoberman, 1985) is a 40-item scale that was used to measure women's perceived availability of *tangible assets support*, *appraisal support*, *self-esteem support*, and *belonging support*. All answers are given on a four-point scale ranging from 'definitely false' to 'definitely true'. Tangible assets support captures the perceived availability of material aid; appraisal support is the perceived availability of someone to discuss issues of personal importance; self-esteem support is the perceived availability of others with whom one

compares favorably; and belonging support is the perceived availability of others to interact with socially. We used each of the four subscales along with the total score in our analyses. Scores on each subscale range from 0 to 30 with higher scores indicate higher levels of support. The measure has good reliability for the current sample with Wave 1 alphas for the subscales ranging from .83 (self-esteem support) to .91 (appraisal support). Cronbach's alpha for the ISEL subscales for Waves 2-5 ranged as follows: tangible assets support = .78 to .92; appraisal support = .87 to .93; self-esteem support = .59 to .85; and belonging support = .86 to .91.

The Connor Davidson Resilience Scale (CD-RISC; Conner & Davidson, 2003) was used to measure women's *resilience*. The CD-RISC is a 25-item, self-report scale addressing psycho-social-spiritual aspects of resilience displayed in the last month (e.g., "I am able to adapt when changes occur" and "I am not easily discouraged by failure"). Response options are based on a 4-point scale that ranges from 'not true at all' to 'true nearly all the time'. We summed the responses to create a total resilience score that ranges from 0 to 100, with higher scores representing greater levels of resilience. The CD-RISC has been tested in the general population as well as clinical samples and has demonstrated sound psychometric properties (Conner & Davidson, 2003). The CD-RISC has also previously been used with survivors of IPV (Anderson et al., 2012). Cronbach's alpha for the study sample was .93 at Wave 1. Cronbach's alpha for CD-RISC for Waves 2-5 ranged from .92 to .94.

The State Hope Scale (Snyder et al., 1996) is a six-item measure of ongoing goal-directed thinking with an eight-point response scale ranging from 'definitely false' to 'definitely true'. The total score is a sum of all six items, and two subscales may be created to represent women's *agency* (belief in self-capacity to initiate and sustain actions) and *pathways* (belief in self-capacity to generate routes) to reach their goals. The total score ranges from 6-48 and each

subscale score ranges from 3-24. Higher scores indicate greater degrees of goal-directed thinking. Reliabilities for Wave 1 were acceptable, with alphas of .85 for the total measure, .79 for agency, and .73 for pathways. Cronbach's alpha the State Hope Scale total score for Waves 2-5 ranged from .87 to .90; the agency subscale ranged from .74 to .84 and the pathways subscale ranged from .84 to .86.

Parenting. The Self-Efficacy for Parenting Tasks Index (SEPTI; Coleman, & Karraker, 2000) is a 36-item scale that measures domain-specific self-efficacy with a six-point response scale ranging from 'strongly agree' to 'strongly disagree'. We included two subscales from the full 36-item scale to measure the provision of *structure and discipline* (8 items) and the provision of *emotional nurturance* (7 items). Example items include "You have more trouble with discipline than any other aspect of parenting" and "You are definitely an adequately nurturing parent". Average scores, ranging from 1 to 6, are computed for each subscale. Higher scores indicate greater self-efficacy after indicated items were reverse scored. Cronbach's alpha at Wave 1 for the discipline and nurturance subscales was .88 and .83, respectively. Cronbach's alpha for the SEPTI subscales for Waves 2-5 were .83 to .90 for the structure and discipline subscale and .81 to .87 for the emotional nurturance scale.

The Kansas Parental Satisfaction Scale (KPSS; James, Schumm, Kennedy, Grigsby, & Schectman, 1985) is a 3-item scale with a seven-point response scale ranging from 'extremely dissatisfied' to 'extremely satisfied'. This measure was used to assess women's *satisfaction in the parenting role and the parent-child relationship*. Scores range from 3 to 21, with higher scores indicating greater satisfaction and the clinical cut-off score is 15 (Nitsch, Hannon, Rickard, Houghton, & Sharry, 2015). Cronbach's alpha for the study sample was .76 at Wave 1. Cronbach's alpha for the KPSS for Waves 2-5 ranged from .72 to .84.

Economic self-sufficiency. Measures of economic self-sufficiency included an assessment of how financial factors played a role in the abuse women experienced, monthly income and number of assistance programs used, perceptions of the difficulty of living off one's current income, and a measure of the adequacy of resources.

The Domestic Violence-Related Financial Issues Scale (DV-FI) (Weaver, Sanders, Campbell, & Schnabel, 2009) was used at Wave 1 to assess the negative impact of economic factors and women's future sense of financial security. *Economic abuse* (i.e., how perpetrators restricted women's access to money or skills to obtain adequate employment or affected their credit card debt or credit rating) had five items rated on a seven point scale ranging from 'completely disagree' to 'completely agree' with higher scores (range = 5 to 35) indicating more economic abuse. One additional item on the scale, measuring how *financial worries impacted decisions to leave*, was also rated on the seven-point agreement scale. *Women's perceived financial role in partner abuse* captured women's perceptions of how financial insecurity, credit card debt, or an inability to save contributed to, caused or increased levels of violence and/or abuse. Items are rated on a seven point scale ranging from 'not at all a role' to 'a complete role'. The perceived financial role subscale ranges from 4 to 28 with higher scores indicating greater impact of financial factors in the IPV.

The DV-FI also measures women's current perceptions of how helpful becoming financially secure (i.e., ability to become financially secure, save money or obtain education) would be for their current or future safety (*financial security and future safety*). The five items for this subscale were rated on a seven-point scale from 'not at all helpful' to 'completely helpful'. Women also reported how confident they felt about meeting their financial goals of becoming more financially secure, reducing debt, and obtaining adequate employment (*financial*

self-efficacy) by rating five items on a seven-point scale from ‘not at all confident’ to ‘completely confident’. Scores on these subscales range from 5 to 35 with higher scores indicating women were more optimistic about their financial future. Cronbach’s alphas for the four subscales ranged from .73 (*perceived financial role in partner violence*) to .88 (*financial security and future safety*).

Total monthly income was calculated from all sources of reported income, including wages, child support, public assistance, food stamps, social security benefits, disability compensation, unemployment insurance, money from family or friends, etc.

Program assistance utilization measured the number of assistance programs that women used to make ends meet. Women were asked, “In an average month, which of the following resources do you use to help make ends meet?” in response to: public housing assistance, utility assistance, telephone assistance, food bank, donations from church or shelter, and state-funded daycare. For each of the six assistance types, women responded *yes* or *no* to indicate whether the type was typically used.

Women’s perceptions of *how difficult it is to live on their current income* was measured by a single item. Women were asked, “In your opinion, how difficult is it for you [and your children] to live on your current monthly income at this time?” The five response options for this item ranged from ‘not at all difficult’ to ‘extremely difficult’.

The Family Resource Scale (FRS; Dunst & Leet, 1987) was used to measure women’s reports of the *adequacy of various resources* for her and her family at Wave 1 and each subsequent wave. Items are rated on a 5-point scale from ‘not at all adequate’ to ‘almost always adequate’ with higher scores on the FRS subscales indicating more adequate resources. We used the total FRS score (35 items, scores range from 35 to 175; Wave 1 Cronbach’s alpha of .86, and

Waves 2-5 ranged from .87 to .89) and five subscales: 1) *growth and support* – time for personal growth and money for extras like family entertainment or travel (9 items, scores range from 9 to 45; Wave 1 Cronbach’s alpha = .78, Waves 2-5 ranged from .82 to .90); 2) *necessities and health* – money for clothing, monthly bills, and dental/medical care (11 items, scores range from 11 to 55; Wave 1 Cronbach’s alpha = .77, Waves 2-5 ranged from .77 to .87); 3) *physical necessities and shelter* – food, housing, heat, transportation, and phone access (9 items, scores range from 9 to 45; Wave 1 Cronbach’s alpha = .64, Waves 2-5 ranged from .20 to .74); 4) *intra-family support* – time to spend with family and children (two items, scores range from 2 to 10; Wave 1 Cronbach’s alpha = .92, Waves 2-5 ranged from .84 to .91); and 5) *child care* – adequate child care (two items, scores range from 2 to 10; Cronbach’s alpha = .68 in Wave 1, Waves 2-5 ranged from .61 to .67).

Empowerment. The Personal Progress Scale-Revised (PPS-R; Worell & Chandler, 1999; Johnson, Worell, & Chandler, 2005) measured *empowerment* defined as the ability to access skills and resources to cope with current and future stress and trauma. The 26 items are rated on a seven-point scale based on the women’s perceptions of how true (‘almost never true’ to ‘almost always true’) each item is as it applies to her now. The total score is an average of all items with higher scores indicating a greater sense of empowerment. The Cronbach’s alpha for the PPS-R was very strong, .89. Cronbach’s alpha for the PPS-R for Waves 2-5 ranged from .83 to .90.

Quality of the attorney-client relationship. The Bond Scale of the Working Alliance Inventory (WAI-Bond; Horvath & Greenberg, 1989) was used to measure the *quality of the attorney-client relationship* at Waves 1 through 4. The bond subscale has 12 items that measure concepts such as degree of trust, liking, and attachment between client and service provider. The WAI was originally designed to measure the relationship between a client and therapist, and for

the purpose of our study, the word “therapist” was exchanged for “attorney”. For each item, women reported how they thought or felt about their relationship with their Legal Aid attorney. Items included, “My attorney and I respect each other” and “I am confident in my attorney’s ability to help me” and response options ranged on a seven-point scale from ‘never’ to ‘always’. Items are averaged and higher scores indicate a greater bond between the women and their attorney. The Wave 1 reliability coefficient for the WAI-Bond was .96. Cronbach’s alpha for the WAI-Bond for Waves 2-4 ranged from .96 to .98.

Civil legal services. Although clients receive free services, attorneys are required to record the amount of time spent on each case. The amount of service time was defined as the number of billable hours recorded by ILA, and this was entered into the analyses as a continuous variable. The type of legal representation was defined as either family law (e.g., divorce, custody) or civil protective order, which was entered into the analyses as a dichotomous variable.

Demographic variables. Information on various demographic variables was collected at Wave 1. These variables included women’s age, number of children, race/ethnicity, highest education level, employment status, length of the relationship with perpetrator, and ever married to or lived with the perpetrator. Changes to time-varying demographic variables (age, education level, employment status, number of children) were reassessed at Waves 2 through 5.

Women were identified as living in metro and nonmetro (urban or rural) areas based on 2013 Rural Urban Continuum codes (see, <http://www.ers.usda.gov> for additional information). Originally developed in 1974, the Office of Management and Budget (OMB), metro and nonmetro categories codes form a classification scheme that distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area. Rural Urban Continuum codes have been

subdivided into three metro and six nonmetro categories, with each U.S. county assigned one of the nine codes. We used women’s Wave 1 zip code to discern their county of residence. After assigning one of the nine county codes to each woman in the sample, we further divided the respondent’s residences into three codes to represent women residing in metro (codes 1-3), urban (codes 4-6), and more rural areas (codes 7-9) of the state. Table 3 presents information on the percentage of women from the study sample who resided in each of the nine county categories as compared to the number of Iowa counties in each category.

Table 3

Women Enrolled by Geographic Location

Code	Description	Iowa (counties)	Sample (participants)
Metropolitan Counties			
1	Counties in metro areas of 1 million population or more	0	0
2	Counties in metro areas of 250,000 to 1 million population	12 (12%)	63 (42.0%)
3	Counties in metro areas of fewer than 250,000 population	9 (9%)	33 (22.0%)
Nonmetropolitan Counties			
4	Urban population of 20,000 or more, adjacent to a metro area	3 (3%)	2 (1.3%)
5	Urban population of 20,000 or more, not adjacent to a metro area	5 (5%)	10 (6.7%)
6	Urban population of 2,500 to 19,999, adjacent to a metro area	26 (26%)	22 (14.7%)
7	Urban population of 2,500 to 19,999, not adjacent to a metro area	24 (24%)	13 (8.7%)
8	Completely rural or less than 2,500 urban population, adjacent to a metro area	9 (9%)	3 (2.0%)
9	Completely rural or less than 2,500 urban population, not adjacent to a metro area	11 (11%)	4 (2.7%)
Total			150

Participant Attrition at Each Wave

Attrition analyses were conducted to explore the relations between demographic variables and the presence of missing data at each wave. Our first step in exploring participant attrition from the study was to examine the relations between the demographic variables and attrition for each wave (2-5) separately. As such, we performed a series of chi-squared tests and independent samples t-tests. Demographic variables included location (urban vs. rural), race (non-Hispanic White vs. other), education (college degree vs. no college degree), employment (currently working vs. not working), type of legal services (family law vs. protective order), current status with partner, amount of legal services received, age, number of children, and length of relationship with partner. Our next step involved examining if attrition was related to the study outcomes. To do this, we looked to see if data from the preceding wave (Wave X) predicted continued participation in the current wave (Wave X + 1). So for example, at Wave 4, we looked to see if scores on the study outcomes at Wave 3 were related to whether or not a participant was still in the study at Wave 4.

At Wave 2, location and education level were related to study attrition ($p < .05$), with women in rural settings and women with college degrees more likely to remain in the study. Women with higher ISA total scores, ISA physical abuse scores, and WEB total scores at Wave 1, were also more likely to remain in the study at Wave 2. At Wave 3, location was the only variable related to study attrition, with women in rural settings more likely to remain in the study. None of the study outcomes were related to whether participants remained in the study.

At Wave 4, none of the demographic variables were related to whether participants remained in the study. However, women who scored higher on the emotional-verbal subscale of the PMWI measure, the State Hope Scale total score and subscales, and the FRS physical

necessities and shelter measure at Wave 3, as well as, women who scored lower on the total score from the CES-D measure at Wave 3 were more likely to remain in the study at Wave 4. At Wave 5, none of the demographic variables were related to whether participants remained in the study. However, women who scored higher on the ISEL appraisal support measure and the FRS personal resources measure, as well as women who scored lower on the total score from the CES-D measure and on all three IES measures at Wave 4, were more likely to remain in the study at Wave 5.

Data Analysis Plan

To describe the sample and provide information on key variables, we performed descriptive and bivariate analyses. To address the study's research questions, we primarily performed repeated measures analyses; although other analyses were used. For the first research question, repeated-measures analyses of variance (ANOVA) were conducted on each measure to examine change over time. We further examined study outcomes taking into account the type of civil legal service (civil protective order or family law) and the amount of service hours (i.e., billable hours or time spent on a case) received; although we had no hypotheses related to the type or amount of services. Analyses for the second and third research question did not include amount of hours but the type of legal service was included in the analyses in order to compare results between women seeking civil protective orders and women seeking family law services. Finally, analyses for the fourth research question focused on the interaction between the type of legal service and location (metro, urban, rural).

Two related assumptions of the repeated measures analysis of variance (ANOVA) models were examined: compound symmetry and sphericity. The assumption of compound symmetry assumes that in the repeated measures covariance matrix the variances are equal, and

the off-diagonal elements (i.e., the covariances) are equal (note that the variances and covariances do not need to equal each other). The assumption of sphericity assumes that the variances of the difference scores (between the repeated measures) are equal. If the assumption of compound symmetry is met then the assumption of sphericity will be met.

Compound symmetry was assessed by visually examining the covariance matrix of the repeated measures and no major violations were observed. The assumption of sphericity was examined using Mauchly's Test of Sphericity. Because each outcome was fitted to a repeated measures ANOVA model multiple times (e.g., change over time; change over time with type and amount of service added; interaction between type of service and location), an adjusted alpha value of .016 (.05/3 minimum tests) could be used to assess the statistical significance of Mauchly's Test of Sphericity. With this guideline, results showed no violations to the assumption of sphericity. In summary, both the compound symmetry and the sphericity assumptions were met for all of the repeated measures ANOVA models.

RESULTS

Sample Description

A total of 150 women completed a Wave 1 interview. The mean age of the respondents was 32.07 years ($SD = 7.55$) (see Table 4). All of the women had children, with the number ranging from 1 to 9, and an average of 2.59 ($SD = 1.47$). The majority of women in Wave 1 were non-Hispanic white, although the percentage of non-Hispanic black and Hispanic women was higher than their rates in the state of Iowa (sample non-Hispanic black = 8.0%, state of Iowa = 3.4%; sample Hispanic = 8.7%, state of Iowa = 5.6%) (United States Census Bureau, 2015). Almost three-quarters of the women had some college, trade school or a college degree, but only a little over half the women were working at least part-time at the time of the first interview.

The average length of the relationship between the woman and her perpetrator was 7.36 years ($SD = 5.57$). Almost all the women reported having lived with the perpetrator at some point but only 54% were ever married to him. Sixty-five percent of women ($n = 97$) received assistance from ILA for a CPO, while 35% ($n = 53$) sought services for a family law problem. The average amount of billable hours spent on a civil protective order case was 13.58 ($SD = 10.05$; range = 3.30-66.60) and the average hours spent on a family law case was 41.27 ($SD = 34.0$; range = 2.90-182.70).

Differences in demographics by wave. Table 4 also describes the demographic characteristics of the women who remained in each subsequent wave. The age, number of children, education, and employment reflect the women's status at the time of that interview. Some noticeable features of these data are that slightly more Hispanic women remained in the survey at Wave 5, and the women remaining at Wave 4 and Wave 5 reported higher levels of employment than the women in Wave 1.

Descriptive Statistics for Wave 1 IPV Measures

Descriptive statistics for the abuse measures at each wave are presented in Table 5. The ISA assessed physical (ISA-P) and non-physical (ISA-NP) violence at Wave 1. The mean total score was 53.88 ($SD = 19.73$). The clinical cut-off score for the ISA-P is 10 and 25 for the ISA-NP. The mean scores for the ISA-P and the ISA-NP were both well above these cut off scores (ISA-P: $M = 47.54$, $SD = 20.61$; ISA-NP: $M = 65.08$, $SD = 22.57$) and in fact, only two women had an ISA-P score and eight women had an ISA-NP that were below the cutoffs.

Table 4. *Demographics by Wave*

	Wave 1 (N = 150)	Wave 2 (N = 112)	Wave 3 (N = 85)	Wave 4 (N = 62)	Wave 5 (N = 32)
Age in years M (SD)	32.07 (7.55)	32.37 (7.49)	32.69 (7.23)	32.71 (7.21)	32.44 (7.02)
Number of children M (SD)	2.59 (1.47)	2.60 (1.50)	2.55 (1.62)	2.56 (1.77)	2.47 (1.50)
Ethnicity N (%)					
Non-Hispanic White	120 (80.0)	92 (82.1)	73 (85.9)	51 (82.3)	25 (78.1)
Non-Hispanic Black	13 (8.7)	9 (8.0)	6 (7.1)	6 (9.7)	5 (15.6)
Hispanic	7 (4.7)	5 (4.5)	3 (3.5)	3 (4.8)	2 (6.3)
Asian	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Native American	1 (0.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other	3 (2.0)	6 (1.8)	1 (1.2)	1 (1.6)	0 (0.0)
Education level N (%)					
Less than high school	17 (11.4)	9 (8.1)	8 (9.4)	5 (8.1)	3 (9.4)
High school degree	26 (17.4)	13 (11.7)	12 (14.1)	10 (16.1)	6 (18.8)
Some college/trade school	88 (59.1)	72 (64.9)	50 (58.8)	36 (58.1)	18 (56.3)
Bachelor's degree or higher	18 (12.1)	17 (15.3)	15 (17.6)	11 (17.7)	5 (15.6)
Currently working N (%)					
Yes	86 (57.3)	65 (58.0)	53 (63.1)	44 (71.0)	25 (78.1)
Length of relationship with perpetrator M (SD)	7.36 (5.57)	7.25 (5.54)	6.86 (5.48)	6.87 (4.79)	6.71 (4.13)
Was ever married to perpetrator N (%)	82 (54.7)	63 (56.3)	49 (57.6)	40 (64.5)	20 (62.5)
Had ever lived with perpetrator N (%)	144 (96.0)	106 (94.6)	81 (95.3)	60 (96.8)	31 (96.9)

Higher scores on the WEB (range 10 to 60) indicate greater presence of abuse. At Wave 1, women had a mean WEB score of 52.15 ($SD = 9.56$). The distribution of scores was skewed towards the high end, with 75% of women reporting a WEB score of 50 or above. The subscales of the PMWI-F can range from 7 to 35, with higher scores indicating more psychological abuse. Scores on the *emotional/verbal abuse* subscale were very high ($M = 30.30$, $SD = 5.12$) with 87% of women reporting a score of 25 or above. The *dominance/isolation* subscale was more normally distributed ($M = 27.09$, $SD = 6.47$) but still slightly skewed towards the higher end of the scale.

The *physical abuse* subscale of the Revised Conflict Tactic Scale (CTS2) ranges from 0 to 12. Women at Wave 1 reported a mean of 6.58 ($SD = 2.72$) physical abuse behaviors with only two women in the sample reporting having experienced no physical violence. Sixty-five percent of women reported six or more violent behaviors on the total scale. The *severe physical violence* subscale ranges from range 0 to 7. Women reported a mean of 2.82 ($SD = 1.78$) severe physical assault behaviors. Being choked was the most frequently reported severe behavior (71.3%). Over half the women reported being hit with an object (56.0%) or beat up (50.7%), and a substantial number of women were threatened with a knife or other weapon (43.3%) or a gun (35.3%). Over half (55%) the women reported three or more severe behaviors, some of which, on their own, could be considered potentially lethal.

The *coercive control* subscale focused on seven controlling behaviors used by perpetrators. A mean of 6.21 ($SD = 1.07$) indicates that women experienced very high levels of coercive control by their abusers. Scores ranged from 3 to 7, with 77% of women reporting having experienced six or seven coercive control behaviors.

The SBC was used to measure *overt violent behaviors* and *harassing behaviors*, with subscale scores ranging from 1 to 5. Means for both SBC subscales were below 2.00, with a score of two corresponding to a behavior occurring less than once a month. However, the frequency distributions for some individual items show more of a bimodal distribution that could account for lower overall means. For example, 40% of women said they did not receive any unwanted calls from their perpetrator in the past six months, whereas 25% said they received these calls three to six times a week to daily. One woman experienced 18 different stalking behaviors on a weekly basis, which was highest amount reported.

Taken as a whole, women's responses to the various measures of IPV at Wave 1 reveal that the women in the sample experienced high levels of physical abuse, psychological abuse, and coercive control. These higher levels of abuse may be an artifact of the case selection process at Iowa Legal Aid. ILA triages all service requests and is more likely to accept cases in which IPV is posing a more serious and immediate safety concern.

Descriptive Statistics for Wave 1 Psychological Well-Being Measures

Descriptive statistics for the psychological well-being measures at each wave are presented in Table 6. The CES-D was used to assess depressive symptoms. Scores above 16 indicate an individual is at risk for clinical depression (Radloff, 1977). The mean score for women at Wave 1 was 24.51 ($SD = 12.65$). Seventy-one percent of women had a score above 16, indicating initially high levels of depressive symptoms.

Table 5. *Means and Standard Deviations for IPV Measures by Study Wave*

	Wave 1 (N = 150)	Wave 2 (N = 112)	Wave 3 (N = 85)	Wave 4 (N = 62)	Wave 5 (N = 32)
Index of Spouse Abuse (ISA)					
Total ISA	53.88 (19.73)	----	----	----	----
Physical Abuse (ISA-P)	47.54 (20.61)	----	----	----	----
Non-Physical Abuse (ISA-NP)	65.08 (22.57)	----	----	----	----
Women's Experience of Battering (WEB)	52.15 (9.56)	----	----	----	----
Psychological Maltreatment of Women Inventory (PMWI)					
Domination Isolation	27.09 (6.47)	----	----	----	----
Emotional Verbal Abuse	30.30 (5.12)	16.84 (9.11)	15.72 (8.69)	14.10 (8.52)	12.19 (7.20)
		(N = 24)	(N = 11)		
Revised Conflict Tactic Scale (CTS2)					
Physical Abuse	6.58 (2.72)	1.46 (1.72)	1.36 (1.29)	----	----
Severe Physical Violence	2.82 (1.78)	.460 (.721)	.550 (.820)	----	----
Coercive Control	6.21 (1.07)	----	----	----	----
		(N = 62)	(N = 30)	(N = 24)	(N = 10)
Stalking Behavior Checklist (SBC)					
Overt Violent Behavior	1.69 (0.62)	1.41 (0.37)	1.32 (0.29)	1.24 (0.27)	1.19 (0.25)
Harassing Behavior	1.85 (0.81)	1.5 (.60)	1.49 (.40)	1.44 (.41)	1.55 (.48)

The IES-R was used to measure the level of symptomatic response to traumatic stressors in the last 7 days. The cutoff score for the total scale in a community sample is 1.5 (Creamer, Bell, & Failla, 2003) which indicates a person may have post-traumatic stress disorder. The mean total IES-R score for women at Wave 1 was 2.01, and further, 65% of women had an IES total score over 1.5. There are no reported cut-off scores for the IES-R Intrusion, Avoidance, and Hyperarousal subscales. In the study sample, the avoidance subscale had the highest mean ($M = 2.07$, $SD = 1.01$).

The ISEL was used to measure women's perceived availability of various supports. Scores for each subscale range from 0 to 30 with higher scores indicating higher levels of support. At Wave 1, women's reported appraisal support, the perceived availability of someone to discuss issues of personal importance, had the highest mean score ($M = 21.41$, $SD = 7.12$) and self-esteem support, the perceived availability of others with whom one compares favorably, had the lowest mean score ($M = 19.37$, $SD = 5.46$).

The CD-RISC was used to measure social-spiritual aspects of resilience displayed in the last month. Scores range from 0 to 100, with higher scores representing greater levels of resilience. The mean resilience score of 75.13 ($SD = 14.26$) for women at Wave 1 on the CD-RISC was lower than a community sample mean of 80.4 but higher than the mean score for psychiatric outpatients ($M = 68.0$) and patients diagnosed with PTSD ($M = 52.8$) (Connor & Davidson, 2003).

The State Hope Scale was used to assess ongoing goal-directed thinking. The total score can range from 6-48 and each subscale score ranges from 3-24 with higher scores indicating greater degrees of goal-directed thinking. Women at Wave 1 reported a higher mean on the pathways subscale ($M = 18.40$, $SD = 3.97$) than the agency subscale ($M = 16.33$, $SD = 4.93$).

Two parenting measures are included on the well-being table because they assess parenting competency and satisfaction. For the SEPTI, women at Wave 1 scored high ($M = 5.33$, $SD = 0.723$) on the emotional nurturance scale; although the average score on the structure and discipline scale was lower ($M = 3.97$, $SD = 1.07$), it was still in the range of agreement. The mean KPSS score at Wave 1 was slightly higher than the cutoff at 15.89 ($SD = 3.26$).

Descriptive Statistics for Wave 1 Economic Self-Sufficiency Measures

Descriptive statistics for the economic self-sufficiency measures at each wave are presented in Table 7. The DV-FI was used at Wave 1 to examine several financial factors related to the IPV women experienced. The mean for the *economic abuse* scale was 18.61 ($SD = 8.05$); however, when examining individual economic abuse items, some of them had a bimodal distribution. Not all of the 150 women experienced economic abuse, but for those who did, their perpetrators controlled access to family income, negatively affected their debt, damaged their credit rating and prevented them from acquiring skills for better employment. When asked whether *financial worries impacted decisions to leave* the relationship, 56% of women completely agreed with this statement.

The DV-FI also assessed the *perceived financial role in partner abuse*, which captures women's perceptions of how financial insecurity, credit card debt, or an inability to save contributed to, caused or increased the levels of violence and/or abuse women experienced. Although the mean score for this scale is 16.80 ($SD = 6.49$), looking at individual items illustrates interesting differences. Most women did not see credit card debt or their credit rating playing a role in the violence. However, 85% of women said overall financial insecurity played a moderate to complete role in the violence.

Table 6. *Means and Standard Deviations for Psychological Well-Being Measures by Wave*

	Wave 1 (N = 150)	Wave 2 (N = 112)	Wave 3 (N = 85)	Wave 4 (N = 62)	Wave 5 (N = 32)
Center for Epidemiologic Studies Depression Scale (CES-D)	25.41 (12.65)	21.42 (11.68)	20.21 (12.48)	17.05 (10.99)	11.31 (5.78)
Impact of Event Scale-Revised (IES-R)					
Intrusion	2.01 (1.17)	1.37 (1.17)	1.11 (1.09)	1.10 (1.08)	0.50 (0.71)
Avoidance	2.07 (1.01)	1.49 (1.02)	1.25 (1.02)	1.27 (.96)	0.70 (0.73)
Hyperarousal	1.94 (1.21)	1.34 (1.19)	1.03 (1.09)	1.03 (1.12)	0.47 (0.78)
Interpersonal Support Evaluation List (ISEL)					
Tangible Assets Support	21.30 (6.94)	21.26 (7.44)	21.21 (6.88)	22.93 (6.74)	24.75 (4.23)
Appraisal Support	21.41 (7.12)	21.63 (6.76)	22.78 (6.04)	23.61 (6.25)	25.76 (3.81)
Self-Esteem Support	19.37 (5.45)	19.60 (5.37)	19.88 (4.80)	20.57 (4.51)	21.66 (4.45)
Belonging Support	20.45 (6.80)	19.96 (6.65)	20.51 (6.49)	221.61 (6.23)	23.44 (4.85)
Connor Davidson Resilience Scale (CD-RISC)	75.13 (14.26)	74.87 (14.94)	76.14 (14.75)	78.89 (13.53)	81.63 (11.65)
State Hope Scale					
State Hope Total	34.73 (8.18)	35.09 (8.64)	35.98 (8.72)	37.10 (6.79)	38.78 (6.78)
State Hope Agency	16.33 (4.93)	16.83 (4.80)	17.05 (5.12)	17.47 (4.31)	18.94 (3.80)
State Hope Pathways	18.40 (3.97)	18.26 (4.47)	18.93 (4.07)	19.63 (3.19)	19.84 (3.42)
Self-Efficacy for Parenting Tasks Index (SEPTI)					
Structure and Discipline	3.97 (1.07)	4.05 (1.06)	4.14 (1.03)	4.13 (1.06)	4.29 (0.89)
Emotional Nurturance	5.33 (0.72)	5.34 (0.67)	5.41 (.67)	5.50 (0.60)	5.45 (0.52)
Kansas Parental Satisfaction Scale (KPSS)	15.89 (3.26)	16.20 (2.97)	16.29 (2.86)	16.27 (2.95)	16.56 (2.64)

Women also reported on the role they believe becoming financially secure will play in their future safety. Overall, women perceived financial security to be important to their future safety ($M = 27.51$, $SD = 8.49$). Women were also fairly optimistic about their ability to improve their financial situation. When looking at individual items on the financial self-efficacy scale, most women were moderately to completely confident they could meet their goals of becoming more financially secure, eliminating credit card debt, improving their credit rating, obtaining adequate employment, and meeting their educational goals.

Women's mean total monthly income from all sources was \$1699 ($SD = \1168.72), although this mean is slightly inflated by a handful of women who reported monthly incomes over \$3000. With regards to program assistance utilization, the mean numbers of assistance programs used was 1.09 ($SD = 1.19$), and in fact 41% of women did not report using any assistance programs. The most frequently reports assistance programs used were utility (30.0%) and food bank assistance (26.7%). When asked about the difficulty they have living on their current income, the mean was 3.47 ($SD = 1.14$), which reflects that the women found it somewhat difficult to make ends meet. When we look at the frequencies for this variable, 51% of women reported that it was very to extremely difficult to live on their current income.

The Family Resource Scale (FRS) measures the adequacy of resources for meeting a variety of needs. There are no norms for the FRS other than higher scores indicating more adequate resources. When looking at the means for each subscale, women reported more adequacy for concrete resources as seen in the mean scores for the *necessities and health* ($M = 40.87$, $SD = 8.04$ out of a possible range of 11 to 55) and *physical necessities and shelter* ($M = 36.91$, $SD = 5.91$ out of a possible range of 9 to 45) subscales. They also appear to have high levels of *intra-family support* ($M = 8.37$, $SD = 2.06$ out of a possible range of 2 to 10).

Examining individual items on the FRS scale, the women reported that housing, food, furniture, medical and dental care for their children, dependable transportation, and access to a phone were generally usually or almost always adequate. What women reported as less adequate were resources to meet their own needs and things that might be considered ‘extras’. For example, when it came to resources for meeting their own needs, women reported that having time to be by themselves (50.0%), time to socialize (45.3%), and time to stay in shape and look nice (38.7%) were seldom or not at all adequate. With regards to ‘extras’, 89% of women reported insufficient resources for travel and 42.6% lacked sufficient resources for family entertainment. In addition, 80% of women reported that having money to save was seldom or not at all adequate and 29% of women reported inadequate employment.

Descriptive Statistics for Wave 1 Empowerment and Attorney-Client Relationship

Measures

Descriptive statistics for the empowerment and attorney-client relationship measures at each wave are presented in Table 8. The mean PPS-R was 4.97 ($SD = 0.88$) out of a possible score of 7. The WAI-Bond mean at Wave 1 was 5.87 ($SD = 1.40$), indicating that women overall were very satisfied with their relationship with their attorney.

Bivariate Analyses

We examined bivariate relations between demographic variables and Wave 1 measures of revictimization, well-being and economic self-sufficiency using correlations and independent samples t-tests. With respect to the association between age and key Wave 1 measures, an increase in women’s age was negatively associated with the total Family Resource Scale (FRS) ($r = -.25$; $p = .002$), as well as the physical necessities and shelter ($r = -.24$; $p = .003$) and child care ($r = -.43$; $p = .000$) subscales of the FRS.

Table 7. Means and Standard Deviations for Economic Self-Sufficiency Measures by Wave

	Wave 1 (N = 150)	Wave 2 (N = 112)	Wave 3 (N = 85)	Wave 4 (N = 62)	Wave 5 (N = 32)
Domestic Violence-Related Financial Issues Scale (DV-FI)					
Economic Abuse	18.62 (8.05)	---	---	---	---
Perceived Financial Role in Abuse	16.80 (6.49)	---	---	---	---
Financial Security and Future Safety	27.51 (8.49)	---	---	---	---
Financial Self-Efficacy	25.41 (6.60)	---	---	---	---
Financial Worries Impacted Decisions to Leave	5.42 (2.17)	---	---	---	---
Total Monthly Income	1699.21 (1168.72)	1831.98 (955.45)	1952.45 (1143.67)	1952.37 (1224.04)	2522.78 (1437.83)
Program Assistance Utilization	1.09 (1.19)	.91 (1.04)	.87 (1.14)	.81 (1.04)	.66 (0.87)
Difficulty Living on Current Income	3.47 (1.14)	3.12 (1.24)	2.94 (1.42)	2.79 (1.39)	2.22 (1.07)
Family Resource Scale					
Total Score	118.79 (20.68)	122.66 (21.16)	125.16 (23.11)	128.68 (21.83)	136.22 (19.30)
Growth and Support	22.01 (7.07)	23.22 (7.70)	24.47 (8.55)	27.02 (7.61)	30.16 (7.96)
Necessities and Health	40.87 (8.04)	42.65 (7.92)	43.14 (8.20)	43.83 (9.46)	45.94 (7.91)
Physical Necessities and Shelter	36.91 (5.91)	38.01 (4.94)	37.28 (6.78)	39.00 (5.06)	39.50 (3.20)
Intra-family Support	8.36 (2.06)	8.04 (2.14)	8.25 (2.03)	8.00 (2.13)	8.69 (1.42)
Child Care	4.85 (3.57)	5.16 (3.73)	5.74 (3.65)	4.98 (3.80)	4.75 (3.47)

Having/caring for more children was negatively associated with the growth and support subscale of the FRS ($r = -.18$; $p = .025$) and parenting satisfaction ($r = -.18$; $p = .027$), and positively associated with total income ($r = .23$; $p = .005$). Women who identified as non-Hispanic White reported higher mean scores of non-physical abuse as measured by the ISA (67.18 vs 56.68, respectively; $p = .024$), higher emotional-verbal abuse (30.89 versus 27.94, respectively; $p = .021$), more overt stalking behaviors (1.73 vs 1.48, respectively; $p = .042$), a lower belief that becoming financially secure would increase future safety (26.83 vs 30.20, respectively; $p = .026$), lower levels of financial self-efficacy (24.88 vs 27.56, respectively; $p = .046$), and a lower sense of alliance with their attorney (5.77 vs 6.25, respectively; $p = .047$) when compared to all other women in the sample. Women with at least some college education differed only on the intra-family support subscale of the FRS, reporting lower levels of support compared to women with a high school education or less (8.05 vs 9.09, respectively; $p = .005$).

Women who were employed, either full-time or part-time, at Wave 1 had higher mean scores on the harassing behaviors subscale of the Stalking Behavior checklist compared to women who were not employed (2.01 versus 1.62, respectively; $p = .006$). Employment was also associated with higher mean scores on the agency subscale of the State Hope Scale (17.08 vs. 15.33; $p = .035$), lower scores on the intra-family support (7.92 vs. 9.95; $p = .002$) and child care (7.92 vs. 9.95; $p = .012$) subscales of the FRS, higher total monthly income (\$1902.71 vs. \$1425.77; $p = .013$), and lower scores on the discipline scale of the Self-Efficacy for Parenting Tasks Index (SEPTI) (3.78 vs. 4.23; $p = .011$).

Women who were ever married to their abusive partner reported more economic abuse (20.01 vs. 16.95; $p = .020$), appraisal support (23.05 vs. 19.43; $p = .002$) and belonging support (21.62 vs. 19.04; $p = .021$) and lower scores on the discipline scale of the Self-Efficacy for

Parenting Tasks Index (4.15 vs. 3.76; $p = .027$) and the child care subscale of the FRS (4.26 vs. 5.56; $p = .026$) compared to women who were never married to their partner. The length of relationship between the participant and her abuser was positively associated with the ISA total score ($r = .17$; $p = .042$), experiences of economic abuse ($r = .21$; $p = .010$) and a greater likelihood that finances affected her decision to leave the relationship ($r = .29$; $p = .000$), and negatively associated with the child care subscale of the FRS ($r = -.32$; $p = .000$).

Repeated Measures Analyses

For each outcome, one of several models were fitted. The first model was a repeated measures ANOVA using Waves 1, 2 and 3, with no covariates (RQ1). When significant overall main effects were found, post hoc t tests were conducted to determine the pattern of change over time. This was followed by a model where two covariates, the type of legal services and the amount of service hours, were entered into the model (RQ1).

The next models focused on mediating effects. One model included the mediating effect of the quality of the attorney-client relationship, if any, between the type of legal service and women's sense of empowerment, by including the measure of attorney-client relationship as a covariate (RQ2), and another model examined the mediating effect of women's sense of empowerment on the relationship, if any, between type of legal service and each outcome, by including the Personal Progress Scale score as a covariate (RQ3). The final model included an ANOVA or repeated measures ANOVA (using Waves 1, 2, and 3) model where the geographic location was the effect entered into the model, with the additional examination of the interaction between the type of legal service and location on each outcome (RQ4).

It should be noted that there were challenges in retention samples, particularly in Waves 4 and 5. Due to attrition, the planned analyses (particularly those containing all five waves of

data) would be underpowered and findings would have to be interpreted with caution. Thus, the final analyses were limited to data from Waves 1 through 3 to ensure the statistical validity of the findings.

Research Question 1. Three measures, the ISA, WEB, and DV-Financial Related Issues (DV-FI), were measured at Wave 1 only. Although these measures could not be used to examine women’s revictimization, the relations between these types of violence and the type of legal services were examined for group differences. The one-way ANOVA analyses revealed no statistically significant difference between women seeking protective orders and women seeking family law services for any of the ISA outcomes at Wave 1 (physical, non-physical, total). The results also showed no statistically significant difference between women’s experience with battering (WEB) at Wave 1 and the type of legal services.

The results of tests for the equality of means on the four DV-Financial Related Issues subscales revealed a statistically significant difference between women’s perceived financial role in partner abuse and the type of legal services, with women in the protective order group scoring significantly higher than women in the family law group ($d = 0.62$; $M = 18.16$ versus 14.30, respectively). The results for Model 1 are presented below.

DV-FI outcome	<i>F</i> -value	df	<i>p</i> -value
Financial role	13.13	1, 148	.000
Future safety	1.01	1, 148	.318
Self-efficacy	0.02	1, 148	.900
Decision	0.28	1, 148	.598

Revictimization. Revictimization was measured in all five waves through items focused on physical violence, psychological abuse, and stalking. We hypothesized that receipt of civil legal services would reduce the risk of revictimization for women over time.

Only 11 participants had data for the CTS2 Physical Assault subscale for Waves 1, 2, and 3, which made repeated measures analyses inappropriate. With respect to repeat physical abuse, however, the descriptive results show that women experienced a large decrease in physical violence between Wave 1 ($M = 6.58$) and Wave 2 ($M = 1.46$), and that the decrease was still present at Waves 3 through 5 (all $M < 2.00$).

Descriptive results for the emotional/verbal subscale of the PMWI show a clear decrease in psychological abuse over time (Wave 1 $M = 30.30$; Wave 3 $M = 15.72$; Wave 5 $M = 12.19$). The results of the repeated measures analysis, including Waves 1 through 3, showed a statistically significant decrease in scores from Wave 1 to Wave 3, $F(2, 168) = 112.80, p = .000$. Post-hoc paired-samples t tests showed that emotional/verbal scores at Wave 1 were significantly higher than emotional/verbal scores at each of the subsequent time points: Wave 1/Wave 2: $t(84) = 11.88, p = .000$; Wave 1/Wave 3: $t(84) = 13.49, p = .000$. The decrease in emotional/verbal abuse over time was upheld, $F(2, 164) = 34.53, p = .000$, after the two covariates were added; however, emotional/verbal abuse over time was not significantly associated with the types of legal services, $F(2, 164) = .21, p = .808$, or the amount of service hours, $F(2, 164) = 1.05, p = .354$.

Descriptive results suggest a decrease in the experience of violent (Wave 1 $M = 1.69$; Wave 3 $M = 1.32$; Wave 5 $M = 1.19$) and harassing (Wave 1 $M = 1.85$; Wave 3 $M = 1.49$; Wave 5 $M = 1.55$) stalking behaviors over time; however, because of smaller sample sizes at Waves 4 and 5, we only tested the statistical significance of the decrease in stalking behavior across Waves 1, 2, and 3. For the violence subscale of the Nebraska version of the SBC, the repeated measures analysis showed a statistically significant decrease in scores across Waves 1, 2, and 3, $F(2, 50) = 17.30, p = .000$. Post-hoc paired-samples t tests showed that violence subscale scores

at Wave 1 were significantly higher than scores at each of the subsequent time points: Wave 1/Wave 2: $t(49) = 4.61, p = .000$; Wave 1/Wave 3: $t(29) = 4.41, p = .000$; with a significant decrease also found between Wave 2/Wave 3: $t(25) = 2.22, p = .036$. The decrease in violence scores over time was maintained after covariates were added, $F(2, 46) = 3.56, p = .037$; however, the difference between the types of legal services was not statistically significant, $F(2, 46) = .26, p = .773$. The amount of service hours was also not significantly associated with the violence subscale score, $F(2, 46) = .10, p = .906$. Regarding the harassment outcome, the repeated measures analysis showed a statistically significant decrease in scores across Waves 1, 2, and 3, $F(2, 50) = 8.09, p = .001$. Post-hoc paired-samples t tests showed that harassment subscale scores at Wave 1 were significantly higher than scores at each of the subsequent time points: Wave 1/Wave 2: $t(49) = 3.11, p = .003$; Wave 1/Wave 3: $t(29) = 3.19, p = .003$. However, this change over time was not upheld once covariates were added, $F(2, 46) = 1.42, p = .253$, and there were no statistically significant differences between the type of legal services, $F(2, 46) = 0.62, p = .542$, or amount of service hours, $F(2, 46) = .07, p = .932$.

Well-being. Also for the first research question, we expected that civil legal services would help to improve women's psychological well-being over time. For these repeated measures analyses, we focused on the IES, CES-D, CR-RISC, State Hope Scale, the ISEL, the SEPTI and the KPSS measured at Waves 1, 2, and 3.

For the purposes of the repeated measures analyses, the Intrusion, Avoidance, and Hyperarousal subscales of the Impact of Event Scale-Revised (IES) were each examined separately. With respect to the intrusion outcome, the results showed a statistically significant decrease in intrusion scores between Waves 1 and 3, $F(2, 168) = 37.15, p = .000$. Post-hoc paired-samples t tests showed that intrusion symptom scores at Wave 1 were significantly higher than scores at

each of the subsequent time points: Wave 1/Wave 2: $t(84) = 5.84, p = .000$; Wave 1/Wave 3: $t(84) = 8.86, p = .000$; with a significant decrease also found between Wave 2/Wave 3: $t(84) = 2.14, p = .035$. This significant decrease in symptoms over time was retained after adding the covariates, $F(2, 164) = 19.96, p = .000$; however, the type of legal services, $F(2, 164) = .98, p = .379$, and the amount of hours spent on a case were unrelated to intrusive thoughts, $F(2, 164) = 1.53, p = .219$.

Regarding the avoidance outcome, the repeated measures analysis also showed a statistically significant decrease in avoidance scores between Waves 1 and 3, $F(2, 168) = 34.40, p = .000$. Post-hoc paired-samples t tests showed that avoidance symptom scores at Wave 1 were significantly higher than scores at each of the subsequent time points: Wave 1/Wave 2: $t(84) = 6.45, p = .000$; Wave 1/Wave 3: $t(84) = 7.22, p = .000$. This change over time was maintained after adding the two covariates, $F(2, 164) = 18.37, p = .000$. Regarding the hyper-arousal outcome, the results showed a statistically significant decrease in hyper-arousal scores between Waves 1 and 3, $F(2, 168) = 38.90, p = .000$. Post-hoc paired-samples t tests showed that hyper-arousal symptom scores at Wave 1 were significantly higher than scores at each of the subsequent time points: Wave 1/Wave 2: $t(84) = 6.27, p = .000$; Wave 1/Wave 3: $t(84) = 8.21, p = .000$; with a significant decrease also found between Wave 2/Wave 3: $t(84) = 2.51, p = .014$. Again, this change over time was maintained after controlling for the type and amount of services, $F(2, 164) = 17.89, p = .000$. There were no statistically significant changes in the avoidance and hyper-arousal outcome based on the type or amount of legal services received.

Results of a repeated measures ANOVA indicated a statistically significant decrease in women's depressive symptoms (CES-D) scores between Waves 1 and 3, $F(2, 168) = 9.41, p = .000$. Post-hoc paired-samples t tests showed that depressive symptoms scores at Wave 1 were

significantly higher than scores at each of the subsequent time points: Wave 1/Wave 2: $t(84) = 3.70, p = .000$; Wave 1/Wave 3: $t(84) = 3.79, p = .000$. There was no significant mean difference in depressive symptoms scores between Wave 2 and Wave 3. The significant decrease in depressive symptoms scores over time was maintained after adding two covariates into the model, $F(2, 164) = 6.05, p = .003$; however, there was no statistically significant difference associated with the types of legal services, $F(2, 164) = .80, p = .452$, or the amount of services, $F(2, 164) = .97, p = .380$.

For all three State Hope Scale outcomes, the Agency, $F(2, 168) = 1.41, p = .247$, and Pathway, $F(2, 168) = 2.78, p = .065$, subscales and the total score, $F(2, 168) = 2.06, p = .131$, the repeated measures results showed no statistically significant change in scores between Waves 1, 2, and 3, with no covariates included. Results of a repeated measures ANOVA with no covariates also showed no statistically significant change in women's resilience (CD-RISC) scores from Wave 1 to Wave 3, $F(2, 168) = 1.30, p = .276$.

The four ISEL subscales (Appraisal Support, Tangible Support, Self-Esteem Support, and Belonging support) also served as the dependent variables. Results of a repeated measures ANOVA indicate a statistically significant increase in appraisal support scores between Waves 1 and 3, $F(2, 166) = 3.12, p = .047$. Post-hoc paired-samples t tests showed that appraisal support scores at Wave 1 were significantly lower than scores at Wave 3: Wave 1/Wave 3: $t(83) = -2.63, p = .010$. There were no significant differences between other points of comparison. In models with no covariates yet added, there were no significant changes in reports of tangible support, $F(2, 166) = .02, p = .982$, self-esteem support, $F(2, 166) = 2.18, p = .116$, or belonging support, $F(2, 166) = .79, p = .455$, over time. After adding in the two covariates to the repeated measures ANOVA with the appraisal support outcome, there was no longer a statistically significant

change in appraisal support scores between Waves 1 and 3, $F(2, 162) = .36, p = .699$, and no statistically significant differences between the types of legal services, $F(2, 162) = .24, p = .785$, or the amount of service hours, $F(2, 162) = .41, p = .663$.

With respect to the discipline outcome on the Self-Efficacy for Parenting Tasks Index, the repeated measures analysis showed a significant increase in scores between Waves 1 and 3, $F(2, 168) = 3.78, p = .025$. Post-hoc paired-samples t tests showed that discipline scores at Wave 1 were significantly lower than scores at Wave 3: Wave 1/Wave 3: $t(84) = -2.45, p = .016$, with no significant differences between other points of comparison. There was no significant change from Wave 1 to Wave 3 with respect to the nurturing outcome, $F(2, 168) = .37, p = .688$. There was no longer a statistically significant change in the discipline scores after the covariates were entered into the model, and no statistically significant difference between the types of legal services or the amount of service hours. A repeated measures analysis using the Kansas Parental Satisfaction Scale (KPSS) showed no statistically significant change in scores across Waves 1, 2, and 3.

Economic self-sufficiency. Finally, with respect to our first research question, we anticipated that civil legal services would improve women's economic self-sufficiency over time. The results of a repeated measures ANOVA show a statistically significant increase in the Family Resource Scale (FRS) growth support subscale across Waves 1, 2, and 3, $F(2, 168) = 4.21, p = .016$. Post-hoc paired-samples t tests showed that growth support scores at Wave 1 were significantly lower than scores at Wave 3: Wave 1/Wave 3: $t(84) = -2.50, p = .014$. This change was not maintained after covariates were entered into the model, $F(2, 164) = 1.64, p = .198$, and there were no statistically significant difference between the types of legal services, $F(2, 164) = .69, p = .506$, or the amount services, $F(2, 164) = .17, p = .845$. Regarding the

necessities and health and physical necessities and shelter subscales, the intra-family support subscale, and the child care subscale, the results showed no statistically significant change in scores from Waves 1 to 3. Regarding the total FRS score, the results showed a statistically significant increase from Waves 1 to 3, $F(2, 168) = 4.39, p = .014$. Post-hoc paired-samples t tests showed that total FRS scores at Wave 1 were significantly lower than total FRS scores at Wave 3: Wave 1/Wave 3: $t(84) = -2.79, p = .007$. However, after including covariates, this result was not upheld, $F(2, 164) = 1.98, p = .141$, and there were no statistically significant differences associated with the type of legal services, $F(2, 164) = 1.28, p = .281$, or the amount of legal services, $F(2, 164) = .26, p = .771$.

Results of the repeated measures ANOVA from Wave 1 to Wave 3, with no covariates, indicated a decrease in women's reports of difficulty in living on her current income ($F(2, 168) = 4.95, p = .008$). Post-hoc paired-samples t tests showed that difficulty in living at Wave 1 was significantly higher than difficulty in living at Wave 3: Wave 1/Wave 3: $t(84) = 2.96, p = .004$, with no significant differences between other points of comparison. The repeated measures ANOVA also indicated a significant increase in women's total income from Wave 1 to Wave 3 ($F(2, 168) = 3.60, p = .029$). Post-hoc paired-samples t tests showed that total income at Wave 1 was significantly lower than total income at Wave 3: Wave 1/Wave 3: $t(84) = -2.40, p = .019$. The repeated measures ANOVA also revealed a significant decrease in the number of public assistance resources used over time ($F(2, 168) = 3.31, p = .039$). Post-hoc paired-samples t tests showed that public assistance use at Wave 1 was significantly higher than use at each of the subsequent time points: Wave 1/Wave 2: $t(84) = 2.14, p = .036$; Wave 1/Wave 3: $t(84) = 2.16, p = .033$. The decrease in the number of public assistance resources used was maintained after adding two covariates into the model, $F(2, 164) = 3.30, p = .039$; however, there was no

statistically significant difference associated with the types of legal services, $F(2, 164) = 1.58, p = .210$, or the amount of services, $F(2, 164) = .65, p = .525$. Changes in difficulty living on her current income and total monthly income over time did not remain significant after adding the two covariates, and there were no statistically significant results associated with the type or amount of service hours spent on a legal case.

Research Question 2. The second research question focused on the quality of the attorney-client relationship and whether this mediated the relationship between civil legal services and women’s sense of empowerment. We anticipated that civil legal services would influence women’s sense of empowerment through the quality of the attorney-client relationship, such that women with higher perceived levels of quality in the attorney-client relationship would report a greater sense of empowerment. Means and standard deviations on the personal progress (PPS-R) and attorney-client relationship variables are presented in Table 8.

Table 8.

Means and Standard Deviations for Empowerment and Attorney Client Relationship Measures by Wave

	Wave 1 (N = 150)	Wave 2 (N = 112)	Wave 3 (N = 85)	Wave 4 (N = 62)	Wave 5 (N = 32)
Personal Progress Scale-Revised (PPS-R)	4.97 (.88)	5.10 (.86)	5.24 (.88)	5.32 (.78)	5.55 (.60)
Working Alliance Inventory (WAI)	5.87 (1.40)	5.67 (1.48)	5.73 (1.54)	5.74 (1.45)	---

We found that the quality of the attorney-client relationship (WAI-Bond) was highly correlated with women’s empowerment (PPS-R scores), particularly across time (see Table 9); however, our hypothesis focused on the mediating effect of the attorney-client relationship.

Table 9.

Correlations between the Attorney-Client Relationship and Women's Empowerment

Empowerment	Attorney-Client Relationship			
	Wave 1	Wave 2	Wave 3	Wave 4
Wave 1	.13	.35**	.33**	.31*
Wave 2	.18	.32**	.36**	.52**
Wave 3	.13	.23*	.28*	.47**
Wave 4	.21	.35**	.40**	.39**
Wave 5	.39*	.60**	.75**	.55**

* $p < .05$; ** $p < .01$

To address the second research question, we began by fitting a repeated measures ANOVA model to the personal progress (PPS-R) outcome. The results showed a statistically significant increase in women's PPS-R scores from Waves 1 to 3, $F(2, 166) = 6.92, p = .001$, indicating an increase in women's empowerment. Our next step involved examining the relation between women's empowerment over time and the type of legal services received. No statistically significant difference between the types of legal services was found, $F(2, 166) = 1.55, p = .215$. The next step involved fitting a new repeated measures ANOVA model to the empowerment scores that included the attorney-client relationship, or the WAI-Bond variable, as a covariate. The results showed no direct effect of the attorney-client relationship on women's empowerment, nor a mediating effect of attorney-client relationship on the relation between type of legal services and empowerment.

Research Question 3. The focus of our third research question was on whether women's sense of empowerment mediated the relation between civil legal services and the study outcomes. We hypothesized that civil legal services would exert positive influence on women's outcomes overall, but positive within-person changes in revictimization, well-being and economic self-sufficiency will be greatest when accompanied by increased empowerment.

To address the third research question, we began by performing descriptive analyses to

explore the relations between PPS scores and the study outcome variables. For each wave of data, the results indicate that PPS scores are associated with several statistically significant increases ($p < .01$) in women’s psychological well-being and economic self-sufficiency, but unrelated to women’s reported revictimization. Using a repeated measures ANOVA, no statistically significant differences were found for the mediating effect of women’s sense of empowerment on the relationship between type of legal services and any study outcome.

Because the mediating effect of empowerment was not significant for any study outcomes, we examined the associations between empowerment and study outcomes. Correlations between PPS scores and study outcomes for Wave 1 are presented in Table 10.

Table 10

Correlations between PPS and Outcomes for Wave 1

Victimization		Psychological Well-Being		Economic Self-Sufficiency	
ISA Total	-.07	IES Intrusion	-.43**	FRS Total	.41**
WEB Total	-.12	IES Avoidance	-.37**	Difficulty Living	-.26**
CTS2	-.05	IES Hyper-arousal	-.40**	Income	.23**
PMWI EV Scale	-.10	CES-D Total	-.63**	Program Assistance	.04
PMWI DI Scale	.00	ISEL appraisal	.59**		
SBC – Violent	-.13	ISEL tangible	.58**		
SBC – Harassment	-.10	ISEL self-esteem	.74**		
		ISEL belonging	.65**		
		CD-RISC Total	.69**		
		State Hope Total	.62**		

* $p < .05$; ** $p < .01$

Similar associations were found at Wave 2, with the exception of associations between empowerment and total income and difficulty living on current income, and in Waves 3-4, with the exceptions of associations between empowerment and total income, difficulty living on current income, and program assistance. Fewer significant associations were found at Wave 5, although positive associations were found between empowerment and resilience, tangible

support, and goal-oriented thinking and a negative association was found between empowerment and depression.

Research Question 4. The final research question was focused on differences in the relationship between civil legal services received and revictimization, psychological, and economic self-sufficiency outcomes for women residing in metro, urban, and rural communities. No hypotheses were associated with this exploratory question. To address the fourth research question, we explored differences in study outcomes between women living in urban versus rural settings. Specifically, we performed univariate and repeated measures ANOVAs to examine differences between women living in metro, urban, and rural settings at Wave 1 and examined the interaction between type of legal services and location on each outcome. The results indicated no statistically significant interactions between type of legal services and location with respect to any of the key study outcomes.

DISCUSSION

The purpose of this project was to conduct a two-year, panel study of the influence of civil legal services for women who experienced IPV and resided in rural and urban communities in Iowa. We looked at both the provision of family law services (divorce, child custody, child support) and CPOs; because after CPOs, family law services represent the largest category of legal services provided to battered women by legal aid offices. The goal of the study was to better understand the role of civil legal services as an intervention response to the crime of IPV.

The three broad outcomes of this project were revictimization, psychological well-being, and economic self-sufficiency. We also examined the impact of the quality of the attorney-client relationship on women's sense of empowerment on these outcomes. The research questions that guided this study were: 1) What is the direct relationship between civil legal services and the

study outcomes for women who experience IPV?, 2) Does the quality of the attorney-client relationship mediate the relationship between civil legal services and women's sense of empowerment?, 3) Does women's sense of empowerment mediate the relation between civil legal services and the study outcomes?, and 4) Are there differences in the relationship between the type of civil legal services received and study outcomes for women residing in metro and nonmetro communities?

Slightly over two-thirds of the 150 women in this study requested assistance from Iowa Legal Aid to obtain a CPO. The remaining women were represented in either a divorce or child custody matter. Iowa is a largely rural state and 36% of the women in this study lived in non-metro/rural areas.

At Wave 1, women in the sample reported high levels of physical and non-physical IPV, emotional and verbal abuse, psychological maltreatment, and coercive control, including potentially lethal behaviors such as being choked, beaten, or threatened with a gun or other weapon. Regardless of whether women reported economic abuse, their economic vulnerability was clearly reflected in their financial circumstances at the initial interview. Most women reported low total monthly incomes, found it either 'very' or 'extremely' difficult to live on their current income, and reported less than adequate resources for their own needs or 'extras' for their family. Women also reported that they had very little money left over on a monthly basis that could be saved to build assets.

At the initial interview, many women reported psychological well-being scores that might raise clinical concerns. Seventy-one percent of women met the clinical criteria for depression and 65% of women met the clinical criteria for PTSD. Women reported only modest levels of social support and resiliency. Despite the presence of IPV, depressive symptoms, PTSD

symptoms, and financial struggles in their lives, most women reported adequate levels of future-oriented, goal-directed thinking and empowerment. Most women also reported very high levels of emotional nurturing of their children and stated they were satisfied with their parenting role.

Research Question 1

In the first research question, we examined the direct relationship between civil legal services and revictimization by her former partner, psychological well-being, and economic self-sufficiency. We, first, expected to find that the receipt of civil legal services would reduce the risk of revictimization for women over time. Our overall hypothesis was supported. On average, women reported substantially less physical violence between Waves 1 and 2, and this decrease held over to Waves 3 through 5. Women also reported a significant decrease in emotional/verbal abuse and stalking behaviors between Wave 1 and Wave 3. However, no statistically significant relation was found between the type or amount of legal services received and a decrease in emotional/verbal abuse or stalking behaviors over time. Thus, it appears that civil legal services for both family law cases and protective orders have a similar effect on women's reported revictimization over time.

With regard to psychological well-being, we expected the receipt of civil legal services to improve women's psychological well-being over time. Our overall hypothesis was partially supported. Women's symptomatic responses to traumatic stressors, including intrusive thoughts, avoidant behaviors, hyperarousal, and depressive symptoms significantly decreased between Wave 1 and Wave 3. However, we found no relation between the type or amount of legal services received and changes in traumatic stress responses or depressive symptoms.

Women's goal-oriented thinking, resilience, and social support levels did not significantly change from Waves 1 to 3. Women's ability to be nurturing toward their children

and their parenting satisfaction remained stable and relatively high. Across Waves 1, 2, and 3, women reported a significant increase in their ability to provide structure and discipline appropriately, yet this change was also unrelated to the type or amount of legal services received.

Finally, we anticipated that the receipt of civil legal services would improve women's economic self-sufficiency over time. This hypothesis was supported. Women's economic situation improved from Wave 1 to Wave 3. Between Waves 1 and 3, women reported a statistically significant increase in the adequacy of their family resources as measured by the total FRS. Women also reported a decrease in difficulty living on their current income, an increase in monthly income, and a decrease in the number of assistance resources used. However, as was the case with the revictimization and psychological well-being measures, we found no relation between the type or amount of legal services received and changes in the economic self-sufficiency measures.

Research Question 2

Our second research question focused on the quality of the attorney-client relationship and its mediating effect in the relation between civil legal services and women's sense of empowerment. Overall, women reported positive relationships with their attorneys. At each wave, women's sense of empowerment significantly increased; however, the type of legal services received did not influence this change. We found that the strength of the relationship between the quality of the attorney-client relationship and women's empowerment increased over time. The results also show that the quality of the attorney-client relationship is highly correlated with women's empowerment, particularly at later time points. This finding resonates with prior research that describes women's empowerment as an iterative process (Cattaneo &

Chapman, 2010). As hypothesized, however, we found no mediating effect of the attorney-client relationship in the relation between the type of civil legal service and women's empowerment.

Research Question 3

Our third research question focused on whether women's sense of empowerment mediated the relation between civil legal services and the study outcomes. We hypothesized that receipt of civil legal services would exert a positive influence on women's outcomes overall, but that a reduction of revictimization and positive changes in well-being and economic self-sufficiency would be best explained through women's sense of empowerment. Examining the associations between empowerment and the key study variables at each wave, we found that empowerment scores were associated with several statistically significant increases in women's psychological well-being and economic self-sufficiency, but unrelated to women's reported revictimization. Thus, it appears that women's increases in empowerment have substantial gain on their later mental health, resilience, and financial stability but are unrelated to their revictimization. We also found no mediating effect for women's empowerment in the relation between civil legal services any of the study outcomes.

Research Question 4

This final research question explored differences in the relationship between civil legal services received and revictimization, psychological well-being, and economic self-sufficiency outcomes for women residing in metro, urban, and rural communities. When examining the interaction between type of legal service and location, we did not find any statistically significant differences among women living in the three geographic locations on any of the key study variables. This lack of findings is in contrast with prior researchers who have found that women

from rural areas have significantly less social support, more physical abuse and worse overall mental health, compared to women from urban areas (Logan et al., 2003).

Study Limitations

Study retention. As stated previously, only 75% of the current Wave 1 sample was retained and completed the Wave 2 interview, and the retention rate in subsequent waves was less than this. The decreasing sample size in each wave, especially Waves 4 and 5, made it difficult to carry out inferential analyses due to small cell sizes. However, it is important to note that some women were not interviewed in later waves and thus, not retained in the study, only because the time allowed for the study had ended. For these women, the six-month interval between interviews prevented them from being retained in the study and there was no opportunity for these women to be interviewed at the next time point.

Retention at Wave 2 was influenced by two variables, education level and rurality, with women in rural settings and women with college degrees more likely to remain in the study at Wave 2. Women living in rural settings were also more likely to remain in the study at Wave 3. At Waves 4 and 5, none of the demographic variables were related to whether participants remained in the study, which indicates more equity in who remained in the study. However, women with higher goal-oriented thinking and lower depressive symptoms at Wave 3 were more likely to remain in the study at Wave 4 and women with lower depressive and post-traumatic stress symptoms at Wave 4 were more likely to remain at Wave 5. Again, however, many women were not able to be retained in the latter waves of the study – not because they withdrew or could no longer be reached – but because the study ended and there was no opportunity for study retention.

Despite the significant attrition rate over time, one strength of this study remains its longitudinal design and repeated measures. Cross-sectional studies are ill-equipped to establish temporal ordering among variables of interest and address research questions that rely on multiple time points of data.

Study sample and case characteristics. Most women in the study identified as non-Hispanic White, all women had children, and many women were never married to the person who perpetrated the abuse against them. Thus, our results are most appropriately generalized to women with similar characteristics. Selection bias in the initial recruitment may have limited the generalizability of the results. ILA also has income restrictions for case eligibility and they must prioritize cases due to limited resources. Thus, the results of this study may only apply to lower income women experiencing IPV who were dealing with more imminent legal needs due to the IPV. Finally, this study included women who were receiving one of two types of legal services, assistance with a CPO or a family law (divorce, child custody, and/or child support) case, at the trial level. Although these are the two most common legal services requested by women experiencing IPV, they are not the only legal issues that women may experience.

Study measures. One potential limitation of the study is that nearly all of the variables included in the analyses were based on women's self-reports and may be limited by recall and social desirability. Women were the sole respondents regarding their victimization, mental health, parenting, and economic resources and there was no way to triangulate and assess the reliability of their responses. A strength of the study, however, was the vast array of measures included. Women who experience IPV are not a homogenous group, and as such, we included instruments that allowed for a wide assessment of IPV history, including physical, psychological, and financial abuse and stalking behaviors, and a continuum of psychosocial measures of mental

health, parenting, empowerment, resilience, and goals. Rather than operate from a deficit-oriented lens, we largely selected measures that would focus on women's strengths, which is an under-recognized focus of IPV research.

Implications for Future Research

In this study, we focused on two types of civil legal services, family law and CPOs, in a state with a mostly homogenous population. Researchers can build on this study in a variety of ways. Although family law and CPO cases represent the largest service requests of women experiencing IPV, there are other legal needs that have the potential to address longer-term safety and empowerment of survivors as well, such as employment and housing discrimination, tort claims, and even Title IX violations. Future research should expand the focus to the full range of civil legal remedies available and also examine civil legal representation for enforcing victim's rights in criminal proceedings.

Future studies of civil legal services for women experiencing IPV need to include more diverse samples and even national probability samples that are more representative of women in other locations. This study only included low-income women who met the income means test for legal aid services. It also only included women who received services. Future research needs to examine the legal needs of women who are not income eligible for legal aid services to determine if and where they are getting their legal needs met. If methodological and ethical challenges can be addressed, comparative studies of the effects of civil legal services for women who did and did not receive services would also be beneficial.

Additional research could also examine the effects of different circumstances of the legal case on case outcomes and outcomes for women. For example, we were unable to examine whether opposing parties were represented or unrepresented in women's cases or if women

received additional representation for a violation of a CPO or their partner's failure to pay child support. Future studies could also examine objective qualities of the legal representation, such as how successful the attorney is in court or in negotiation or how their training and years of experience affect outcomes.

Finally, this study only included women's cases at the individual trial level. Civil legal services have the potential to impact outcomes for entire groups of women experiencing IPV at the appellate level. For example, in *Doe vs. Iowa Department of Human Services (DHS)*, Iowa Legal Aid brought a case challenging their client's placement on the child abuse registry after being found responsible for denial of critical care, failure provide to adequate supervision, when she brought her child to visit her ex-partner and he imprisoned her in his basement and sexually assaulted her over several days. ILA was able to get the woman's (i.e., their client's) name removed from the registry when the Iowa Supreme Court ruled that DHS was in violation of state statute that did not allow placement on the registry for inadequate supervision.

Faced with the possibility of having to remove some 28,000 names from the registry for inadequate supervision, domestic violence advocates were able to use this leverage to work with DHS and the state legislature to pass a crime victim exemption, which states that child abuse "shall not be construed to hold a victim responsible for failing to prevent a crime against the victim" (Iowa Code §232.68(2) unnumbered paragraph, as will be amended after July 1, 2011). This exemption means that a victim of IPV should not be construed as having committed child abuse based on her or his own victimization and inability to stop that victimization. Thus, future research should also examine how appellate cases have been used to affect policy changes benefitting victims of IPV.

Implications for Policy and Practice

IPV has a ‘radiating impact’ (Riger et al., 2002) on multiple areas of women’s lives. Yet, the majority of responses to IPV focus on criminal legal interventions. Despite the advancement of victim rights in criminal proceedings, the criminal justice system is a limited response to the widespread impact of IPV. In the civil legal system, a woman experiencing IPV may initiate a case against her abuser; whether by requesting a CPO, filing for divorce, petitioning the court for changes in child support payments or visitation, or suing the perpetrator to compensate her for the physical or emotional harm she suffered.

Although not always recognized, civil legal services have the potential to address long-term safety for women experiencing IPV. For example, divorce and custody orders offer the opportunity for protective language to be included in permanent decrees. Divorce decrees can include a protective order that does not expire in one year’s time like a CPO. In many abusive relationships, children are used by the batterer as a bargaining tool and an access point to engage in ongoing abuse toward the victim (Jaffe & Crooks, 2005). Effective divorce and custody decrees may mitigate this by creating legally-enforceable parenting guidelines. The decree can stipulate neutral locations or no contact between the adult parties during visitation exchanges. The decree can also include language that specifically indicates what kind of communication between parties is allowed related to parenting matters, perhaps restricting the perpetrator to communicating with the victim only via email or through a third party.

Civil legal services can most directly address economic self-sufficiency in two ways: by increasing income and decreasing economic liability. Maximizing child support, spousal support, and achieving a favorable and equitable distribution of marital property and assets in a

divorce decree can help increase women's income. In addition to increasing income, decreasing economic liability can significantly impact a woman's economic self-sufficiency. Some liability may be directly due to the actions of the perpetrator. For example, if it can be shown that the perpetrator incurred debt during the marriage for items only he used or that his partner did not know about the debts he incurred, the woman can request to have the debt attributed to the abuser in a divorce decree. Also, if a perpetrator is the cause of the woman's medical bills, these can also be attributed to him in a divorce decree. CPOs can also address immediate economic needs by setting child support requirements or allowing women temporary possession of the family home or a car, even if those possessions are held only in the abuser's name (Iowa Code Chapter 236.5).

Although civil legal services are not specifically intended to address women's psychological well-being, one can assume that increasing safety and economic self-sufficiency may contribute to improvements in women's overall well-being. To this end, our hypothesis was supported as study participants showed decreases in depressive and posttraumatic stress symptoms over time.

Expanding access to civil legal services. Through this study, we found that women who received civil legal services reported significant decreases in revictimization, along with substantial improvements in psychological well-being and economic self-sufficiency over time. Although civil legal services would appear to provide significant assistance in addressing the radiating impact of IPV, one potential barrier pertains to a woman's access to assistance of counsel in civil cases. Policy makers and federal and state legislators are encouraged to consider the following strategies for improving access to civil legal services.

Advocating for a right to council in the civil legal process. The U.S. Supreme Court

affirmed in *Gideon v. Wainwright* [372 U.S. 335 (1963)] that the Sixth Amendment of the U.S. Constitution required a defendant to be appointed counsel in all felony cases (Abel, 2005). However, the Court ruled in 1981 in *Lassiter v. Department of Social Services* [452 U.S. 18 (1981)] that parents facing termination of their parental rights did not have a guaranteed right to appointed counsel if they could not afford one (Abel, 2005). Thus, the right to counsel is not guaranteed in most civil proceedings (Abel & Rettig, 2006; Abel, 2005; Rhode, 2001); although, some states have passed legislation that provides counsel in civil cases involving a restriction of physical liberties (Balos, 2006; Davis, 2012). These exceptions are limited to providing a guardian ad litem for children in child protection cases or an attorney for parents in termination of parental rights proceedings and involuntary commitments (Abel & Rettig, 2006). Only New York State guarantees the right to counsel in civil domestic violence proceedings (Abel & Rettig, 2006), leaving most women, particularly those who are low-income, without access to representation by an attorney in civil matters. Rhode (2001) notes the irony that domestic abusers, who face minimal consequences in criminal cases are guaranteed an attorney, whereas victims of IPV facing serious risks to life and liberty are not afforded the same rights to an attorney when seeking legal assistance. *Lassiter v. Department of Social Services* does not preclude states from passing legislation to provide counsel in civil legal cases and they should consider such provisions in cases where individuals face risks to their safety.

The role of Access to Justice Commissions. States are exploring way to address inequities in access to civil legal services. One initiative is the establishment of Access to Justice Commissions (AJCs). According to Houseman (2015), “one of the most effective ways to develop, expand, and institutionalize comprehensive, integrated state systems for the delivery of civil legal aid is through the establishment of state Access to Justice Commissions” (p. 16).

These commissions are established by state supreme courts, sometimes at the behest of state bar associations, and their charge is to provide an ongoing assessment of the civil legal needs of low-income persons in their state and to develop initiatives to meet these needs. To date, 35 states and two US territories have AJCs (American Bar Association [ABA], 2016). All states should be encouraged to establish these commissions to better monitor and improve access to civil legal services.

A call for increased funding for state legal aid agencies. The primary sources of civil legal assistance for low-income Americans are state legal aid organizations that receive most of their funding from the Legal Services Corporation (LSC). To be eligible for services from a legal aid organization, a client's income must be 125% below the federal poverty level. In 2015, LSC provided \$343 million in grants to state legal aid agencies (Legal Services Corporation [LSC], n.d.). However, roughly half the eligible low-income clients who contact an LSC funded legal-aid agency are turned down for services because of insufficient funding (Legal Services Corporation [LSC], 2007). This represents approximately one-million cases each year that, despite having legal merit, are rejected by legal aid offices because they lack the resources to serve these clients (LSC, 2007). In addition, funding for civil legal aid is seen as unequal across and within states (Houseman, 2015). Although legal aid programs in urban areas may have more adequate funding, persons in rural areas have a much lower level of access to legal services (Brennan Center for Justice, 2003).

At the policy level, we need to examine avenues for increasing the legal assistance available to individuals who experience IPV but who cannot afford private attorneys by advocating for increased funding for state legal aid agencies (Institute for Law and Justice, 2005). Abel (2006) argues that funding should be prioritized for institutional providers, like state

legal aid agencies, because the services they provide are higher-quality than private attorneys as they are able to provide their staff with specialized training and continuing education and are able to deliver more cost-efficient services.

Resources for women who do not meet the income means test for state legal aid services but still lack sufficient income to hire a private attorney must also be considered. A limitation of legal aid programs is their income means test for eligibility. Although legal aid programs have some flexibility in disallowing income and assets based on a woman's lack of access to the perpetrator's income, the woman's income still needs to be less than 125% of the federal poverty level to receive assistance. Pro bono assistance by private practice attorneys and university legal clinics may help to address this gap (Institute for Law and Justice, 2005), as would encouraging states to allow the use of victim compensation funds to pay for legal services for victims of IPV.

Improving assistance with pro se representation. There are *pro se* avenues for seeking assistance in the civil legal system (Bertelli, 1998; Van Wormer, 2007), which involve representing oneself in a court case without the assistance of an attorney. For example, women can file *pro se* petitions for a CPO or an uncontested divorce. There are, however, constraints to obtaining equal access through the *pro se* process. Filing a CPO is one of the most common *pro se* filings used by women who experience IPV (Klein & Orloff, 1993), but once the matter goes before the court, women can face significant challenges to proving their case. Granting a CPO generally requires the petitioner to prove her abuser physically harmed or threatened to physically harm her. Unfortunately, many women filing *pro se* fail to include sufficient details in their petition. These details are needed to meet their state statutory requirements and women who experience IPV are less successful getting CPOs when they do not have the benefit of legal counsel (Adams, 2005; Durfee, 2009) especially if the perpetrator has an attorney (Murphy,

2003). Unfortunately, less than 20% of petitioners have legal representation when filing a CPO (Outar, 2004) and victims who file *pro se* petitions often experience longer delays and encounter greater biases by judges (Adams, 2005). *Pro se* filers may be unaware that many states provide for additional remedies in CPOs designed to deal with immediate needs, such as temporary possession of the marital home, that arise when one leaves an abuser. These additional remedies can significantly enhance women's safety and well-being. Women may also not understand their right to resist things the court might order in a CPO proceeding, such as a court order that a woman enter couples' counseling with her abuser. She may believe this order is inappropriate but may not be comfortable arguing this before the court.

According to Rhode (2001), historically courts provided little to no assistance to *pro se* litigants in completing complicated legal forms or presenting their case to a judge. However, a recent survey by the American Bar Association [ABA] (2014a) identified approximately 500 self-help centers around the country that provide some form of in-person services, document assistance, and web-based information to individuals representing themselves without the assistance of an attorney. These centers typically receive court, state, and county funding but are not available in all jurisdictions (ABA, 2014a). The majority of assistance provided by these centers involved family law cases (89%), child support, domestic violence, and landlord/tenant disputes. Although these centers provide valuable assistance to clients with more straightforward legal issues, the scope of the assistance they can provide is limited (American Bar Association [ABA], 2014b) and they are not able to meet all clients' legal needs. When asked to describe their reasons for having to turn cases away, 81% of center respondents in the ABA survey indicated they were unable to assist clients because their legal issue was too complicated to be handled through *pro se* litigation (ABA, 2014a).

Expanding limited scope representation or unbundled legal services. Women experiencing IPV may have legal issues that cannot be handled through *pro se* litigation but may not require full legal representation. The ABA amended its Model Rule 1.2(c) to allow attorneys to provide limited scope representation or ‘unbundled legal services’ to clients (ABA, 2014b; Lock, 2001). These “new limited representation rules allow an attorney to provide discrete legal services to an otherwise *pro se* party” and only charge the client for the brief service provided (Lock, 2001, p. 461). Forty-one states allow attorneys to provide unbundled legal services or limited scope representation to clients (American Bar Association [ABA], 2011), but efforts are needed to encourage all states to allow for limited scope representation by attorneys.

References

Abel, L. K., & Rettig, M. (2006). State statutes providing for a right to counsel in civil cases.

Clearinghouse Review Journal of Poverty Law and Policy, 40, 245-270.

Abel, L. K. (2005). Right to counsel in civil cases: Lessons from *Gideon v. Wainwright*. *Temple*

Political and Civil Rights Law Review, 15, 527-555.

Adams, A. E., Sullivan, C. M., Bybee, D., & Greeson, M. R. (2008). Development of the scale

of economic abuse. *Violence Against Women*, 14, 563-588.

Adams, B. S. (2005). "Unbundled legal services": A solution to the problem caused by pro se

litigation in Massachusetts's civil courts. *New England Law Review*, 40, 303-349.

Adams, A. E., Tolman, R. M., Bybee, D., Sullivan, C. M., & Kennedy, A. C. (2012). The impact

of intimate partner violence on low-income women's economic well-being: The

mediating role of job stability. *Violence Against Women*, 18, 1345-1367.

Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered women's multitude of needs:

Evidence supporting the need for comprehensive advocacy. *Violence Against Women*,

10, 1015-1035.

American Bar Association [ABA] (2011). *Unbundling fact sheet*. Retrieved from

http://www.americanbar.org/content/dam/aba/migrated/legalservices/delivery/downloads/20110331_unbundling_fact_sheet.authcheckdam.pdf

American Bar Association [ABA] (2014a). *The self-help center census: A national survey*.

http://www.americanbar.org/content/dam/aba/administrative/delivery_legal_services/ls_del_self_help_center_census.authcheckdam.pdf

American Bar Association [ABA] (2014b). *An analysis of rules that enables lawyers to serve*

self-represented litigants: A white paper. Retrieved from

[http://www.americanbar.org/content/dam/aba/administrative/delivery_legal_services/ls_d
el_unbundling_white_paper_2014.authcheckdam.pdf](http://www.americanbar.org/content/dam/aba/administrative/delivery_legal_services/ls_d
el_unbundling_white_paper_2014.authcheckdam.pdf)

American Bar Association [ABA] (2016). *Access to Justice Commissions: Directory and structure*. Retrieved from

http://www.americanbar.org/groups/legal_aid_indigent_defendants/initiatives/resource_center_for_access_to_justice/atj-commissions/commission-directory.html

Anderson, K. M., Renner, L. M., & Bloom, T. S. (2014). Rural women's strategic responses to intimate partner violence. *Health Care for Women International, 35*(4), 423-441.

Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women, 18*(11), 1279-1299.

Annan, S. L. (2008). Intimate partner violence in rural environments. *Annual Review of Nursing Research, 26*, 85-113.

Babcock, J. C., & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated response to community response to domestic violence. *Journal of Family Psychology, 13*, 46-59.

Baker, C. K., Cook, S. L. & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*(7), 754-783.

Balos, B. (2006). Domestic violence matters: The case for appointed counsel in protective order proceedings. *Temple Political & Civil Rights Law Review, 15*, 557-602.

Benitez, C. T., McNiel, D. E., & Binder, R. L. (2010). Do protection orders protect? *The Journal of the American Academy of Psychiatry & Law, 38*, 376-385.

Bennett, L., Riger, S., Schewe, P., Howard, A. & Wasco, S. (2004). Effectiveness of hotline,

- advocacy, counseling, and shelter services for victims of domestic violence. *Journal of Interpersonal Violence*, 19(7), 815-829.
- Bennett, L. W., Stoops, C., Call, C., & Flett, H. (2007). Program completion and re-arrest in a batterer intervention system. *Research on Social Work Practice*, 17, 42-54.
- Bertelli, A. (1998). Should social workers engage in the unauthorized practice of law? *Boston University Public Interest Law Journal*, 8, 15-57.
- Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms, and postpartum depression: A systematic review and meta-analysis. *Social Science & Medicine*, 75, 959-975.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5, 428-439.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bosch, K., & Bergen, M. B. (2006). The influence of supportive and nonsupportive persons in helping rural women in abusive partner relationships become free from abuse. *Journal of Family Violence*, 21(5), 311-320.
- Bouffard, J. A. & Muftić, L. R. (2007). An examination of the outcomes of various components of a coordinated community response to domestic violence by male offenders. *Journal of Family Violence*, 22, 353-366.

- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization – National Intimate Partner Violence and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report*, *63*, 1-18.
- Breiding, M. J., Ziembroski, J. S., & Black, M. C. (2009). Prevalence of rural intimate partner violence in 16 US States, 2005. *Journal of Rural Health*, *25*, 240-246.
- Brennan Center for Justice (2003). *Struggling to meet the need: Communities confront gaps in federal legal aid*. Retrieved from http://brennan.3cdn.net/7689d2f385e9f3d753_bvm6y9ucy.pdf
- Bybee, D. I., & Sullivan, C. M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, *30*, 103–132.
- Bybee, D. & Sullivan, C. M. (2005). Predicting re-victimization of battered women three years after exiting a shelter program. *American Journal of Community Psychology*, *36*(1/2), 85-96.
- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: A model for use in research and practice. *American Psychologist*, *65*(7), 646-659.
- Cattaneo, L. B., Goodman, L. A., Epstein, D., Kohn, L. S. & Zanville, H. A. (2009). The victim-informed prosecution project: A quasi-experimental test of a collaborative model for cases of intimate partner violence. *Violence Against Women*, *15*(10), 1227-1247.
- Clough, A., Wagman, J., Rollins, C., Barnes, J., Connor-Smith, J., Holditch-Niolon, P., ... & Glass, N. (2011). The SHARE Project: Maximizing participant retention in a longitudinal study with victims of intimate partner violence. *Field Methods*, *23*, 86-101.

- Cohen, S. & Hoberman, H. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology, 13*(2), 99-125.
- Cohen, S., Mermelstein, R., Karmarck, T., & Hoberman, H. M. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), *Social Support: Theory, Research, and Applications* (pp. 73-94). Boston, MA: Martinus Nijhoff Publishers.
- Coleman, F. L. (1997). Stalking behavior and the cycle of domestic violence. *Journal of Interpersonal Violence, 12*, 420-432.
- Coleman, P. K., & Karraker, K. H. (2000). Parenting self-efficacy among mothers of school-age children: Conceptualization, measurement, and correlates. *Family Relations, 49*(1), 13-24.
- Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale CD-RISC. *Depression and Anxiety, 18*(2), 76-82.
- Cox, C. E., Kotch, J. B., & Everson, M. D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence, 18*(1), 5-17.
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the Impact of Event Scale – Revised. *Behavior Research and Therapy, 41*, 1489-1496.
- Davis, R. C., Smith, B. E., & Nickles, L. B. (1998). The deterrent effect of prosecuting domestic violence misdemeanors. *Crime and Delinquency, 44*, 434-442.
- Davis, M. F. (2012). Participation, equality, and the civil right to counsel: Lessons from domestic and international law. *Yale Law Journal, 122*, 2260-2281.

- DeVoe, E. R., & Smith, E. L. (2002). The impact of domestic violence on urban preschool children. *Journal of Interpersonal Violence, 17*(10), 1075-1101.
- Dunst, C., & Leet, H. (1987). Measuring the adequacy of resources in households with young children. *Child: Care, Health, & Development, 13*, 111-125.
- Durfee, A. (2009). Victim narratives, legal representation, and domestic violence civil protection orders. *Feminist Criminology, 4*, 7-31.
- Eastman, B. J., & Bunch, S. G. (2007). Providing services to survivors of domestic violence: A comparison of rural and urban service provider perceptions. *Journal of Interpersonal Violence, 22*(4), 465-473.
- Farmer, A. & Tiefenthaler, J. (2003). Explaining the recent decline in domestic violence. *Contemporary Economic Policy, 21*(2), 158-172.
- Felson, F. B., Ackerman, J. M., & Gallagher, C. A. (2005). Police intervention and the repeat of domestic assault. *Criminology, 43*(3), 563-588.
- Fergusson, D. M., Horwood, L. J., & Ridder, E. M. (2005). Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal of Marriage and Family, 67*, 1103-1119.
- Fleury, R. E., Sullivan, C. M., & Bybee, D. (2000). When ending the relationship does not end the violence: Women's experiences of violence by former partners. *Violence Against Women, 6*, 1363-1383.
- Follingstad, D. R. (2009). The impact of psychological aggression on women's mental health and behavior: The status of the field. *Trauma, Violence, & Abuse, 10*(3), 271-289.

- Gist, J. H., McFarlane, J., Malecha, A., Willson, P., Wilson, K., Fredland, N., ... & Smith, S. (2001). Protection orders and assault charges: Do justice interventions reduce violence against women. *American Journal of Family Law*, *15*(1), 59-71
- Goodman, L., Dutton, M. A., Vankos, N., & Weinfurt, K. (2005). Women's resources and use of strategies as risk and protective factors for reabuse over time. *Violence Against Women*, *11*(3), 311-336.
- Gorde, M. W., Helfrich C. A., & Finlayson, M. L. (2004). Trauma symptoms and life skill needs of domestic violence victims. *Journal of Interpersonal Violence*, *19*(6), 691-708.
- Grossman, S. F., Hinkley, S., Kawalski, A., & Margrave, C. (2005). Rural versus urban victims of violence: The interplay of race and region. *Journal of Family Violence*, *20*, 71-81.
- Hardesty, J. L., & Chung, G. H. (2006). Intimate partner violence, parental divorce, and child custody: Directions for intervention and future research. *Family Relations*, *55*(2), 200-210.
- Hartley, C. C., Renner, L. M., & Mackel, S. (2013). Civil legal services and domestic violence: Missed service opportunities and research challenges. *Families in Society: The Journal of Contemporary Social Services*, *94*, 15-22.
- Holt, V. L., Kernic, M. A., Lumley, T., Wolf, M. E., & Rivara, F. P. (2002). Civil protection orders and risk of subsequent police-reported violence. *JAMA*, *288*(5), 589-594.
- Horvath, A. O. & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology*, *36*, 223-233.
- Houseman, A. W. (2015). *Civil legal aid in the United States: An update for 2015*. Retrieved from https://repository.library.georgetown.edu/bitstream/handle/10822/761858/Houseman_Civil_Legal_Aid_US_2015.pdf?sequence=1&isAllowed=y

- Huang, C. C., Wang, L. R., & Warrenner, C. (2010). Effects of domestic violence on behavior problems in preschool-aged children: Do maternal mental health and parenting mediate the effects? *Children and Youth Services Review, 30*, 1317-1323.
- Hudson, W. W., & McIntosh, S. R. (1981). The assessment of spouse abuse: Two quantifiable dimensions. *Journal of Marriage and Family Therapy, 43*, 873-885.
- Humphreys, J. (2003). Resilience in sheltered battered women. *Issues in Mental Health Nursing, 24*, 137-152.
- Institute for Law and Justice (2005). *National evaluation of the Legal Assistance for Victims Program: Final report*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/208612.pdf>
- Iowa Legal Aid. (2008). *Equal Justice Project: Strategic advocacy plan*. Des Moines, IA: Author.
- Jaffe, P. G., & Crooks, C. V. (2005). *Understanding women's experiences parenting in the context of domestic violence: Implications for community and court-related service providers*. <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=243639>
- James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., & Schectman, K. L. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Report, 57*, 163-169.
- Johnson, M. J. & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence against Women survey. *Journal of Family Issues, 26*, 322-349.
- Johnson, D. M., Worell, J. & Chandler, R. K. (2005). Assessing psychological health and empowerment in women: The Personal Progress Scale Revised. *Women & Health,*

41(1), 109-129.

Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence & Abuse*, 2(2), 99-120.

Kasturirangan, A. (2008). Empowerment and programs designed to address domestic violence. *Violence Against Women*, 14(12), 1465-1475.

Kernic, M. A., Monary-Ernsdorff, D. J., Koepsell, J. K., & Holt, V. L. (2005). Children in the crossfire: Child custody determinations among couples with a history of intimate partner violence. *Violence Against Women*, 11(8), 991-1021.

Klein, A. R., & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005: Career criminals. *Violence Against Women*, 14, 136-157.

Klein, C. F., & Orloff, L. E. (1993). Providing legal protection for battered women: An analysis of state statutes and case law. *Hofstra Law Review*, 21, 801-1189.

Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimization: A systematic review. *European Journal of Psychotraumatology*, 5, 1-12.

Legal Services Corporation (n.d.). *FY 2016 budget request*. Retrieved from <http://www.lsc.gov/media-center/publications/fy-2016-budget-request>

Legal Services Corporation (2007). *Documenting the justice gap in America*. Retrieved from <http://www.lsc.gov/sites/default/files/LSC/images/justicegap.pdf>

Levendosky, A. A., & Graham-Bermann, S. (2000). Behavioral observations of parenting in battered women. *Journal of Family Psychology*, 14, 80-94.

- Levendosky, A. A., Huth-Bocks, A. C., Shapiro, D. L., & Semel, M. A. (2003). The impact of domestic violence on the maternal-child relationship and preschool-age children's functioning. *Journal of Family Psychology, 17*(3), 275-287.
- Levendosky, A. A., Lynch, S. M., & Graham-Bermann, S. A. (2000). Mothers' perceptions of the impact of woman abuse on their parenting. *Violence Against Women, 6*(3), 247-271.
- Lindhorst, T., Oxford, M., & Gillmore, M. R. (2007). Longitudinal effects of domestic violence on employment and welfare outcomes. *Journal of Interpersonal Violence, 22*, 812-828.
- Lock, M. J. (2001). Increasing access to justice: Expanding the role of nonlawyers in the delivery of services to low-income Coloradans. *University of Colorado Law Review, 72*, 459-506.
- Logan, T. K., Shannon, L., & Walker, R. (2005). Protective orders in rural and urban areas: A multiple perspective study. *Violence Against Women, 11*(7), 876-911.
- Logan, T. K., Walker, R., Cole, J., Ratliff, S., & Leukefeld, C. (2003). Qualitative differences among rural and urban intimate violence victimization experiences and consequences: A pilot study. *Journal of Family Violence, 18*(2), 83-92.
- Logan, T. K., Walker, R., Shannon, L. & Cole, J. (2008). Factors associated with separation and ongoing violence among women with civil protective orders. *Journal of Family Violence, 23*, 377-385.
- Logan, T. K., & Walker, R. (2009). Civil protective order outcomes: Violations and perceptions of effectiveness. *Journal of Interpersonal Violence, 24*, 675-692.
- McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., & Smith, S. (2004). Protection orders and intimate partner violence: An 18-month study of 150 Black, Hispanic, and White women. *American Journal of Public Health, 94*(4), 613-618.

- Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse: A multidimensional assessment of four different forms of abuse. *Violence Against Women, 14*, 634-654.
- Michalski, J. (2004). Making sociological sense out of trends in intimate partner violence. *Violence Against Women, 10*(6), 652-675.
- Murphy, C. M., Musser, P. H., & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence, 13*, 263-284.
- Murphy, J. C. (2003). Engaging with the state: The growing reliance on lawyers and judges to protect battered women. *Journal of Gender, Social Policy, & the Law, 11*, 499-521.
- Nitsch, E., Hannon, G., Rickard, E., Houghton, S., & Sharry, J. (2015). Positive parenting: A randomized controlled trial evaluation of the Parents Plus Adolescent Programme in schools. *Child & Adolescent Psychiatry & Mental Health, 9*, 1-12.
- Nebraska Domestic Violence Sexual Assault Coalition [NDVSA] (2008). *Stalking behavior checklist*. Retrieved from <http://ndvsac.org/wp-content/uploads/General/Stalking/Survivor/StalkingBehaviorChecklist.pdf>
- Outar, P. (2004). *2004 WATCH OFP report*. Retrieved from http://www.stopvaw.org/uploads/2004_watch_ofp_report.pdf
- Outlaw, M. (2009). No one type of intimate partner abuse: Exploring physical and non-physical abuse among intimate partners. *Journal of Family Violence, 24*, 263-272.
- Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P. & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health, 20*, 1743-1749.

- Postmus, J. L., Plummer, S. B., McMahon, S., Murshid, N. S., & Kim, M. S. (2012). Understanding economic abuse in the lives of survivors. *Journal of Interpersonal Violence, 27*, 411-430.
- Pennington-Zoellner, K. (2009). Expanding 'community' in the community response to intimate partner violence. *Journal of Family Violence, 24*, 539-545.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Renner, L. M. (2009). Intimate partner violence victimization and parenting stress: Assessing the mediating role of depressive symptoms. *Violence Against Women, 15*(11), 1380-1401.
- Renner, L. M., Cavanaugh, C.E., & Easton, S.D. (2015). Pathways linking violence against women, depression, personal mastery, and perceived parenting competence. *Journal of Child and Family Studies, 24*(9), 2817-2826.
- Rhode, D. L. (2000). Access to justice. *Fordham Law Review, 69*, 1785-1819.
- Riger, S., Raja, S., & Camacho, J. (2002). The radiating impact of intimate partner violence. *Journal of Interpersonal Violence, 17*, 184-205.
- Romero, D., Chavkin, W., Wise, P. H., & Smith, L. A. (2003). Low-income mothers' experience with poor health, hardship, work, and violence: Implications for policy. *Violence Against Women, 9*, 1231-1244.
- Rossi, P. H., & Freeman, H. E. (1993). *Evaluation: A Systematic Approach*. Newbury Park, CA: Sage Publications, Inc.
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims, 14*(1), 105-117.

- Sandberg, L. (2013). Backward, dumb, and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. *Affilia, 28*, 350-365.
- Schrag, R. J. V. (2014). Economic hardship and later material hardship: Is depression a mediator. *Affilia, 30*, 341-351.
- Smith, P. H., Smith, J. B., & Earp, J. L. (1999). Beyond the measurement trap: A reconstructed conceptualization and measurement of woman battering. *Psychology of Women Quarterly, 23*, 177-193.
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*(2), 321-335.
- Straus, M. A. (1990). The Conflict Tactics Scales and its critics: An evaluation and new data on validity and reliability. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 49-73). New Brunswick, NJ: Transaction Press.
- Syers, M. & Edleson, J. L. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence, 7*, 490-502.
- Swan, S. C., & Snow, D. L. (2002). A typology of women's use of violence in intimate relationships. *Violence Against Women, 8*(3), 286-319.
- Taylor, C. A., Guterman, N. B., Lee, S. J., & Rathouz, P. J. (2009). Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children. *American Journal of Public Health, 99*(1), 175-183.
- Tobolowsky, P. M., Gaboury, M. T., Jackson, A. L., & Blackburn, A. G. (2010). *Crime victim rights and remedies* (2nd Ed.). Durham, NC: Carolina Academic Press.

- Tolman, R. M. (1999). The validation of the Psychological Maltreatment of Women Inventory. *Violence and Victims, 14*, 25-37.
- Tolman, R. M. & Rosen, D. (2001). Domestic violence in the lives of welfare recipients: Mental health, health and economic well-being. *Violence Against Women, 7*(2), 141–158.
- Tolman, R. M. & Wang, H. C. (2005). Violence and women's employment: Fixed effects models of three waves of women's employment study data. *American Journal of Community Psychology, 35*(1/2), 147-158.
- Tolman, R. M. (2011). *Impact of intimate partner violence on economic well-being*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.308.513&rep=rep1&type=pdf>
- United States Census Bureau. (2012). *2010 Census urban and rural classification and urban area criteria*. Retrieved from <http://www.census.gov/geo/www/ua/2010urbanruralclass.html>
- United States Census Bureau. (2015). *U.S. Census Bureau: State and county QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/19000.html>
- Van Wormer, N. I. (2007). Help at your fingertips: A twenty-first century response to the pro se phenomenon. *Vanderbilt Law Review, 60*, 983-1019.
- Van Wyk, J. A., Benson, M. L., Fox, G. L., & DeMaris, A. (2003). Detangling individual-, partner-, and community-level correlates of partner violence. *Crime and Delinquency, 49*(3), 412-438.
- Warrener, C., Koivunen, J. M., & Postmus, J. L. (2013). Economic self-sufficiency among divorced women: Impact of depression, abuse and efficacy. *Journal of Divorce & Remarriage, 54*, 163-175.

Weaver, T. L., Sanders, C. K., Campbell, C. L., & Schnabel, M. (2009). Development and preliminary psychometric evaluation of the domestic violence related financial issues scale (DV-FI). *Journal of Interpersonal Violence, 24*, 569-585.

Weiss, D. S. & Marmar, C. R. (1996). The impact of event scale—Revised. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399-411). New York: Guilford Press.

Winick, B. J. (1999). Redefining the role of the criminal defense lawyer at plea bargaining and sentencing: A therapeutic jurisprudence/preventive law model. *Psychology, Public Policy, and Law, 5*, 1034-1083.

Worell, J., & Chandler, R. (1998). *The Personal Progress Scale-Revised (PPS-R)*. Unpublished Manuscript.

Dissemination of Research Findings

Manuscripts

Hartley, C. C., Renner, L. M., & Mackel, S. (2013). Civil legal services and domestic violence: Missed service opportunities. *Families in Society*, 94(1), 15-22.

Presentations

Hartley, C. C., & Renner, L. M. *The influence of civil legal services on women's economic self-sufficiency*. Paper abstract submitted to the 2016 International Family Violence and Child Victimization Research Conference. Portsmouth, NH.

Renner, L. M., & Hartley, C. C. *Well-being among women who have experienced IPV and received civil legal services*. Paper abstract submitted to the 2016 International Family Violence and Child Victimization Research Conference. Portsmouth, NH.

Hartley, C. C., & Renner, L. M. (2015, April). *Intimate partner violence-related financial issues and women's financial status after exiting an abusive relationship*. Poster presented at EVAWI's International Conference on Sexual Assault, Domestic Violence, and Campus Responses. New Orleans, LA.

Renner, L. M., & Hartley, C. C. (2015, April). *Perceptions of procedural and distributive justice in the civil legal system among women who experience intimate partner violence*. Poster presented at EVAWI's International Conference on Sexual Assault, Domestic Violence, and Campus Responses. New Orleans, LA.

Hartley, C. C., & Renner, L. M. (2014, July). *Characteristics of women seeking civil protective orders*. Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, NH.

Renner, L. M., & Hartley, C. C. (2014, July). *Women's perceptions of which strategies are helpful/unhelpful to stopping violence*. Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, NH.

Hartley, C. C., Renner, L. M., & Mackel, S. (2011, November). *Civil legal services and domestic violence: Missed service opportunities and research challenges*. Paper presented at the University of New Hampshire School of Law inaugural conference on Ending Domestic & Sexual Violence: Innovations in Practice & Research. Portsmouth, NH.

Invited Presentations

Hartley, C. C., Renner, L. M., & Mackel, S. (2012, December). *The long-term effects of civil legal services on battered women*. Invited presentation at the National Conference on Civil Right to Counsel Pilot Projects. Chicago, IL.