



ARIZONA STATE UNIVERSITY

Serving Valley Victims of Domestic Violence: Challenges and Choices

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Executive Summary

This report seeks to supply new information on the service needs of Maricopa County victims of domestic violence (DV), a common criminal justice/public health problem that annually injures or kills thousands of Valley residents, shatters families and imposes other serious social costs.

Over the past several decades, individuals and agencies in the Valley have made great strides in responding to this pervasive social ill. But key questions remain about how best to serve its victims. The urgency of these questions is compounded by the current reality of high unemployment and poverty rates, declining public-sector funding, reductions in key public social services and a state economy still slowly recovering from the Great Recession.

There also are increasing questions about whether delivering services primarily through an informal network of individually operated group shelters – which apparently are not utilized by most DV victims – remains the most cost-effective model for meeting most victims' needs.

The study was conducted for the Arizona Coalition to End Sexual and Domestic Violence and the O'Connor House, and was funded by the Nina Mason Pulliam Charitable Trust.

The study had three goals:

- To survey DV victims and advocates concerning the needs of Valley victims
- To review utilization rates and other aspects of the Valley's 10 emergency DV shelters
- Based on this information, to suggest questions regarding the Valley's campaign against DV that would prompt useful discussions among stakeholders and practitioners.

This study is believed to be the most extensive effort to date to survey Valley DV victims and advocates. However, it should be noted that neither group of survey respondents constituted a random sample of their populations; generalizations based on these survey data must thus be made with care. In addition, two-thirds of the victim respondents were or had previously been in shelter; research has shown that shelter residents tend to differ in some important ways from DV victims as a whole, so their majority presence in the survey could influence the results.

Victims emphasize practical needs. There was a great deal of similarity between the survey responses of victims and advocates. Both lists placed “counseling” as the No. 1 need. This underlines the simple but central fact that DV victims are people in distress who need help – guidance, advice, information, emotional support, someone with whom to talk through their problems. Exactly what sort of help is less clear, as “counseling” can cover a wide range of subjects, from the concrete to the spiritual.

Both lists, however, placed most emphasis on victims' economic and legal needs. These included housing, employment, child care and legal issues such as divorce and custody matters. In a separate question, most victims also cited a lack of income or assets as the chief reason they

remained in abusive relationships. These responses were interspersed with more DV-specific needs such as education about DV and safety planning.

“Physical protection” also was cited among the top needs in both lists, but less prominently than might have been expected. While, in response to a separate question, it was cited as the main reason victims sought emergency shelter, it ranked sixth among needs listed in the general victims’ survey and seventh in the advocates’ listing. Indeed, the mix of fears and feelings that many victims experience was illustrated in their ranking of needs: victims’ ranking of “physical protection from my partner” fell immediately below “counseling for my partner.”

But the most consistent overall finding from the two surveys and from interviews with shelter operators was that many Valley DV victims – especially those in shelter – struggle with a daunting range of problems in addition to the violence, intimidation and controlling behavior they suffer from an abusive partner. In addition, shelter directors generally agreed that today’s shelter clientele are more difficult to motivate than past clients, at least in part because more of them suffer from mental health and substance-abuse problems. These and other barriers – including poverty, limited education, a dearth of job skills or experience, a lack of stable housing and a lack of child care – help trap victims in abusive relationships.

How do such trapped victims cope with abuse? Their answers yield a troubling glimpse of the plight of the Valley’s countless unknown victims: Most said, “I just endured it.” Next was “I tried to please my partner more.”

Shelter data leave unanswered questions. Data on shelter operations reported quarterly to the Arizona Department of Economic Security (ADES) indicate that between roughly 2006 and 2013 the number of emergency beds in the Valley nearly doubled but requests for shelter declined, the category of “new clients served per quarter” remained flat, the number of victims denied shelter due to lack of beds dropped, and the shelters’ aggregate average length of stay rose.

In other words, these data suggest that, at the least, the number of individuals seeking emergency shelter in the Valley has leveled off or dropped. Has demand actually declined – in a county still experiencing rapid population growth? How can the decreasing frequency of requests, new clients and turnaways fit with Valley shelters’ persistent reports of being full to capacity? This report cannot offer definitive answers to these important questions. It is unlikely that such answers will be forthcoming until a more reliable process of tracking victims and reporting data is devised – perhaps via the Valley’s current pilot project to centralize intake screening and to reduce or end duplication of DV victim counts.

Other findings included:

- Most advocates believe that most victims will return to their abusers, a view that suggests a greater role for the approach of “advocacy beyond leaving.”
- Responses of both victims and advocates lend further support to the view that most DV victims do not use shelter.

- Shelters remain the Valley’s major centers of service delivery and, though some residents have complaints about shelter life, most said they received valuable services there and would seek shelter again if necessary.
- While physical security remains a central shelter function, most shelter directors estimated that about half or fewer of their residents actually were in immediate physical danger. Most directors also acknowledged that their shelter locations are not truly secret.
- Advocates split sharply in their responses to two questions: How often victims are turned away for lack of beds, and how often they are “screened out” for other reasons.
- Most shelter directors remain convinced of the central role of congregate shelters, while noting that they have eased or eliminated many of their rules in an effort to provide a more “victim-centered” approach.

Introduction

Domestic violence (DV) is a common, if largely hidden, criminal justice and public health problem that annually injures or kills thousands of Maricopa County residents, shatters families, scars children, and generates broader social costs for medical treatment, disrupted lives, homelessness, property damage and lost productivity.

Reliable estimates of its frequency do not exist on the county level, though DV does rank among the most common violence-related 911 calls to the Phoenix Police Department. In addition, the Valley's 10 emergency DV shelters regularly report themselves as full and forced to turn applicants away. A 2011 national survey sponsored by the Centers for Disease Control and Prevention concluded that 30.3 percent of U.S. women has been slapped, pushed or shoved by an intimate in her lifetime; for men, the figure was 25.7 percent. However, this report also noted that other surveys have resulted in widely varying estimates.

Until as recently as 30 years ago, all but the most extreme cases of DV were generally considered to be private family matters rather than public concerns. Violence between intimates was widely accepted (as was violence in child rearing), especially when it consisted of men controlling or "disciplining" their female partners. Most victims bore their wounds, physical and psychological, in silence, perhaps seeking aid from family members, friends or spiritual advisers. Few professional services were readily available. Criminal law provided little assistance to victims of DV, which many police officers routinely treated as "nuisance calls" that were best settled privately.

But the past several decades have witnessed substantial changes in the nation's public response to DV. The rising socioeconomic status of women, the pressures brought by the women's movement, the willingness of victims to sue over inadequate police response, campaigns of public education about DV, and other factors have done much to enhance victim safety and offender accountability.

Many of these efforts have centered on emergency shelters, which are relatively new institutions initially created at the grassroots level by feminists, advocates and DV survivors. In Maricopa County as elsewhere, these shelters began by focusing on physical safety, counseling and emotional support, and have subsequently expanded their services to aid victims in accessing legal help, educational assistance, employment opportunities, housing and other needs. The shelters today remain the anchors of the Valley's anti-DV efforts.

Despite the progress that has been made in responding to DV, key questions remain about how best to serve its victims. The urgency of these questions is compounded by the current reality of high unemployment and poverty rates, declining public-sector funding, reductions in key public social services and a state economy still slowly recovering from the Great Recession.

There are also increasing questions about whether delivering services largely through an informal network of individually operated group shelters – which in any case are not utilized by most DV victims – remains the most cost-effective model for meeting most victims' needs.

This study, conducted for the Arizona Coalition to End Sexual and Domestic Violence and the O'Connor House, and funded by the Nina Mason Pulliam Charitable Trust, has three major objectives:

1. To survey DV victims and advocates concerning the needs of Valley victims
2. To review utilization rates and other aspects of the Valley's 10 emergency shelters
3. Based on this information, to suggest questions regarding the Valley's campaign against DV that would prompt useful discussions among stakeholders and practitioners.

An Initial Note. Any assessment of efforts against DV in Maricopa County should consider several general points:

- First, as noted above, it is difficult to measure the extent of DV and, thus, the efficacy of various strategies to combat it. The U.S. Justice Department estimates that only about half of all violent crimes are ever reported to police; DV is generally thought to be an especially underreported crime.
- Second, DV is a complex phenomenon that manifests itself in different forms. The label "domestic violence" is commonly applied to a variety of events, from those that do not involve physical violence to stalking and murder. Most instances of DV that come to police attention are, in legal terms, relatively minor events. On the other hand, non-physical abuse can be destructive and debilitating for victims and their children, and individual incidents that seem minor to responding officers can in fact be merely episodes in an ongoing pattern of control and abuse.
- Third, not all DV victims are alike. Some need only a little help to exit abusive relationships and get on with their lives; at the other extreme are those deeply traumatized by their experiences and in need of extensive professional help to regain a basic ability to function independently. Clearly, different types and levels of service are required by each of these groups and those in between.

A corollary: When considering the nature and needs of DV victims, it is natural to focus on victims who are or have been in shelter – indeed, much published research relies on such individuals as informants. But it's important to remember that shelter residents represent a minority of all DV victims, most of whom seek services elsewhere, if at all.

Methodology

Research for this report consisted of six major elements:

- A review of material in academic journals and official public documents that focused on the needs and experiences of DV victims who utilized emergency shelters and those who did not. The journal articles were primarily selected from PubMed, PsychInfo and the National Criminal Justice Reference Service. Searches were also made of related state and national websites to review alternative models of DV service delivery being tried elsewhere.
- A questionnaire completed by Maricopa County DV victims. This 21-question, confidential paper survey (prepared in English and Spanish) was completed by a convenience sample of 389 Maricopa County victims. These victims were contacted through shelter staff, therapists, court advocates and other non-residential service providers. Though a special effort was made to reach victims who were not in shelter, more than two-thirds (69 percent) of respondents reported that they had been in shelter at some point. All respondents sealed their completed survey in an envelope for return to the researchers. Data from the completed questionnaires were entered into the Qualtrics survey software system. A copy of the questionnaire is included in this report.
- Confidential, one-on-one interviews with 25 DV victims. Victims who completed a questionnaire were offered the opportunity to sit for an individual interview to help supplement the closed-ended survey questions. A copy of the interview questions is included in this report.
- A confidential online questionnaire completed by 138 shelter staff, advocates, therapists, attorneys and others working with DV victims in Maricopa County. Participation in this 21-question survey, also conducted via the Qualtrics system, was supported by the Arizona Coalition to End Sexual and Domestic Violence, the Maricopa Association of Governments, the Arizona Chapter of the National Association of Social Workers, and the Arizona Coalition for Victim Services. A copy of the questionnaire is included in this report.
- Interviews with 10 current or former executive directors/program managers of Valley shelters. These confidential, one-on-one interviews were conducted at all but one of the Valley's 10 emergency shelters. The interviews were recorded and transcribed. A copy of the interview questions is included in this report.
- Compilation and charting of data from the Valley's 10 emergency DV shelters. These were primarily quarterly data reported by shelter staff to the Arizona Department of Economic Security (ADES). The data include figures over several years for numbers of beds, new requests for service as DV victims, new clients served per quarter, average length of stay, and applicants denied shelter due to a lack of beds.

Background: A Brief Research Review

The past several decades have witnessed a remarkable expansion of research on all aspects of DV, ranging from causes, incidence and impact to victim characteristics and service needs. The following discussion is limited to a sampling of reports that concern the needs of victims who do and do not access emergency shelter. It should be noted that the majority of DV studies – and of those cited here – have dealt with victims who are or have been in emergency shelters. This may tend to skew results in some cases, given that – as noted below and elsewhere in this report – the victims who seek emergency shelter tend to exhibit some different aggregate characteristics from those who do not.

Victim Needs

Among the challenges facing those who serve DV victims is the fact that victims' needs cover a wide range, from the intangible to the concrete. For example, counseling and advocacy are effective (Bennett, Larry, et.al., 2004), as is education about DV. Such services can bolster victims' self-esteem and empowerment, and encourage them to pursue further help-seeking behavior and professional services (Grossman, Susan F., and Marta Lundy, 2011). Victims receiving such services have reported an improvement in their decision-making ability, self efficacy and coping skills (Bennett, Larry, et.al., 2004).

Attitude also matters. Advocates and victims agreed that the way victims were treated mattered as much, if not more, than whether service providers were actually able to provide concrete resources. (Kulkarni, Shanti J., et.al., 2012). Empathy and a caring, respectful attitude remain vital. Today, as more stakeholders and funders call for evidence-based practices, service providers should take care to not operate in a manner that undermines positive provider-client relationships in favor of prescribed techniques, skills, and knowledge (Kulkarni, Shanti J., et.al., 2012).

This may sound obvious. Still, an extensive 2011 study concluded that many DV advocates could benefit from further training in diversity issues, listening without judgment, support for the complexity of survivors' circumstances, and the understanding that many victims want or need to remain in a relationship, at least in the short term. (Lyon, Eleanor, et.al., 2011; see also Schow, Diana, 2008).

Despite the importance of such considerations, most research indicates that most of the needs expressed by victims tend to be more practical in nature. For example, respondents in a four-state study reported their primary needs as information/support, safety, legal advocacy, help with economic issues, and help related to their children. Immigration issues were also noted. (Lyon, Eleanor, et.al. 2011). Another study found similar results, with most victims citing needs such as material goods and services, health-related issues, increased social support, school-related issues, financial needs, transportation needs, employment and legal issues. For victims in the study who had children, 67 percent wanted to address child-care issues, and a similar percentage wanted to address other child-related issues (Allen, Nicole E., et.al., 2004).

Another study also found most victims' needs to be practical ones, including education, housing, transportation, financial help, job training, childcare, and legal assistance. As most victims were economically vulnerable, according to the study, the lack of such assistance was the major reason most victims returned to abusers (Sullivan, Chris M., 1992); Lyon, Eleanor, et.al., 2011).

Underlying these findings is the more general conclusion that, while counseling and advocacy are effective, many DV victims have multiple needs, and are suffering from poverty and homelessness (apart from the consequences of abuse) as well as from the psychological impact of dealing with such issues. (Bennett, Larry, et.al. 2004; Lyon, Eleanor, et.al. 2011).

Shelter Operations

Although most DV victims do not seek emergency shelter (Grossman, Susan F., and Marta Lundy, 2011), shelters remain important centers of respite, counseling, emotional support and other services (Berk, Richard et.al., 1986; Coleman, Stephen 2001; Chanley, Sharon A., et.al., 2001; Bennett, Larry, et.al. 2004; George, Christine, et.al., 2010; Grossman, Susan F., and Marta Lundy, 2011).

But research indicates that many shelters are facing an increasingly challenging clientele. Shelter seekers in a Chicago study, for example, tended to be younger, single, more severely abused, economically vulnerable and more unstably housed than non-shelter seekers (George, Christine, et.al., 2010; Grossman, Susan F., and Marta Lundy, 2011). For most such clients, shelter was truly a last resort.

Another study found that shelter residents displayed higher rates of mental problems and functional impairments, cognitive disorders, forgetfulness, inability to concentrate, affecting their work, school, and social functioning (see Johnson, Dawn M. and Caron Zlotnick (2012). They were also less educated and poorer and used more health services than the U.S. population as a whole (Helfrich, Christine, et.al., 2008). Another study found that many shelter residents were victims of childhood sexual assault and/or childhood physical abuse (Bennett, Larry, et.al., 2004).

Despite such challenges, a study that surveyed shelter directors found most supporting the traditional congregate – i.e., group – shelter approach. They concurred that shelters should be staffed continuously (i.e., 24 hours a day, seven days a week, 365 days a year); have well-established security systems and protocols; prioritize serving victims in immediate danger, and serve all victims regardless of needs or circumstances. They also agreed that rules and regulations were necessary for efficient shelter operations, and that shelter locations should remain confidential (Macy, Rebecca J., et.al., 2013).

On the other hand, some researchers have concluded that advocacy services provided both in and after shelter do not dramatically affect a victim's chance of escaping future abuse. While there are short-term positive results, one study found, the experience did not create long-term change in the lives of victims of abuse (Sullivan, Chris M. et.al., 1994; see also Tan, Cheribeth, et.al. (1995). A Denver-based study did find benefits to victims who received follow-up contacts after shelter (DePrince, Anne P., et.al. 2011). However, another study found that the typical victim's

stay in shelter – perhaps two or three months – is not enough to deal with most victims’ range of needs (George, Christine, et.al., 2010).

Such concerns have helped fuel a movement emphasizing the importance of separate housing for DV victims and their families (Baker, Charlene K., et.al, 2010; Ponic, Pamela, et.al., 2011; Rollins, Chiquita, et.al., 2012; Niolon, Phyllis Holditch, et.al., 2009). The rationale behind this approach derives from the “housing first” model used with homeless individuals and families. One of the earliest efforts to adapt this model to DV shelters was carried out by Home Free in Portland; a subsequent evaluation sponsored by the U.S. Centers for Disease Control and Prevention concluded that quickly placing DV victims in individual apartments and enabling them to access services both there and at community service centers produced a range of positive results.

Closer to home, the DV shelter Emerge! in Tucson has pursued the same model. Emerge! in 2012 closed most of its emergency shelter beds (70 out of 120), and instead sought to place DV victims and their families in subsidized apartments that the victims themselves would choose and where it is hoped they would eventually live on their own. DV victims in immediate danger would still be placed in the remaining emergency shelter or, if that were full, in a hotel or motel. Emerge! officials, after about one year of operation, have concluded that the new model is working well (individual communication) and operating more cheaply than its former traditional model.

This “housing first” approach to DV victims is currently being tried in other places, as well. If successful, it seems likely that these efforts would also accelerate long-standing discussions about greater integration between services provided to the homeless and DV populations (discussed below), which already overlap extensively. (Stoops, Nan, 2013).

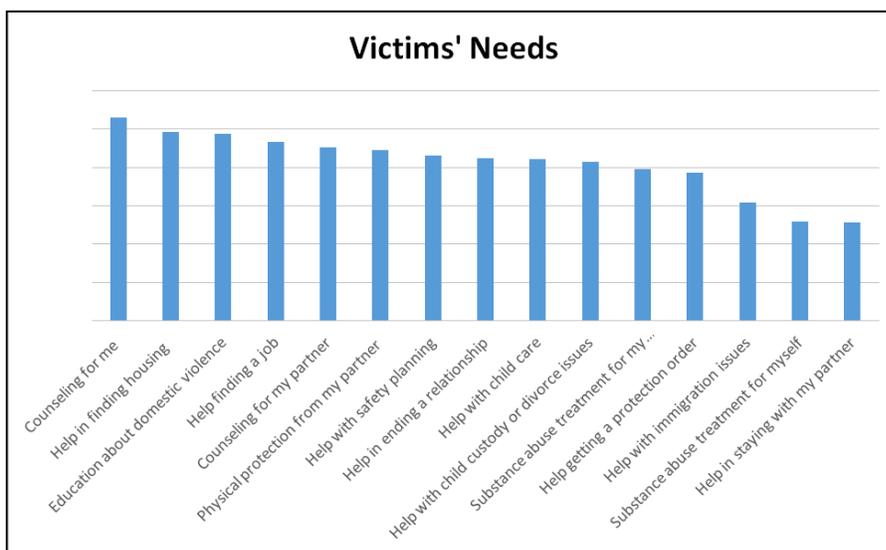
Part I – Survey Results: DV Victims’ Needs

A) Victims’ Needs – Results from the Victim Survey

This section is based on the results of a confidential 21-question survey completed by 389 Maricopa County DV victims in English (81 percent) and Spanish (19 percent) in the spring 2012 and summer 2012. The paper survey forms were distributed through shelter staff, professional therapists, court advocates and other non-residential service providers. Though an effort was made to reach victims who were not in shelter, more than two-thirds (69 percent) of respondents reported that they had been in shelter at some point.

The questions and responses listed here are limited to those in the questionnaire that apply to all victims. Those items more specifically concerning the experiences of shelter residents are covered in Part II of this report.

Figure 1. Counseling, practical needs predominate



The first question asked victims to rank 15 needs as “very needed,” “somewhat needed” or “least needed” by them. The top ranking given to the need for “counseling for me” underlines the simple but central fact that DV victims are people in distress who need help – guidance, advice, information, emotional support, someone with whom to talk through

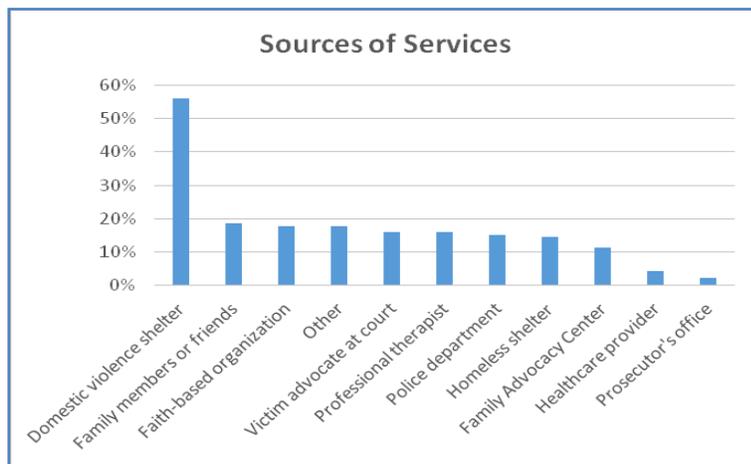
their problems. Exactly what sort of help is less clear, as “counseling” can cover a wide range of subjects, from the spiritual to the concrete. It’s also worth noting that counseling takes place both in residential and non-residential settings.

The remaining top four responses support the view that most victims want help with needs both directly linked to their DV experience and arising from economic concerns. Thus the second- and fourth-ranked needs were for housing and employment, while No. 3 was for “education about domestic violence” and No. 5 was for “counseling for my partner.” Indeed, the relatively low ranking given to physical protection may merit further analysis. Physical abuse is only one of the types of abuse, but it is generally viewed as the most serious – it can, of course, involve criminal behavior – and is the underlying rationale for much of the Valley’s anti-DV effort. Its

relatively low ranking here – and its even lower ranking by advocates in their survey – might suggest the need for more emphasis on other types of abuse.

Still, physical concerns remain much on victims’ minds. In fact, the positions of the fifth- and sixth-ranked needs reflect how many DV victims are pulled emotionally in opposite directions: The need for “counseling for my partner” was followed immediately by “physical protection from my partner.” Next came “help with safety planning” and “help in ending a relationship.” Many Valley victims, it seems, hope for the best while planning for the worst.

Figure 2. Shelters provide most services

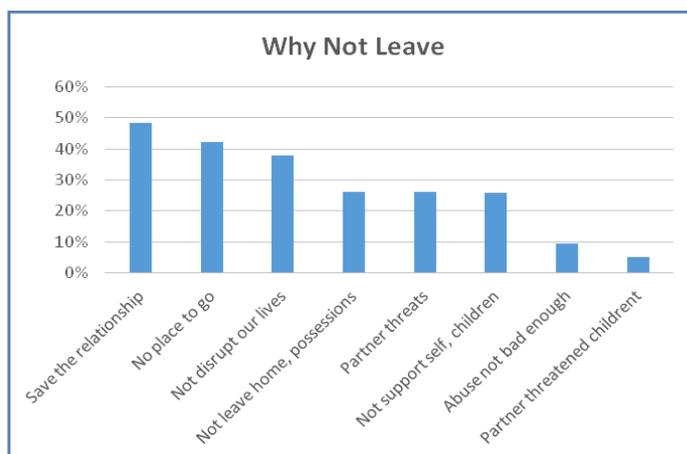


The following two rankings return to economic/legal concerns – child care and legal issues. Next came another interesting juxtaposition: “substance abuse treatment for my partner” – seemingly reflecting an effort to save a relationship – was followed by “help getting a protection order,” which usually, though not always, arises from the opposite intent. The overall lack of interest in preserving their relationships is of course most clear

in victims’ last-place ranking of “help in staying with my partner.”

It’s also worth noting that, for whatever reasons, immigration issues did not loom large among these victims’ concerns. Asked where they received services, by far the most common response (54 percent) was “domestic violence shelter.” This reflects the primary role Valley shelters play in providing non-residential as well as residential services. It also likely reflects that fact that approximately two-thirds of victim respondents were in or had been in shelter. The next three choices – “family members or friends,” “other” and faith-based organization” – were essentially tied. The “other” category included a wide range of sources, including women’s support groups and advocates at court. A note of caution: Some of the sources written in by victims in the “other” category were also among the choices presented to them.

Figure 3. Many victims want to salvage the relationship

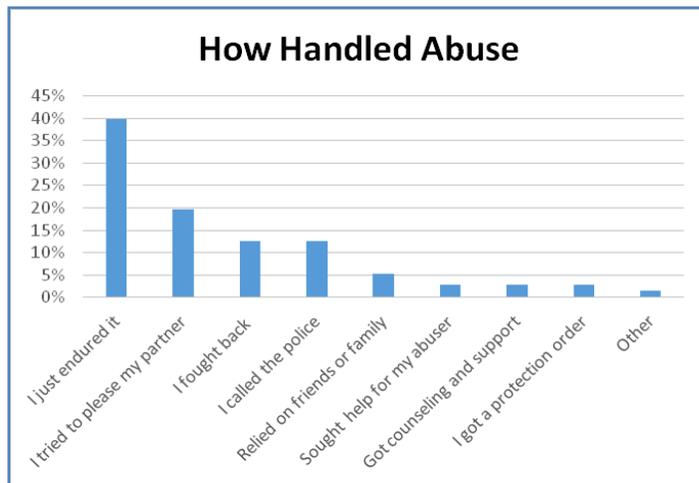


The responses to Figure 3 seem again to illustrate the dilemma facing many DV victims who hope to preserve a relationship and have little recourse if they cannot. Asked to list up to three

The responses to Figure 3 seem again to illustrate the dilemma facing many DV victims who hope to preserve a relationship and have little recourse if they cannot. Asked to list up to three

main reasons why they did not leave an abusive relationship, the most common response (48 percent) was “I wanted to save the relationship,” followed closely (42 percent) by “I had no place to go.” Most of the remaining choices echoed the themes of lacking an alternative and not wishing to disrupt their and their children’s lives. Interestingly, relatively few (26 percent) of responses concerned fears of physical injury by abusers, despite research findings that victims tend to be at a higher risk of injury at the time of leaving a relationship. And very few respondents (5 percent) expressed concern that an abuser would hurt their children.

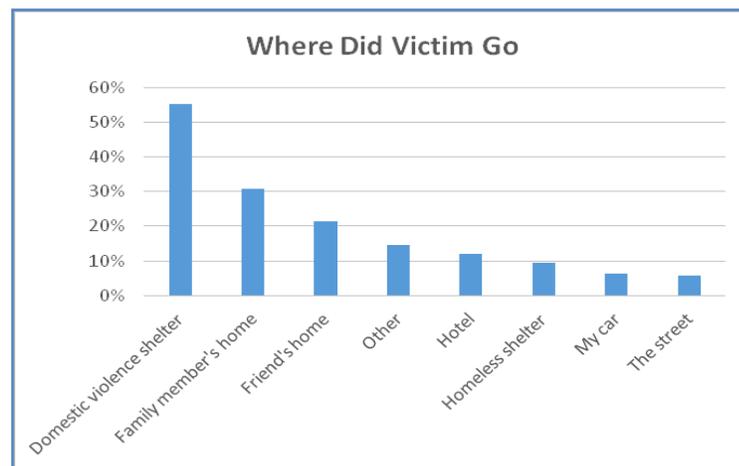
Figure 4. Many victims endure abuse



The responses to this question offer a troubling glimpse into the life of abuse experienced by an unknown number of Valley DV victims. Victims who did not leave abusive relationships were asked, “What was the main way you coped with abuse?” The most frequent responses reflected resignation, endurance and appeasement. Fully 40 percent of victims said, “I just endured it,” while another 20 percent said, “I tried to please my partner more.” These were followed by two more active responses: “I fought back” (13 percent)

and “I called the police” (13 percent). Then the response frequencies dropped off sharply, with few victims saying they got help from counselors or the legal system. This suggests that a greater effort should be made to provide services to the large population of DV victims who suffer in silence, neither reporting their abuse nor seeking counseling or other aid.

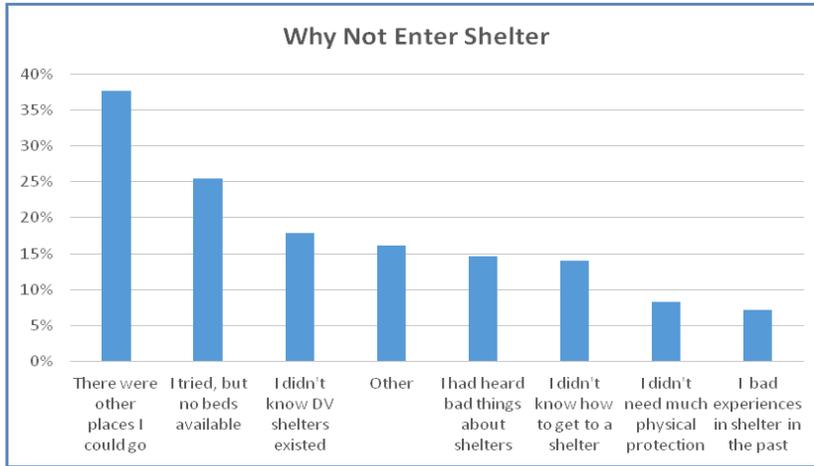
Figure 5. Shelters remain a prime refuge



Valley shelters clearly play a major role in victim service, given that they were named in 55 percent of the responses to this question, far more than any other option. As noted above, however, this outcome is likely somewhat affected by the preponderance of current and former shelter residents among the respondents. “Family member’s home” came next at 31 percent and “friend’s home” at 21 percent. Entries in the “other” category, named in 14 percent of responses,

included victims who said they stayed in their homes and made the abuser leave, found another place to live, or left the state.

Figure 6. Shelters not victims' first choice

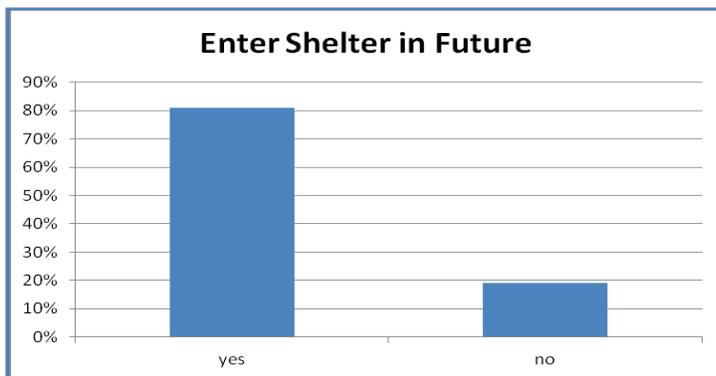


Other research – and some elements in this report – indicate that, despite their central role in combating DV, shelters are a last resort for many or most victims. Asked why victims did not enter shelter, more than a third of responses (38 percent) were from individuals who said they had family or friends to take them in.

In addition, 22 percent of responses were from victims who had either heard bad things about shelter or had had negative experience there in the past. However, 25 percent of the responses were from victims who said they were denied shelter due to a lack of beds, 14 percent of responses were from victims who didn't know how to access shelter, and 18 percent were from those who said they didn't even know shelters existed; this last response argues for a continuing robust publicity campaign concerning Valley DV services.

The “other” category included victims who said they didn't enter shelter because they had their own homes, because they didn't want to further disrupt their children's lives, or because they were “scared” or “embarrassed” about going to shelter.

Figure 7. Victims open to using shelters



Despite whatever misgivings they may have, and despite any negative attributes ascribed to shelters, an overwhelming majority of respondents, 81 percent, said they would consider entering shelter in the future. Only about 1 in 5 respondents said they would not. This fits with most residents' positive reviews of shelter services (*see Advocates' Survey*).

B) Victims' Needs – Results from the Advocates' Survey

This section is based on a confidential online questionnaire completed in the spring-summer of 2013 by 138 shelter staff, advocates and others working with DV victims in Maricopa County. This survey was distributed with the assistance of the Arizona Coalition to End Sexual and Domestic Violence, the Maricopa Association of Governments, the Arizona Chapter of the National Association of Social Workers, and the Arizona Coalition for Victim Services. A copy of the questionnaire is included with this report.

Respondents included shelter staff, crisis-response team members, attorneys, court advocates and members of other non-profit organizations. In fact, the most common self-descriptive category chose by respondents was “other,” which they said includes crisis-response team members, lawyers, transitional housing sites and professional counselors. A note of caution is in order here: Several respondents used the “other” category to write in “DV shelter,” suggesting that the listed choice of “emergency shelter” may have been interpreted by some as meaning a homeless shelter. The respondents included many individuals with college-level and higher degrees; they are located in more than 40 ZIP codes across the Valley.

The questions and responses listed here are limited to those in the questionnaire that apply to all victims. Those items more specifically concerning the experiences of shelter residents are covered in Part II of this report.

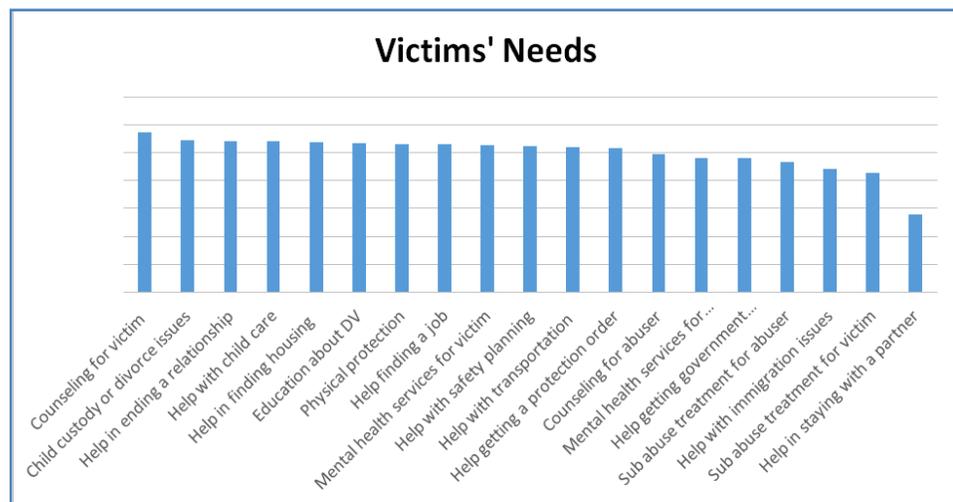
Figure 8. Top needs are for counseling and practical aid

The first question asked advocates to rate a list of 19 victim needs as “most needed” by victims, “somewhat needed,” or “least needed.”

The top ranking given to the need for “counseling for the victim” echoes

the survey responses by victims, who also placed counseling first. However, the significance of this agreement must be tempered by the fact that, as noted above, “counseling” can cover a wide range of topics.

Following “counseling,” the rankings offer evidence that, in most advocates’ view, most DV victims’ greatest needs are economic and legal ones – help with legal issues, child-care, housing,

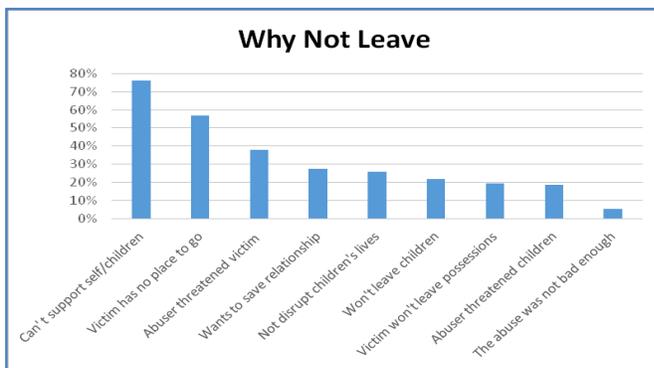


employment, etc. This is similar to the responses of victims themselves, though the latter gave a bit more weight to personal needs as well. The advocates’ ranking suggests that they see many or most DV victims as sharing basic needs with the Valley’s wider population of lower-income, under-educated, unemployed individuals and families. Otherwise, the most striking survey result was the relatively low priority given to victims’ need for “physical protection.”

Mental-health and substance-abuse issues – especially among shelter residents – are commonly cited as severe problems for victims and impediments to treatment. The advocates responding to this survey, however, assigned them distinctly different levels of importance: “mental health services for the victim” ranked highly, while “substance-abuse treatment for the victim” was second from the bottom. Also ranking at the bottom of the responses were needs associated with helping abusers or preserving relationships. The respondents gave low priority to counseling and mental health/substance abuse treatment for the abuser, while “help in staying with a partner” was viewed as least-needed of all.

Finally, as in the victims’ survey, immigration issues did not figure prominently in the advocates’ version of victims’ needs.

Figure 9. Victims lack economic means to escape



The responses here again stressed economic barriers. Asked to cite the most important reasons (up to three) why victims do not leave abusive relationships, respondents most commonly cited the victims’ practical need for support for them and their children; this was followed by the related concern of having no place to go. Third, at 38 percent of all responses, came the issue of threats from the abuser.

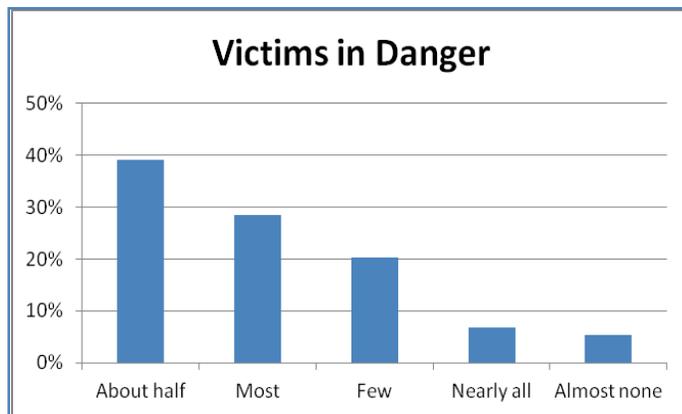
Interestingly, the fourth option most commonly cited was a victim’s desire to save the relationship, a sentiment that came in last in the victims’ survey above.

Figure 10. Most rely on family and friends



This item reinforces the generally accepted view that even most DV victims who flee an abusive relationship seek refuge with family and/or friends. About a third of responses (32 percent) cited shelter, 55 percent cited a family member’s home and 18 percent cited friends.

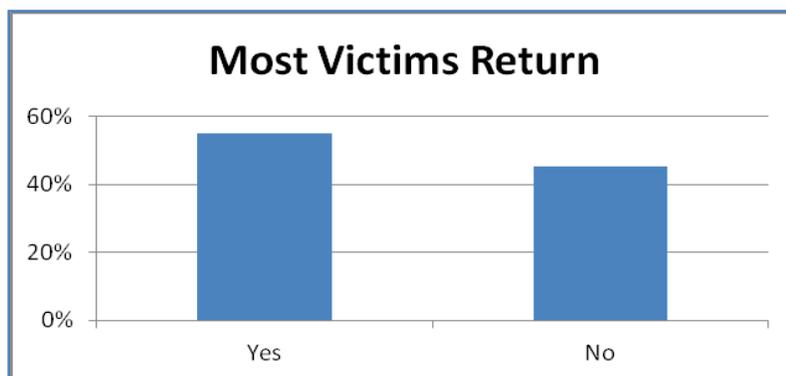
Figure 11. Degree of physical danger is disputed



The responses to this question – “What percentage of the victims you assist are in immediate physical danger” – underline the diversity of experience and opinion that exists among Maricopa County advocates and others those who work with DV victims. In answer to this basic question, most respondents (39 percent) chose “about half;” however, 28 percent chose “most” while another 20 percent chose “few.” At the extremes, 7 percent said “nearly all” victims are in danger, while nearly as many, 5 percent,

answered “almost none.” These mixed results suggest that this issue – so important for shaping the Valley’s overall response to DV – requires further analysis.

Figure 12. Most victims will remain with abuser



The divergence of opinion noted above surfaces again in the responses to the question, “Do most victims expect to remain in – or resume – an intimate relationship with their abuser?” More than half, 55 percent, of advocates answered yes, while 45 percent said the opposite. It’s worth remembering, however, that many DV victims remain

with their abusers for some period of time before leaving – perhaps aided in that decision by counseling – and that many victims leave and return several times before finally ending a relationship. In any case, the responses to this question lend support to the “advocacy beyond leaving” approach to victim assistance.

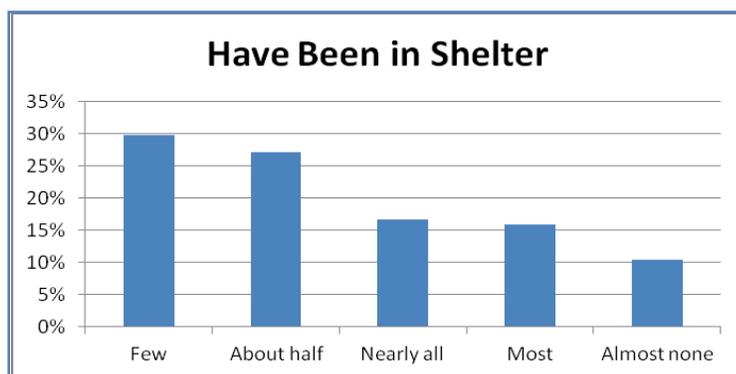


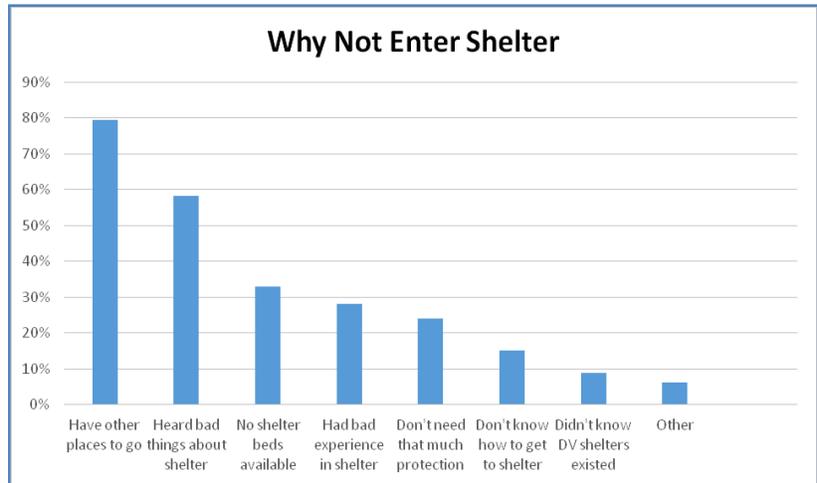
Figure 13. Most victims do not use shelter

Again, advocates’ views and experience diverge over the question, “About how many of the victims you assist stay in a DV shelter at some point?” Nearly a third of respondents (30 percent) answered “few,” while nearly the same percentage, 27 percent, said “about half,” 17 percent chose “nearly all,” 16 percent

answered “most” and 10 percent answered “almost none.” While these varying answers reflect the diversity of respondents, they also lend further credence to the view that most DV victims receive services, if at all, in places other than shelter.

Figure 14. Victims prefer options other than shelter

The role of family and friends is again highlighted in the responses to this and the following question. Asked the most common reason victims fleeing abuse don’t enter shelter, the most common advocate response (78 percent) was that they had family or friends to turn to. The next most common response (58 percent) was that “they have heard bad things about shelters;” another 28 percent



of responses said the victims themselves had had bad experiences in shelters. On the other hand, other fairly common responses indicated that victims were turned away from shelter for lack of beds (33 percent), or either didn’t know how to access shelter or didn’t know shelters existed.

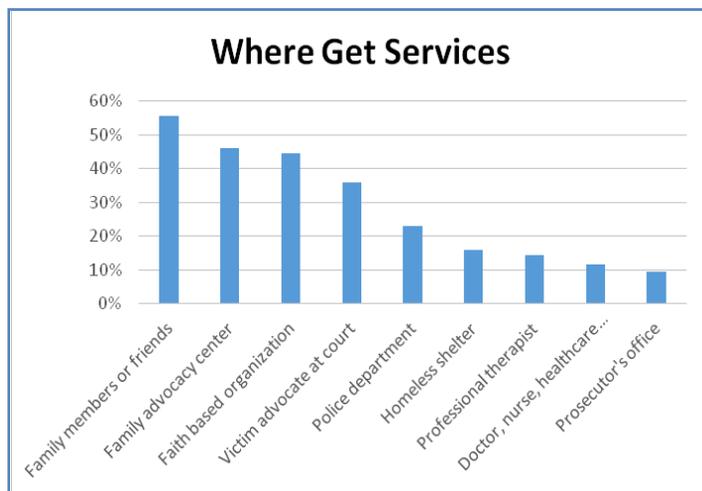


Figure 15. Most victims get help from family and friends

Again, “family members and friends” was the most common choice (46 percent). However, this was followed fairly closely by family advocacy centers (46 percent) and faith-based organizations (45 percent). The prominence of faith-based organizations in these responses might signal that these groups could play a larger role in providing services to DV victims.

PART II. SHELTERS

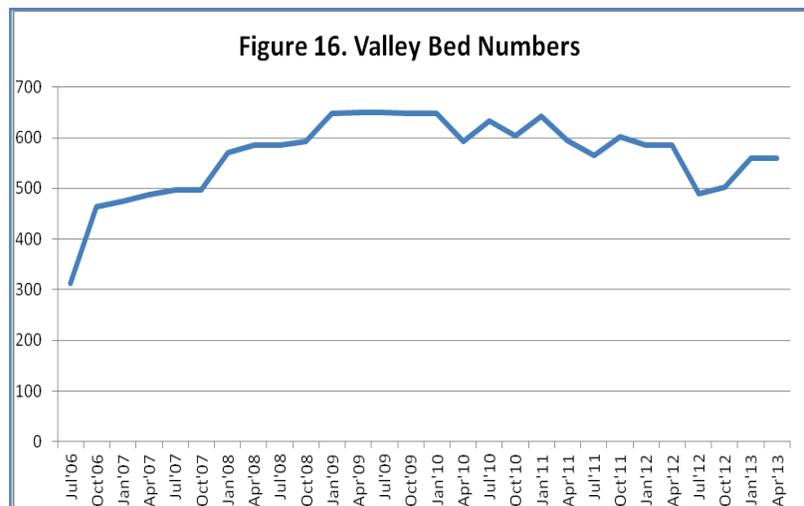
A) Shelters by the Numbers

Maricopa County's 10 emergency shelters have long served to anchor Valley efforts to assist victims of DV. Here as elsewhere, the early shelters emerged as new social institutions created to meet victims' needs that frequently went unmet or ignored. Often begun by *ad hoc* coalitions of survivors, advocates and veterans of the civil-rights and anti-rape movements, shelters offered victims physical safety, counseling and emotional support, education about DV, and help in deciding their next steps. The shelters and the advocacy they supported also helped raise public consciousness about the culture's systemic dominance of women by men.

The Valley's emergency DV shelters discussed in this report are non-profit institutions operated independently or as affiliates of larger organizations such as UMOM or the Salvation Army. Together they currently offer approximately 550 emergency beds (there are additional transitional beds), almost entirely in congregate settings that are staffed 24 hours a day. Their annual budgets range from several hundred thousand dollars to about \$6 million. The majority of their support comes from public sources, according to their directors, with the federal government being the single most important funder. At the state level, the Arizona Department of Economic Security (ADES) is the primary funder.

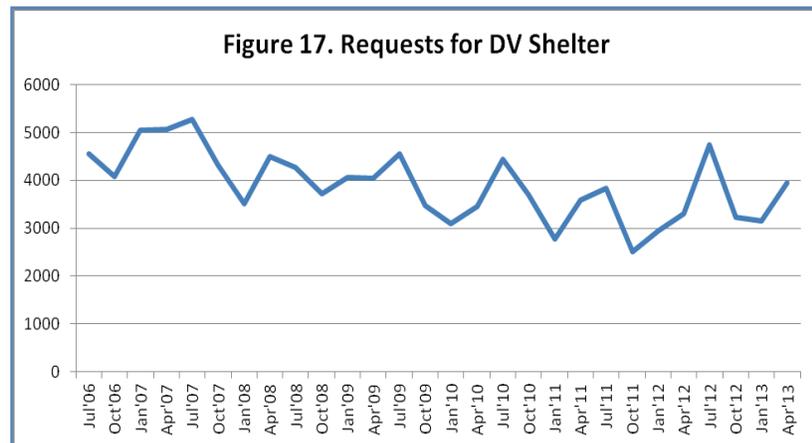
Shelters today remain central to the Valley's efforts against DV, and most respondents to this study's survey of victims gave high marks to their shelter experiences. But shelters are also expensive to operate, and, in the Valley and elsewhere, are not utilized by the majority of DV victims. To help frame the issue of Valley shelters' future role, it's worth noting several descriptive measures of the residential services they have provided over the past few years. Unless otherwise specified, the following data are those reported by shelters to the Arizona Department of Economic Security, Division of Aging and Adult Services, Domestic Violence Program (ADES).

Bed Numbers Grow. During the past seven years, Maricopa County has witnessed a remarkable public response to the plight of DV victims. In 2006, the Valley had about 300 emergency shelter beds; alarming accounts of victims being turned away for lack of space drove advocates and political leaders to make expansion of shelter capacity a top priority. By 2009, Valley beds had roughly doubled to 650; they have since declined to about 550 today (*Figure 16*). The current figure represents an 80 percent increase over 2006. Several new DV shelters opened during this period, while one consolidated its two locations into one.

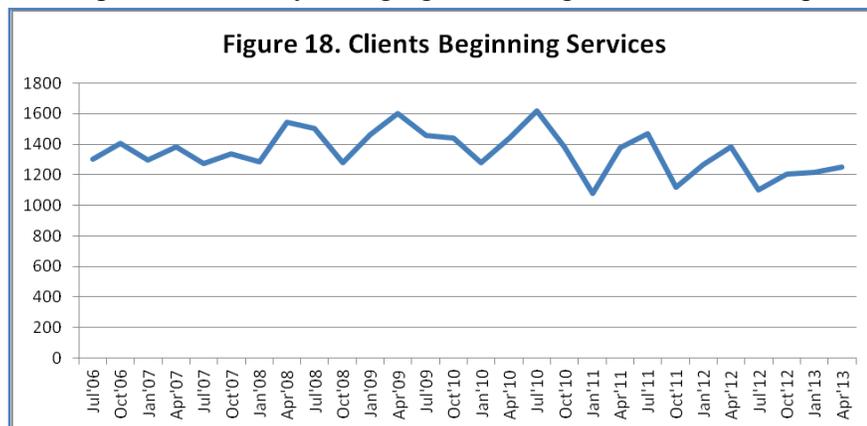


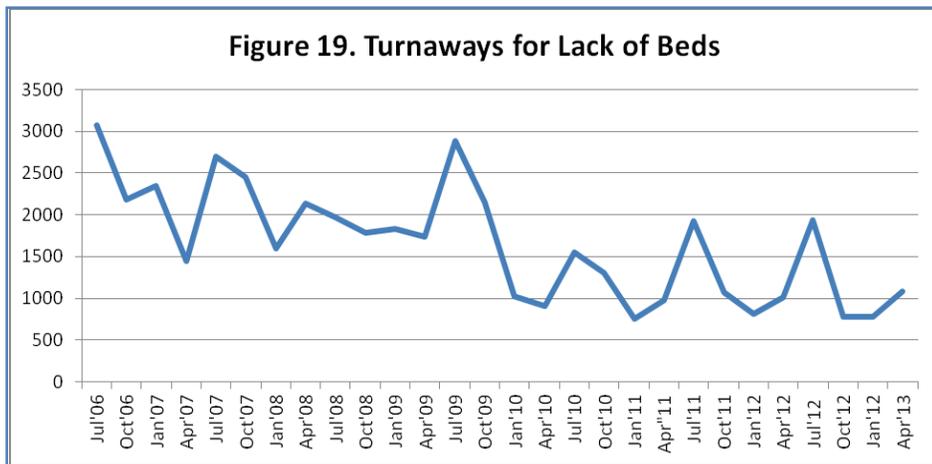
Requests for Shelter Decline. As the number of emergency shelter beds rose, however, the reports of Valley victims seeking shelter did not. During the past six years, figures reported by the shelters to DES reveal a decline in aggregate quarterly requests for service by DV victims (*Figure 17*). It is important to note that these figures are not unduplicated; that is, a single victim might call several shelters seeking a bed, thus being recorded as several “requests.”

In any case, the frequency of requests follows a fairly regular annual cycle. The highest point reported during this period was 5,274 requests in the quarter beginning in July 2007; the lowest point was 2,508 for the quarter beginning October 2011. Looking at the period as a whole, the quarterly requests for service declined from 4,556 in the quarter beginning July 2006 to 3,938 for the quarter beginning April 2013, a decrease of 14 percent.



New Clients Served Remains Flat. A similar pattern is seen in the reported numbers of new clients beginning services per quarter (*Figure 18*). These numbers are presumably unduplicated, as a victim entering one shelter at a given time would not also be counted elsewhere. This measure also displays a series of peaks and valleys, ranging from a high of 1,621 in the quarter beginning July 2010 to a low of 1,080 for the quarter beginning January 2011. Overall during this period, the number of new clients reported per quarter declined 4 percent, from 1,302 for the quarter beginning July 2006 to 1,251 in the quarter beginning April 2013.



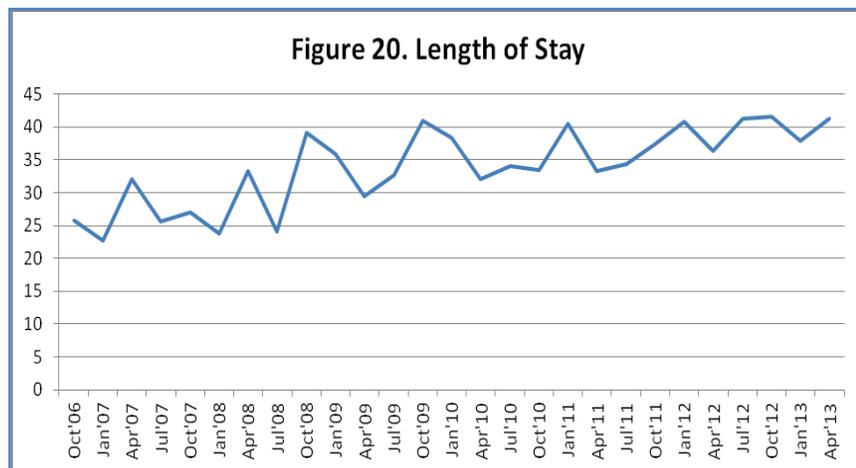


Turnaways Decrease. Another measure exhibiting a downward movement during the past six years is the reported number of applicants denied shelter due to a lack of beds (*Figure 19*). The highest number reported during this period was 3,075 for the quarter

beginning July 2006; the lowest was 760 for the quarter beginning January 2011. Overall, the numbers of reported turnaways declined during this period from 3,075 to 1,077, or by 65 percent. The figures contained in this measure are not unduplicated; that is, a single applicant could be reported as being turned away from several shelters while seeking a bed.

Length of Stay Goes Up.

One measure showing an increase during this period is residents' average length of stay (*Figure 20*). The highest reported aggregate figure since 2006 was 42 days, in the quarter beginning October 2012; the lowest figure was 23 days in the quarter beginning January 2007. Overall, the reported average length of stay increased from 26 days in the quarter beginning October 2006 to 41 days for the quarter beginning April 2013, or by 58 percent.



Some Beds Remain Available. An additional sense of the usage of Valley shelter beds can be gained from the daily open-bed counts recorded by Arizona 211 (formerly CONTACTS), the shelter “hot line.” The hot line has been the main entry point for most individuals seeking emergency shelter in the Valley. Several times daily, the Valley’s shelters advise Arizona 211 staff of their numbers of available beds in order to speed the process of serving incoming victims. These numbers have been monitored over time by DVSTOP, an agency that places DV victims for short stays in motels and hotels until shelter beds become available. For planning purposes, DVSTOP took the highest open-bed figure reported to Arizona 211 each day, then averaged that figure for the month. A four-year excerpt from these calculations is shown as

Figure 21. The figures follow no clear pattern, but suggest that, on any given day, at least a scattering of beds are open throughout the Valley shelter system, and on some days a substantial number.

Figure 21. Average Daily Bed Availability, by Month, Fiscal Years 2008-2011

FISCAL YEAR 2008											
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
44	37	50	75	63	64	100	153	157	127	50	62
FISCAL YEAR 2009											
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
40	42	38	59	43	24	37	68	52	62	63	54
FISCAL YEAR 2010											
Jul	Au	Sept	Oc	Nov	Dec	Jan	Feb	Mar	Apr	May	June
y	g		t								
30	27	34	59	109	99	91	99	57	81	63	66
FISCAL YEAR 2011											
Jul	Au	Sept	Oc	Nov	Dec	Jan	Feb	Mar	Apr	May	June
y	g		t								
38	33	36	55	69	70	31	49	65	68	50	42

Source: DVSTOP

The data above raise two central questions: 1) Has the Valley been witnessing a decline in the demand for emergency shelter? 2) How can the decreasing frequency of requests, new clients and turnaways fit with Valley shelters' persistent reports of being full to capacity?

A definitive response to the first question is doomed by the lack of reliable data concerning the incidence of DV. Various estimates exist, but they tend to differ widely. And the U.S. Justice Department estimates that only about half of all violent crimes are ever reported to police; DV is thought to be an especially underreported crime. Still, the trends contained in the above data do suggest that, at the least, the number of individuals seeking emergency shelter in the Valley has leveled off or dropped, in a county that has continued to experience overall population growth during this period. If true, this could explain the drop in turnaways.

This is, of course, conjecture based upon data reported by a variety of individuals functioning in a decentralized network of separately operated institutions. A single, centralized data system would seem likely to provide better results; it is possible that the Valley's current initiative to centralize intake screening and to reduce or end duplication of DV victim-counts will help clarify the nature of the Valley's sheltered population and its demand for both residential and non-residential services.

Matching beds with clients. The second question is more challenging. There seems to be no clear relationship among the trends for aggregate numbers of beds, requests for service, new clients served and turnaways. For example, the gradual introduction of new beds (and the subsequent withdrawal of some) do not appear to have affected the other measures in any discernible way. The number of beds reached its highest point in January 2009, but requests for service and new clients served continued to rise and fall.

The rise in average length of stay could at least in part explain why Valley shelters remain full despite reported declines in applications and new clients. If clients on average are staying longer – as was also reported by most shelter directors/program managers interviewed for this report – shelters could remain full even in the absence of large numbers of new applicants.

Figure 21, availability of beds, is more difficult to assess. Several shelter directors/program managers suggested that the numbers reflected the fact that different shelters' living quarters are configured in different ways that might not always fit a particular victim's needs. For example, some shelters offer spaces reserved for families and thus not open to individual applicants. Those beds would thus remain open.

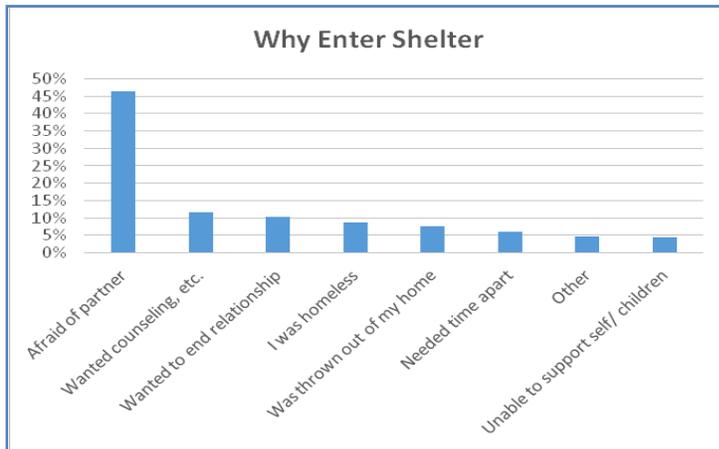
They also cited incidental and temporary closures of beds for cleaning, fumigation, etc. It is of course to be expected that any large coalition of institutions serving a transient population would often – if not always – carry some percentage of vacant beds. However, the large size of some months' numbers recorded by DVSTOP suggests that some victims may be needlessly being denied services and that the system would be well served by improvements in the tracking of open beds.

B) Results from the Victims' Survey

This section is based upon the results of a confidential 21-question survey completed by a convenience sample of 389 Maricopa County DV victims in English (81 percent) and Spanish (19 percent) in the spring and summer of 2012. The paper survey forms were distributed through shelter staff, professional therapists, court advocates and other non-residential service providers. Though an effort was made to reach victims who were not in shelter, more than two-thirds (69 percent) of respondents reported that they had been in shelter at some point.

The questions and responses listed here are limited to those in the questionnaire that apply to victims who were or had been in shelter. Questions concerning the needs and experiences of all victims are covered in Part I (above) of this report.

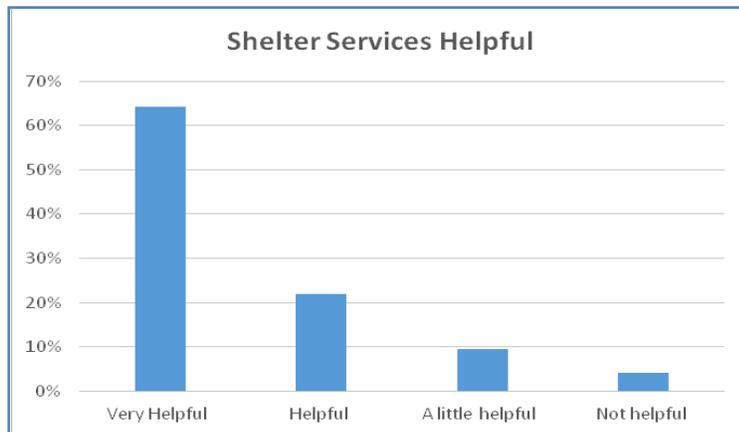
Figure 22. Fear drives victims to seek shelter



The responses to this question – “what was your single most important reason for entering shelter?” – reflect a strong concern for physical safety, with nearly half (46 percent) of all respondents answering, “I was afraid my partner would hurt me or my children.” This records a higher concern with physical safety than noted in the ranking of needs by all victims (above), and fits with research indicating that shelter residents tend on average to have suffered more

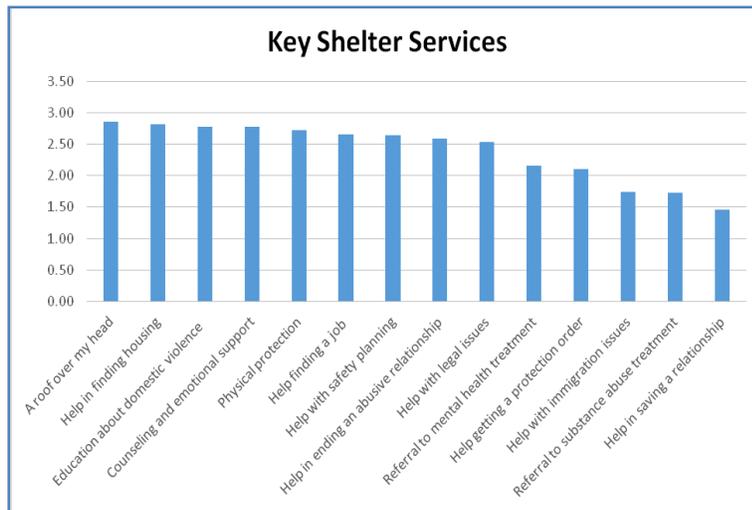
severe abuse than non-shelter residents. None of the other responses – desire for counseling, homelessness, etc. came close to this primary reason.

Figure 23. Shelters get high marks from residents



These responses were overwhelmingly positive, with 65 percent of victims calling shelter services “very helpful” and another 22 percent citing “helpful.” These are more supportive than the similarly positive responses given by advocates to this question (*see below*). A fuller discussion of residents’ feelings is contained below in the open-ended responses to the survey question No. 15 about improving shelter services.

Figure 24. Most shelter residents value practical aid



Asked to rearrange a list of shelter services in order of importance to them, residents provided rankings that are generally similar to those cited as needs by all victims (see Figure 1 above). In this case, however, the basic service of providing “a roof over my head” took first place (as opposed to “counseling” cited by all victims). The second and third entries were the same in both lists – “helping in finding housing” and “education about domestic violence.” For shelter residents, No. 4 was

“counseling and emotional support,” followed by “physical protection,” “help with safety planning,” and then “help with finding a job.” As with the rankings provided by all victims, the importance given physical protection was less than might be expected. Also in keeping with the rankings by all victims, relatively low importance was assigned to protection orders, immigration issues and substance-abuse treatment.

Figure 25. Child-care, privacy top residents’ complaints

“Lack of child care” – an issue frequently raised by advocates, directors and residents – topped the list of negative shelter experiences, followed by “lack of privacy” and “conflicts with – or concerns about – other residents.” This latter issue may reflect the common observation by advocates and staff that shelter residents include increasing numbers of individuals with mental-health and/or substance-abuse problems. The issue of children surfaces again in the next-listed problem, “the monitoring of children.” This is followed by difficulties in adjusting to shelter rules and getting along with shelter staff. In general, however, the mean scores of these rankings indicate that most respondents’ complaints are relatively minor.

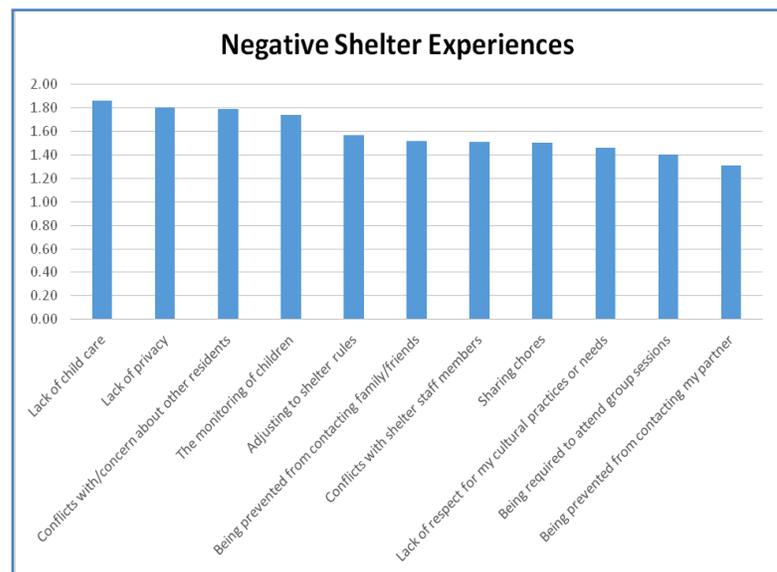
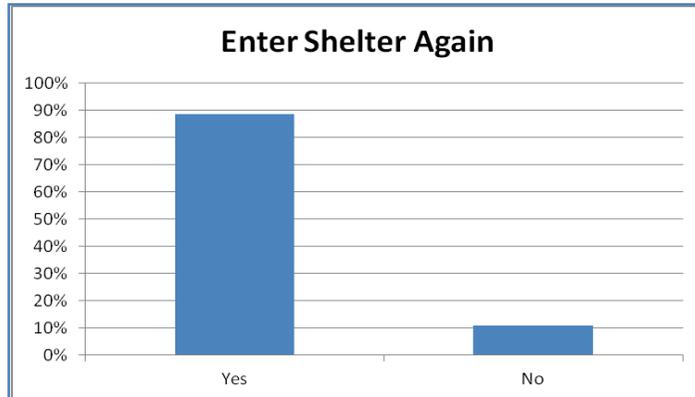


Figure 26. Most would enter a shelter again



Shelter residents’ general satisfaction with services is reflected in their overwhelmingly positive responses to this question – “Would you consider entering a shelter again.” Fully 89 percent of respondents answered “yes,” the highest positive score in the survey.

Victim Survey Responses to open-ended Q15: “Based on your experience, how can domestic violence shelters offer better services?” (154 responses after cleaning)

While responses to this question varied widely, one common sentiment was captured by a resident who wrote: “Staff [should] talk to the victims with respect because they are not in their good state of mind being in there. Treat them with love and respect [and with] encouragement for them to look at the positive and move ahead, [not] going back to the abuser.”

By far the most commonly mentioned specific need was for child care: “Help provide child care so we can go out and look for work and housing,” one victim wrote in a typical comment. Child care would also enable shelter residents to attend classes. “It’s hard to leave my son for an hour by himself [during a class],” one wrote. “It worries me.” A number of respondents also mentioned the need for better supervision of children in shelter. One suggested: “Give families open supervision of each others’ children with permission of parents.” Transportation was a related concern: “[Provide] monthly bus passes and have extra Valley Metro transit books available,” one wrote, “or offer to photocopy the routes that will be used.”

A plea for more resources. Many comments called for more basic shelter resources, such as more computers to help with job searching; free cell phones or voicemail; more comfortable places for bigger families; better food; more privacy; and more support when a client first arrives: “Sometimes we leave [home] with nothing and it would be helpful to have hair dryers and toys for the kids to play with and some snacks for kids to eat.”

Other comments concerned various shelter operations:

- better mediation between residents
- zero tolerance for violence: “Don’t expect residents to stand up to residents with a history of violence and aggression; to do so is very dangerous.”
- on-site classes for children “who understand what domestic violence is”

- “more adult supervision of adults due to stealing”
- more intensive screening of incoming clients, and “not letting a domestic violence shelter become a rehab [facility]”
- letting more victims know that shelters exist: “The only thing I can think of [that] they could do better is by letting people know they’re there.”

Counseling was frequently mentioned in victims’ comments; in general, respondents wanted more of it, especially to help motivate them. A number of respondents asked for – as one put it – more “one-on-one intensive, personalized counseling.” Others suggested more 12-step groups, behavioral health counseling for children, and more education about DV to “let you know you’re not alone and [that] your partner’s behavior is common.” Another often-mentioned goal: “Help us study and get ready to move forward – study something basic to use every day.”

Comments, pro and con. There was no shortage of critical comments, mostly concerning what some respondents perceived to be undertrained and/or uncaring shelter staff members. A few examples:

- “[T]he staff do not care; they are just there to make their 40 hours a week; they are disrespectful and they treat the residents like shit.”
- “Staff members [should] have better training about the effects of DV. Also have a course on compassion.”
- “I realize that they [staff] tend to become numb ... [but they] can be very rude and unapproachable.”
- “...I was left feeling like I was the abuser. I lost my house, my way of living and forced into [what] at times almost seems like jail.”
- “Staff should be or become certified or trained better within the area of counseling, not just someone needing a job.”
- “Staff members are not qualified to handle a majority of situations. There was constant coughing and sickness among women/children. There were mentally ill women placed among children. There were violent women who threatened and intimidated others.”

But there were even more favorable comments. Many of these were short and simple, such as “I had everything I needed here,” and “I feel they are doing a great overall job,” and “I appreciate [the] well-trained staff and rules and regulations being enforced.” Others went on at greater length:

- “I think shelters provide a beautiful service that has so much value. It has changed me and my life. I’m very thankful.”
- “Here they help you out a lot with everything. I felt safe [and] there is a lot of counseling, legal support, etc.”
- “This place has changed my life. I ... have a college degree, but I was torn down. Since then I have gotten a great job, my kids are happy. While I have a way to go, I owe it all to this program.”
- “You guys here need no improvement. Everyone is nice, caring and sympathetic to everyone’s needs.”

Residents must help themselves. A few of the comments also reflected the view that shelter services do the most good for residents who themselves strive to turn their lives around. “I feel [shelter staff] help us very much, [but] some of the clients don’t want to do what’s needed,” one wrote. Another wrote: “...I have been helped wisely and enough, but then again I’ve pushed myself to move forward with my life...” A third summed up the sentiment this way: “From what I’ve seen, the services of domestic violence shelters are very good as long as the [residents] work the program to the best of their advantage.”

Finally, a few respondents touched upon a issue that all shelters and clients face: What happens next? “[Shelters should] give more help for when you have to leave,” one wrote. Another echoed that: “[Shelters should] try to make sure you have help after you get out of shelter.” And another respondent urged shelters to operate on “... a longer timeframe. It takes a lot to learn and change your thinking [and to] get emotionally and financially ready to be on my own.”

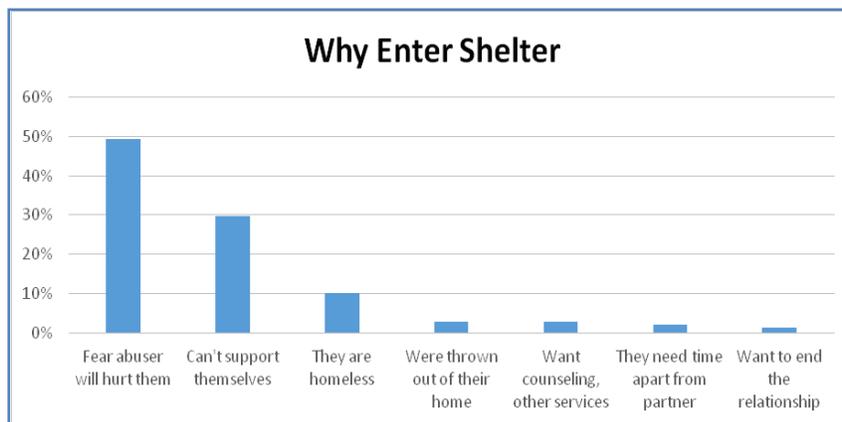
C) Results from the Advocates' Survey

This section is based on a confidential online questionnaire completed in the spring-summer of 2013 by 138 shelter staff, advocates, attorneys and others working with DV victims in Maricopa County. This survey was distributed with the assistance of the Arizona Coalition To End Sexual and Domestic Violence, the Maricopa Association of Governments, the Arizona Chapter of the National Association of Social Workers, and the Arizona Coalition for Victim Services. A copy of the questionnaire is included with this report.

Respondents included shelter staff, crisis-response team members, attorneys, court advocates and members of other non-profit organizations. In fact, the most common self-descriptive category chose by respondents was "other," which they said includes crisis-response teams, lawyers, transitional housing sites and professional counselors. A note of caution is in order here: Several respondents used the "other" category to write in "DV shelter," suggesting that the listed choice of "emergency shelter" may have been interpreted by some as meaning a homeless shelter. The respondents included many individuals with college-level and higher degrees; they are located in more than 40 ZIP codes across the Valley.

The questions and responses listed here are limited to those in the questionnaire that apply to DV victims who have been residents of Valley shelters. Those items concerning the needs of all victims are covered in Part I of this report.

Figure 27. Physical protection tops shelter residents' concerns

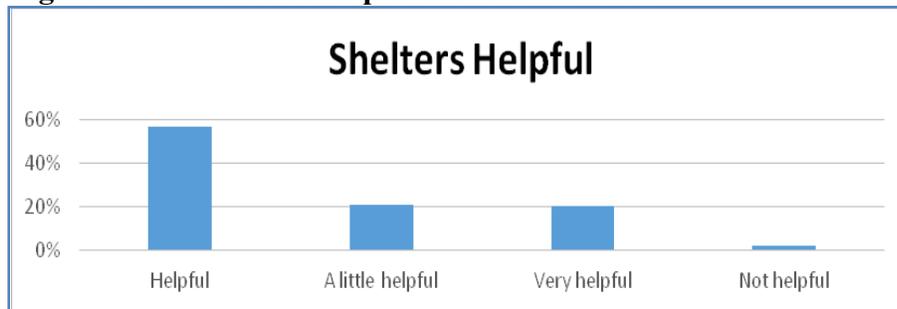


Unlike in some other areas of this report, the responses to this question clearly emphasize a concern for physical safety. Asked to name "the single most important reason most victims seek emergency shelter," half (49 percent) of respondents chose "They fear their abuser will hurt them or their children."

This should not be

surprising. Studies elsewhere (Helfrich, Christine, et.al., 2008; George, Christine, et.al., 2010; Grossman, Susan F. and Marta Lundy, 2011) have concluded that DV victims who utilize shelters tend to exhibit some collective differences from those who do not – including greater severity of violence experienced. This would logically be reflected in the high priority placed by shelter respondents on physical protection. The following two reasons cited involved economic issues: "They are unable to support themselves and their children" (30 percent) and "They are homeless" (10 percent).

Figure 28. Most residents praise shelter services

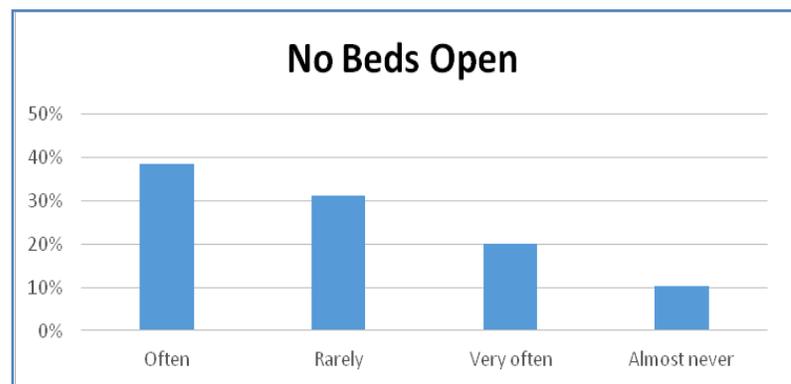


In any case, advocates responding to the survey believe shelter residents to be generally pleased with the services they receive. Asked how helpful the services are for victims, 57 percent of respondents answered

“helpful,” while 21 percent chose “a little helpful” and 20 percent responded “very helpful.”

Figure 29. Divided views on numbers of turnaways

A crucial question underlying the entire Valley effort against DV is how to determine the “right” number of emergency shelter beds. Unfortunately, addressing this issue has been hampered by a lack of unduplicated data on turnaways.



The division of experience and opinion on this issue among advocates is revealed in the response to the question, “How often are victims seeking shelter turned away because of a lack of beds?” Most respondents (39 percent) said “often,” but another 31 percent answered “rarely.” The divisions continued in the other responses, with 20 percent saying “very often” and 10 percent answering “almost never.”

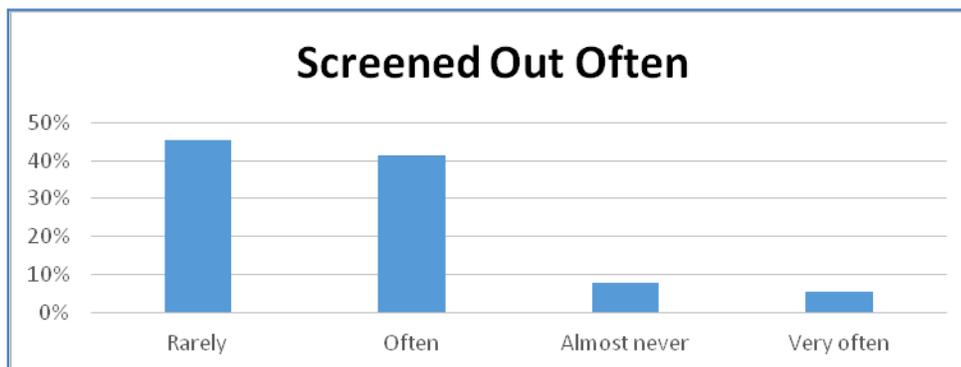


Figure 30. “Screening out” remains a disputed issue

Similar divisions appeared in advocates’ responses to the question of how often applicants are “screened out” of

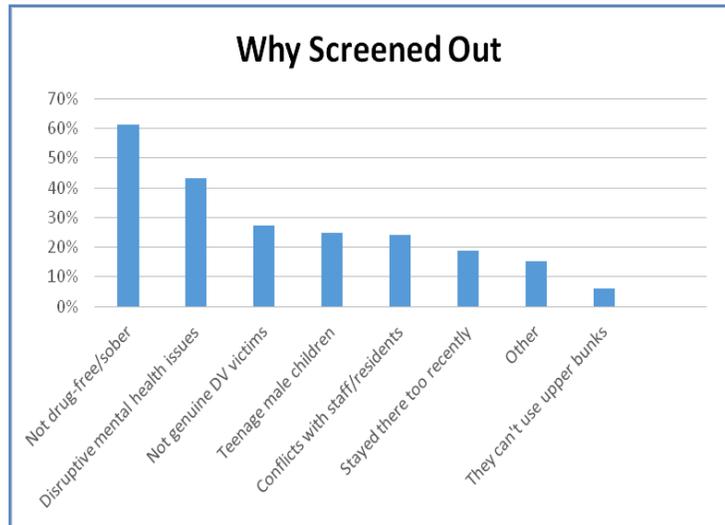
shelter for reasons other than lack of beds. The largest group, 45 percent of respondents, answered “rarely,” but an almost equal portion, 42 percent, chose “often.” Another 8 percent said “almost never” while 5 percent answered “very often.” These are large differences.

It may be that the respondents are simply reflecting their institutions' own procedures and experiences. If so, however, this raises the question of whether such divergent practices should exist among the Valley's 10 emergency shelters. The question is particularly timely as virtually all the shelter directors/program managers interviewed for this project said that their institutions had been loosening or abandoning their more restrictive rules and were increasingly committed to "screening in" rather than "screening out."

Figure 31. Substance abuse, mental health are prime concerns

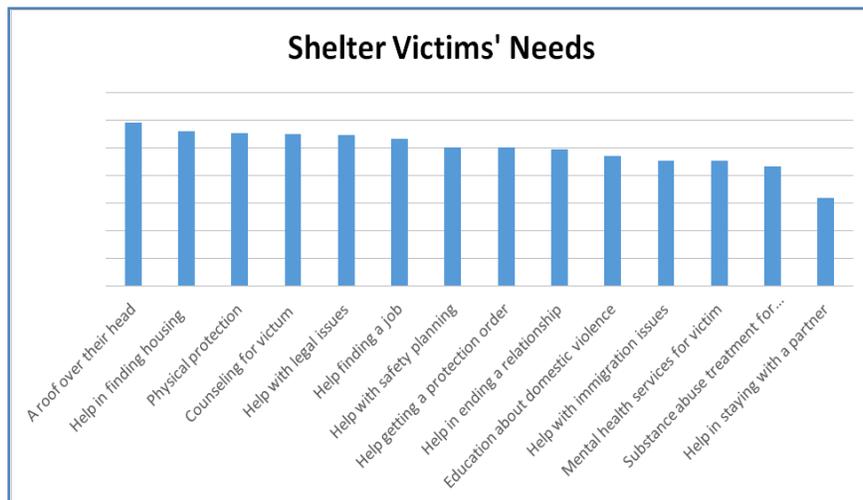
No such divisions marked the responses to the question concerning the principal reasons applicants are screened out. Most respondents, 61percent, said applicants were most commonly screened out because "they weren't drug-free and/or sober."

Another 43 percent said, "they had disruptive mental health issues." The shelters continue to wrestle with the issues of drug/alcohol abuse and mental disorders among residents; most directors agreed (*see section D below*) that such "co-occurring disorders" have become an increasingly frequent problem in recent years.



On the other hand, the third most common response to the question, "They don't seem to be genuine DV victims," raises questions about how and by whom such determinations are made and, again, how much their criteria vary across the different shelters.

Figure 32. Practical issues concern most residents



Advocates were asked to rank 14 services in their order of importance for residents. Here, as with the survey's first question, economic and legal issues seemed paramount. Counseling, which was ranked first by advocates for all victims (*Figure 8*), lost its top position to shelter and housing concerns.

On the other hand, “physical protection” ranked higher in this list than it did when all victims’ needs were considered. As in that listing, however, advocates placed “saving the relationship” in last place.

Figure 33. Child-care tops residents’ concerns

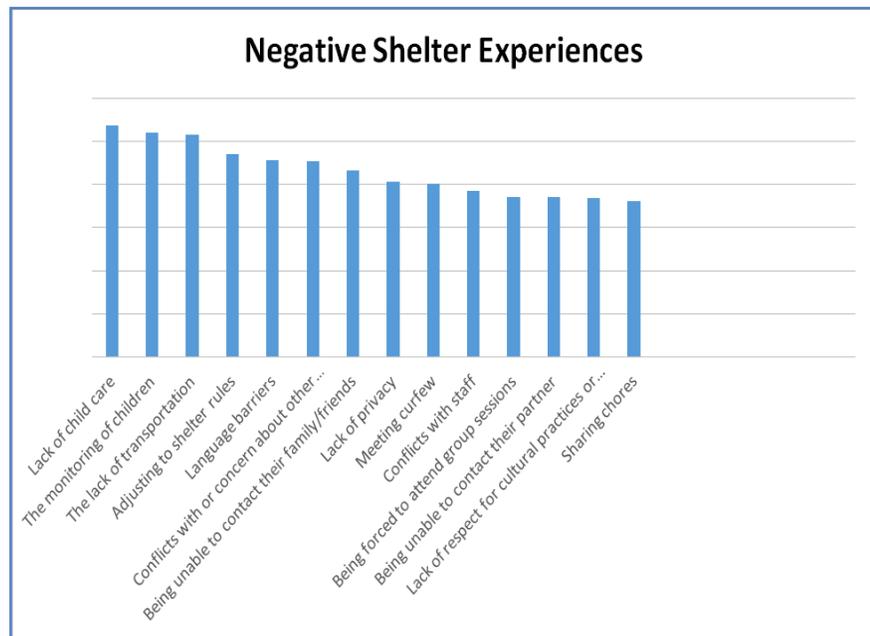
This question asked advocates to rank a number of negative shelter experiences in order of how important they believe them to be for residents. Here two issues stand out:

The first is the lack of child care at most shelters, a subject that came up often in this research. As cited above, a number of residents expressed frustration that

they were unable to leave their children in safe hands while either attending classes and training or going out in pursuit of legal needs or employment opportunities.

A close corollary to that concern was the complaint that some shelter residents failed to adequately monitor their children.

Thirdly, the lack of transportation again affects residents’ ability to seek out opportunities – employment, education, housing, etc. – to help them move on with their lives. In general, however, the advocates’ responses to this question indicated that they believed most shelter residents were satisfied with their shelter experience (as indicated in Figure 28 above) and that their complaints were relatively mild ones.



D) Results from Shelter Directors* Interviews

This section is based upon confidential one-on-one interviews with current and former directors of nine of the 10 Valley shelters. For the most part, the victim needs discussed here were those of shelter residents, as opposed to the larger universe of all DV victims. The interviews were conducted with the understanding that directors would not be named or otherwise identified. A copy of the interview questions is attached to this report.

The directors unanimously agreed on the Valley's fundamental and continuing need for emergency shelter beds. Nearly all said that their institutions are essentially always full and that they continue to turn applicants away on a regular basis. Major victim needs mentioned by most directors were counseling, DV education and emotional support. "It's about building up some self-esteem for them," one director said. "We have groups, and we see a lot [of victims] who, when it cuts to the chase, really don't think very much of themselves."

The directors also cited practical needs – such as child-care, housing, education, transportation, parenting classes and legal help – as common and important for victims. These needs, they said, can be met both through community-based services and in shelter. "[Victims] all have different needs," one said. "There are women who have jobs who are educated and they don't usually need a place to come and stay." These victims need classes that people in the community can attend, she said. "Maybe they're ... not ready to leave [an abusive relationship]. So once they feel confident enough so they can take that step, there is the shelter if that's what they want, or other assistance."

The directors expressed mixed views on the urgency of physical protection for victims. Asked to estimate what percentage of their current shelter residents were in immediate physical danger, two directors placed it as high as 60 percent, while most named figures around 30 percent or below. However, one director who estimated that only 10 percent of her shelter clients was in imminent danger added, "The problem is that you don't know which 10 percent." A typical comment came from another director who contrasted past and present attitudes: "[Years ago], safety was like a huge deal," she said. "Right now, we have so many clients who come and go and who are very comfortable, who feel safe in the community – well, what is [their] safety issue then?"

There was no disagreement among interviewees about the frequency and seriousness of victims' needs for help with mental health and substance abuse issues. "The majority of people in shelter are people who have multiple problems, and DV is one of them," one said. She added that many of these victims had also suffered childhood abuse, rape or molestation – as was acknowledged by some of the victims individually interviewed for this report.

Several directors also cited another need that they said was common among victims: motivation to move on with their lives. "Motivating clients to get a job is our biggest challenge," one said. "[Some seem] comfortable going from shelter to shelter..." Another director said, "I would say probably 75 percent of the time that is our significant challenge."

A third director concurred. “Our significant barrier is that [residents] do not want to work. And the only way to make them self-sufficient, to ... do some learning, do some growing and do some goal-setting and achieve some things is to make them self-sufficient.”

All of the directors said that both emergency shelters in Maricopa County and their clients have changed significantly in the past five to 10 years. The shelters, they said, have loosened or abandoned many rules concerning admission, residents’ duties and conduct. The client population, meanwhile, has increasingly included individuals with mental health and substance abuse disorders.

“When I came in ... we were screening out at ridiculous levels,” one director said in a typical comment. “We were screening people out, kicking people out, terminating people ... [We had some] really harsh rules.” Another said: “We had this bizarre rule ... that you had to stay at the shelter for a certain period of time once you come in, that you can’t leave because you’re in too much danger.”

Today, the directors said, their shelters focus on “screening in” rather than “screening out” applicants. For example, they no longer automatically reject those who arrive (or return) under the influence of alcohol or drugs, and they make a greater effort to accommodate applicants with mental health disorders. Similarly, they said, they don’t routinely expel residents who violate curfew, refuse to attend counseling sessions, or contact their abuser.

“We moved to a more ‘victim-centered model,’” one said. “[For example,] we don’t prohibit contacting an abuser, because we know it’s going to happen anyway, and we’d rather [residents] had a safe place to talk about those interactions and to safety plan.” And as another director put it: “We know we did a huge disservice in the past by screening too many people out [because] when we changed our screening criteria and stopped asking about substance abuse, etc., we really weren’t getting a different population; they just weren’t lying to us any more about it.”

One director said such changes have in part been driven by changes in the nature of shelter applicants. “There is a difference between the people we are working with now and the people we worked with 15 years ago,” she said. “They’re in shelter, but [today] they still want to own their own lives and take charge of their own lives. ... It seems that people are a lot more telling you what will or won’t work and what they’re going to do and what they’re not.”

Most directors supported a continuing central role for traditional congregate shelters. “The congregate [approach] I think is absolutely the most healing, best, most effective way of long-term change,” one said “Providing services for victims in motels won’t work, because the victim will be isolated and [eventually] call the abuser.”

Another said: “I wouldn’t say it’s congregate shelters vs scattered-site [housing]. ... It really depends on what your presenting issues are. Some [clients] can function independently while others cannot. Some will need support for a long time, while others can do rapid re-housing.”

Location secrecy, or “confidentiality,” has been a long-standing concern for shelters – and violating it can still result in expulsion – but most directors agreed that their locations are not, in

fact, secret. “This place secret?” one said. “We’re not delusional enough to think that it’s secret.” Another said: “I always wanted to believe that we were a very safe, secure, confidential location. The reality of it is that we’re not.” Still, the directors were unable to recall more than a scattering of instances over years of operation in which abusers visited or tried to enter a shelter where his/her victim was staying.

The directors agreed that there is much overlap between DV and homeless populations – with both needing such services as healthcare, legal help, education, employment assistance, low-cost housing, child care and transportation. Currently, two Valley shelters serve both populations, and both report that they do so successfully and with less duplication of services. Some directors believe this model should be expanded. “A lot [of clients] on our homelessness waiting list are from DV shelters,” one said. “Why aren’t they [the DV shelters] ending that homelessness?” However, another director urged caution about integrating the populations. “With the homeless population, the emphasis is on telling them what to do. With DV, the focus is on asking questions and supporting them in their own decisions. So there was a big clash in the way you approach it.”

There were also mixed views about the growing emphasis on moving DV victims into individual housing, rather than keeping them in congregate shelters. One director who supports the policy said, “I think the longer people are in a hospital, the longer people are in a shelter or any type of institutionalized setting, the worse their symptoms become.” But another director was not optimistic. “There will be a push to get [clients] into permanent housing which won’t do a darn bit of good because they don’t really want to work, and you have to work to have permanent housing,” she said. “... Permanent housing is only a solution for maybe 2 percent of the people that [Valley] shelters serve.”

Responses were also mixed concerning ADES’ increasing funding of non-residential services by shelters. Most directors supported the idea, but said it should not take funding away from victims’ primary need – shelter. “Until there’s enough money to fund shelter for women who are clearly in danger,” one asked, “why invest in anything else?”

* Titles vary among shelters. In this section, the titles “executive director” and “director” are used for convenience to also include program managers and other high-level shelter operators.

PART III. ISSUES FOR DISCUSSION

A) Context. As noted above, one goal of this report is to help victims, advocates, public officials and other stakeholders address important questions concerning the ongoing effort against DV in Maricopa County. The data and analyses presented above are not meant to support any particular approaches to serving DV victims. However, it may help frame the discussion to note several contextual points that seem to enjoy general agreement:

- The Valley’s population is expected to continue growing rapidly, and to contain high proportions of residents at both ends of the age spectrum – youths and elders. It is also expected to remain a relatively low-income population, and to become increasingly Hispanic.
- The governor and Legislature do not seem likely to provide substantially more funding for DV victims in the near future. The federal budget disputes and other national political conflicts suggest that federal dollars are also unlikely to significantly increase.
- The Valley’s 10 emergency shelters are institutions supported by millions of dollars annually in public funds. It is incumbent upon stakeholders to assess the nature and degree of public responsibility for supporting these institutions – as for other publicly supported agencies such as Child Protective Services – and determine the most efficient ways of doing so.
- The Valley will continue to need a substantial number of emergency shelter beds. No one at present can identify the “right” number of beds with any certainty. And future policy changes and population trends could affect the size and nature of the shelter population. But the need for a continuing role for emergency shelter is clear.
- At the same time, shelters’ role in providing residential services will continue to be a limited one. The majority of the Valley’s DV victims will, as today, either cope without help or rely on family and friends. This suggests that the biggest challenge facing the anti-DV community is reaching out to a wider circle of underserved DV victims.
- Whether sheltered or not, many or most Valley DV victims form part of the much larger population of Americans also struggling with broader social ills such as poverty, unemployment, low educational attainment, residential instability and lack of health insurance. Even the most creative changes in DV policies and funding will not resolve this underlying social pathology.
- The U.S. Department of Housing and Urban Development (HUD) is committed to promoting a “housing first” or “rapid re-housing” approach to problems including homelessness, indigents’ mental illness and DV. This commitment will likely influence the distribution of federal funds and, thus, the direction of DV policies.
- Decisions concerning DV policies in Maricopa County are hampered by limitations on reliable data. The current pilot project centralizing intake screening for most Valley shelters should – if continued and expanded – be a valuable step towards improving knowledge about victims and policies.

B) Rankings Review: A comparison of the top 15 needs for all victims:

Victims' Survey Ranking	Advocates' Survey Ranking
Counseling for me	Counseling for the victim
Help in finding housing	Help with divorce or custody issues
Education about DV	Help ending an abusive relationship
Help in finding a job	Help with child care (t)
Counseling for my partner*	Help in finding housing
Physical protection from my partner	Education about DV
Help with safety planning	Help in finding a job
Help in ending a relationship	Physical protection from the abuser (t)
Help with child care	Mental health services for the victim
Help with child custody or divorce	Other (barrier-free, crisis intervention)
Sub abuse treatment for my partner	Help with Safety Planning
Help getting a protection order	Help with transportation
Help with immigration issues	Help getting a protection order
Substance abuse treatment for myself	Counseling for an abuser
Help in staying with my partner	Mental health services for the abuser

* The "other" category that ranked just above this item was omitted because it had only 6 responses.

t = item was tied with item above it

C) Questions for Discussion

- How can Valley advocates and officials reach out more effectively to the many DV victims who do not currently seek services?
- What's the significance of the fact that, according to ADES figures, the demand for emergency shelter in the Valley seems to have remained flat or in decline, while the county's overall population continues to grow and its emergency shelters continue to report themselves as full?
- One shelter metric that has risen in recent years is average length of stay – which presumably reduces bed availability for new clients fleeing abuse. Should shelters consider placing shorter and stricter time limits on length of stay?
- Should Valley shelters seek greater uniformity in their policies and services, or should they continue to offer a variety of residential settings and programs?
- Should Valley shelters support the permanent adoption of centralized intake, like that currently being piloted by DVSTOP? Should all shelters be required to participate?
- The experience of Emerge! in Tucson suggests that better initial screening/counseling of shelter applicants can result in many of them finding safe and effective alternatives to entering shelter. Is this another argument in support of a single shelter intake portal and specially trained staff?
- Should advocates, shelters and other stakeholders collaborate in creating new, highly publicized “service centers” – some located at existing shelters – that would strengthen the effort to provide “one stop” community-based services to the majority of DV victims who do not enter shelter?
- What explains the sharp disagreement among advocates/shelter staff over how often victims are turned away for lack of beds and/or “screened out” for other reasons?
- Many or most of the needs identified by victims and advocates are practical ones. Should shelters seek to hire (or otherwise gain better access to) professionals and experts in the areas (housing, jobs, education, etc.) most often named in the surveys?
- There is general agreement that mental illness and substance abuse among victims are the two most disruptive issues facing shelters and advocates; should a special effort be made to hire clinical experts in these areas whose services could be shared among shelters?
- How, if at all, can the Valley DV shelter community move to better serve the needs of victims of sexual assault and trafficking? Can services to these victims be integrated into the DV service infrastructure?

- Should DV advocates pursue greater integration of services and resources with providers of homeless services, perhaps – as in two cases now – on “campuses” that serve both populations?
- Despite the promise of the “housing first” approach to DV victims, there is likely to be a portion of the victim population too needy, overwhelmed and traumatized to succeed in independent living. How large is that population and how can it best be served?
- Have some Valley shelters become *de facto* indigent housing facilities where needy victims and families are “parked” until other options – including other shelter beds – open up?
- Should shelters modify their operations to ease rules concerning location secrecy and physical security?
- How can advocates/shelter staff better motivate victims to pursue employment and educational opportunities?

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APPENDIX 1: Alternative Shelter Models

OREGON

In Portland, the non-profit organization Volunteers of America (VOA) Home Free operated an DV emergency shelter until 2003. According to its history, the agency decided to change its model because:

- residents too often left the shelter only to go to another or to some other temporary arrangement
- women with mental health, substance abuse and/or other barriers were not able or likely to access the shelter; and
- the expense of running the shelter reduced funds for providing other services to victims.

VOA closed its shelter in 2003 and began offering rent assistance with permanent housing and long-term DV advocacy. The VOA Home Free rent-assistance program offers victims financial assistance with all or a portion of the rent in permanent housing of their choice, coupled with long-term advocacy. Child and youth advocates accompany adult advocates on home visits to provide advocacy support for children and ensure they are receiving the services they need. VOA advocacy services include interaction with a number of social service systems, including legal and law enforcement, child welfare, immigration, healthcare, public schools and others. Advocates accompany victims to appointments and hearings, assist with navigating these systems, and speak on women's and children's behalf when necessary to secure needed services or relief.

<http://www.voar.org/Learn-About-our-Services/Children-and-Family-Services/Home-Free>.

For information on the SHARE study, see

https://www.legis.iowa.gov/DOCS/LSA/SC_MaterialsDist/2013/SDBAL030.PDF

IOWA

According to the Iowa Coalition Against Domestic Violence,* permanent housing is the most common need of DV victims, and more Iowa victims are today seeking it rather than traditional emergency shelter. While Iowa still needs to have emergency shelter available, the coalition concludes, “asking the majority of [DV] victims to change their lives in 45 days (average shelter stay) is not reasonable or successful.”

Instead, the coalition reports it is emphasizing permanent housing combined with advocacy services, shifting away from “focusing our funds and our philosophy on ‘shelter building’ and a ‘come to shelter’ philosophy.” Advantages of this shift include:

- Limited resources go to those with greatest need rather than first come, first served
- Extended advocacy involvement with victims
- Victims better able to access “mainstream benefits”
- Victims are able to make their own choices about where to live
- Advocates spend more time providing services, and less time enforcing, managing, cleaning and cooking

* <http://www.icadv.org/>. See also Iowa Department of Justice (2013), *Strategic Funding & Services Plan for Iowa Domestic Abuse and Sexual Abuse Services*; <http://victimservicegrant.iowa.gov/Documents/Strategic%20Funding%20&%20Services%20Plan%20DV-SA.pdf>

TUCSON**

Portland's housing-first model prompted the launch of a similar approach to DV services just 100 miles south of the Valley. Until 2012, Emerge! operated two congregate DV shelters in Tucson, one with 50 beds and the other with 70. In 2012, Emerge! closed the 70-bed shelter and began focusing more heavily on providing non-residential and housing services to Tucson DV victims.

The agency's decision rested on several major factors, including:

- the conclusion that most DV victims do not use shelter
- research claiming success for Portland's Home Free program
- the conclusion that most Emerge! clients were not in immediate physical danger
- the belief that a "housing-first" approach would better serve male and LGBT clients
- calculations that "housing-first" would be cheaper than the congregate approach

According to CEO Ed Mercurio-Sakwa, Emerge!'s current operation consists of 1) a housing program that seeks to place victims in affordable housing and provides financial support and services for approximately 1 year; 2) a 50-bed congregate shelter; 3) a hotel/motel voucher program for at-risk victims who can't immediately fit in the shelter; and 4) two community sites offering a range of counseling and advocacy services for non-residential victims.

As of October 2013 – after about 1 year of operation – Mercurio-Sakwa said no formal outside review existed to evaluate the program's success. However, he said that the roll-out process was going smoothly. He said a recent count found about 55 heads of households and 80 children who had been through or were still in the housing program; other clients either dropped out or finished their need for assistance. Some of these other clients, he added, might still be using the agency's community-based services.

Mercurio-Sakwa said one key to the program's operation is that staffers taking hotline calls from victims seeking shelter ask more extensive questions of applicants and try to point out resources and options other than congregate shelter. As a result, he said, many applicants realize that what they really need is housing and community-based services, rather than emergency shelter, and that they have safe places to go that they didn't articulate before.

Is Emerge! turning away a higher percentage of shelter applicants than before? Mercurio-Sakwa said it was not, because those applicants who concluded that they needed services other than shelter are considered to have "withdrawn" their applications; the result, he said, is that Emerge!'s turnaways – in these terms – have actually declined.

In its housing program, Emerge! prompts victims to find the housing they want and to deal initially with the landlords; the shelter only intervenes when necessary, which Mercurio-Sakwa said has been rare. “The idea,” he said, “is that this is not *our* apartment, it’s theirs.” He said Emerge! has no set date on when to withdraw financial assistance, but started with a nine-month period (as did Home Free); he said they are willing to extend it for a year.

Mercurio-Sakwa said he was not aware of any failures so far in the housing program. Emerge! did not, as of October 2013, have cost figures to compare with its previous model. Mercurio-Sakwa said he was certain that the agency was saving money, although the hotel/motel program was costing it more than originally anticipated. He said Emerge! is usually full at the shelter and hosting about 15 people in the hotel/motel program. He said the average length of stay in the shelter is about 50 days and has been trending up for several years; for the hotel/motel program, the average is about 10 days.

**October 2013 interview with Ed Mercurio-Sakwa

APPENDIX 2: Letter inviting victims to take survey (English)



A R I Z O N A S T A T E U N I V E R S I T Y

Needs of Domestic Violence Victims in Maricopa County Request to Fill Out a Confidential Questionnaire

Dear Participant,

I am a researcher at the Morrison Institute for Public Policy at Arizona State University, and am inviting you to participate in a research project about the needs of, and services for, domestic violence victims.

The goal of my study is to better understand the most important needs of domestic violence victims, both those who use emergency shelter and those who choose not to. I am asking you to complete the attached confidential questionnaire, which should take about 10 minutes. If by chance you have previously completed this same survey, I ask that you please not do so again.

Your participation in this study is voluntary, and you must be 18 or older to do so. It is OK for you to say no. Choosing not to participate will not affect your legal standing or eligibility for services. Even if you agree to participate, you are free to withdraw from the study at any time. If you choose to stop at any time, there will be no penalty.

There are no direct benefits to you for filling out this questionnaire. However, the answers you provide may help our society obtain a deeper understanding of domestic violence and of how best to meet its victims' needs — and thus benefit other victims and their children. Please note that all the information you provide is **strictly confidential**. I am not asking for your name. In fact, I ask that you place the completed questionnaire in the envelope provided and seal it; I will pick it up later. The results of this survey may be used in reports, presentations and publications, but only as a group, not as any one person's responses. The actual form you complete will be secured in a safe place at Arizona State University.

If you have any questions concerning the research study, please contact me, Bill Hart, at 602-496-0214 or whart@asu.edu. If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at 480-965-6788.

Return of the completed questionnaire will be considered your consent to participate.

Thank you very much for your help.

APPENDIX 3: Letter inviting victims to take survey (Spanish)



Necesidades de las Víctimas de Violencia Doméstica del Condado de Maricopa Solicitud para Llenar un Cuestionario Confidencial

Estimado participante,

Yo soy un investigador en el Instituto Morrison de Política Pública de la Universidad Estatal de Arizona, y estoy invitando a participar en un proyecto de investigación acerca de las necesidades y los servicios para las víctimas de violencia doméstica en el Condado Maricopa.

La meta de mi estudio es entender mejor las necesidades más importantes de las víctimas de violencia doméstica, tanto los que utilizan albergues de emergencia y los que no eligen asistir. Este paquete incluye un cuestionario confidencial que yo estoy pidiendo que complete. Estoy pidiendo más - como un asunto aparte - si usted estaría dispuesto a participar en una breve entrevista confidencial en inglés o español por un investigador entrenado de ASU.

El propósito de la entrevista sería obtener más información sobre las necesidades de las víctimas de violencia doméstica y deseos del Valle. Al igual que el cuestionario, la entrevista es completamente voluntaria, y usted debe tener 18 años o más para participar. Está bien que complete el cuestionario y diga no a la entrevista o decir no a ambas. La elección de no participar en cualquiera de los dos no afectará su situación legal o elegibilidad para los servicios. Incluso si usted está de acuerdo en participar, usted es libre de retirarse del estudio en cualquier momento. Si decide parar en cualquier momento, no habrá penalización.

Por favor, tenga en cuenta que todas sus respuestas en la entrevista serán **estrictamente confidenciales** - incluyendo su nombre e información de contacto. Las respuestas a la entrevista pueden ser utilizadas en informes, presentaciones y publicaciones, pero sólo junto con todas las respuestas de los otros entrevistados, ningún individuo será identificado o señalado. Sus respuestas acerca de la entrevista e información relacionada serán aseguradas en un lugar seguro en la Universidad Estatal de Arizona.

Una tarjeta de regalo de \$ 20 se ofrece como compensación por su tiempo.

Si usted tiene alguna pregunta relacionada con el estudio de investigación, por favor póngase en contacto conmigo, Bill Hart, al 602-496-0214 o whart@asu.edu. Si usted tiene alguna pregunta sobre sus derechos como participante en este estudio, o si usted siente que ha sido puesta en riesgo, puede contactar a la Presidencia de la Junta de Revisión Institucional Sujetos Humanos, a través de la oficina de ASU de Integridad de la Investigación y Aseguramiento a 480-965-6788.

Si usted está dispuesto a ser entrevistado, por favor comuníquese conmigo directamente, o proporcionar su información de contacto al abogado u otro funcionario que le entregó este documento.

Gracias por su ayuda,

APPENDIX 4: Victim survey form (English)



ARIZONA STATE UNIVERSITY
DOMESTIC VIOLENCE
VICTIM SURVEY



Please complete this 4-page survey, which is part of an effort to help domestic violence victims. Your answers will be completely confidential. Your identity will never be published in any form.

A. This section is for all domestic violence victims.

1. Rate each of the following items as “very needed” by you, “somewhat needed,” or “least needed.”

<i>Personal Needs</i>	<i>Very needed</i>	<i>Somewhat needed</i>	<i>Least Needed</i>
Physical protection from my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in ending a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in staying with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment for my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with child custody or divorce issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help getting a protection order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Practical Needs</i>	<i>Very needed</i>	<i>Somewhat needed</i>	<i>Least needed</i>
Education about domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in finding housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other needs:			

2. If you have received domestic violence services — such as counseling, safety planning or help getting a protective order — where did you get them? (Please check up to three)

- Faith-based organization
- Victim advocate at court
- Homeless shelter
- Family Advocacy Center
- Professional therapist
- Police department
- Doctor, nurse, healthcare provider
- Prosecutor’s office
- Other _____

- Domestic violence shelter
- Family members or friends

3. IF YOU CHOSE NOT TO LEAVE an abusive relationship, please note the main reason or reasons why you did not leave. (Please check up to three)

- The abuse was not bad enough
- I did not want to leave my home, possessions or pets
- I didn't want to disrupt my and my children's lives
- I wanted to save the relationship
- My partner threatened to hurt me if I left
- I had no place to go
- I could not support myself and my children
- My partner threatened to hurt the children

4. IF YOU DID NOT LEAVE, what was the main way you handled abuse? (Please check only one)

- I just endured it
- I tried to please my partner more
- I fought back (verbally and/or physically)
- I called the police
- I tried to get help for my abuser (such as substance-abuse treatment)
- I relied on friends or family for help
- I received counseling and support from a counselor, victim advocate or support group
- I got a protection order

5. IF YOU DID LEAVE because of abuse, where did you go? (Please check up to three)

- Family member's home
- Friend's home
- Hotel
- Homeless shelter
- The street
- Domestic violence shelter
- My car
- Other _____

6. IF YOU DID LEAVE BUT DID NOT GO TO A DOMESTIC VIOLENCE SHELTER, note the main reason or reasons you did not enter the shelter. (Please check up to three)

- I did not need that much physical protection
- There were other places I could go (such as family or friends)
- I tried, but there were no shelter beds available
- I would have, but didn't know how to get to a shelter
- I had heard bad things about shelter
- I myself had bad experiences at shelter in the past
- I didn't know DV shelters existed
- Other _____

7. Looking ahead, would you ever consider entering a DV shelter to escape an abusive relationship?

- Yes
- No

B. Please answer questions 8 through 13 *ONLY* if you have stayed in a domestic violence shelter, even briefly. If you have never stayed in a DV shelter, skip to question 14.

8. What was your single most important reason for entering a domestic violence shelter?

- I was afraid my partner would hurt me or my children
- I wasn't in fear, but wanted to end a relationship
- I was thrown out of my home by my partner
- I needed time apart from my partner
- I was homeless
- I was unable to support myself/my children
- I wanted counseling, emotional support, or other services that shelters offer
- Other _____

9. Overall, how would you rate the help you received at the domestic violence shelter?

- Very helpful
 Helpful
 A little helpful
 Not helpful

10. Please rate the importance to you of each of the domestic violence shelter services listed.

<i>Personal Services in Shelter</i>	<i>Very Important</i>	<i>Somewhat important</i>	<i>Least important</i>
Physical protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in ending an abusive relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in saving a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling and emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Practical Services in Shelter</i>	<i>Very Important</i>	<i>Somewhat important</i>	<i>Least important</i>
A roof over my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in finding housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education about domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with immigration issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help getting a protection order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Some people have had bad experiences in domestic violence shelters. Please rate the importance to you of each of the following issues.

<i>Shelter Issues</i>	<i>Serious problem</i>	<i>Minor problem</i>	<i>Not a problem</i>
Adjusting to shelter rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The monitoring of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being required to attend group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being prevented from contacting my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being prevented from contacting family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts with/concern about other residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts with shelter staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of respect for my cultural practices or needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Would you consider entering a domestic violence shelter again to escape abuse?

- Yes No

13. Based on your experience, how can domestic violence shelters provide better services?

C. General Information (for all victims)

14. Are you ...

- Male Female

15. What is your age? _____

16. Do you consider yourself ...

- Heterosexual/straight
 Lesbian/gay
 Bisexual
 Transgender
 Other _____

17. How many children do you have living with you?

- None
 One
 Two
 More than two

18. What is/was your relationship to your partner?

- Boyfriend/girlfriend
 Ex-boyfriend/ex-girlfriend
 Husband/wife
 Ex-husband/ex-wife
 Separated spouse
 Other _____

19. Which best describes your race/ethnicity?

- White, non-Hispanic
 African American/Black
 Hispanic/Latina/Latino
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Other _____

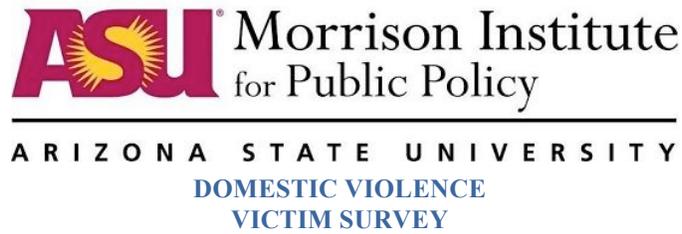
20. What is the highest level of education you have completed?

- Less than high school diploma
 High school diploma or GED
 Some college
 Associate's degree or vocational graduate
 4-year college degree
 Advanced degree

21. What is your home's ZIP code? _____

*Thank you very much for helping with this domestic violence research project.
Your participation will help us better serve other victims and their children.*

APPENDIX 5: Victim survey form (Spanish)



Por favor complete esta encuesta de cuatro páginas, que es parte de un esfuerzo para ayudar a las víctimas de violencia doméstica. Sus respuestas serán completamente confidenciales. Su identidad nunca será publicada en ninguna forma.

A. Esta sección es para todas las víctimas de violencia doméstica.

1. Califique cada una de los siguientes elementos como muy necesarios para usted, algo necesario, o menos necesario.

<i>Necesidades Personales</i>	<i>Muy Necesario</i>	<i>Algo Necesario</i>	<i>Menos Necesario</i>
La protección física de mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda a poner fin a una relación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda en permanecer con mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consejería para mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consejería para mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tratamiento de abuso de sustancias para mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tratamiento de abuso de sustancias para mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con la custodia de los hijos o asuntos de divorcio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para obtener una orden de protección	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Necesidades Prácticas</i>	<i>Muy Necesario</i>	<i>Algo Necesario</i>	<i>Menos Necesario</i>
Educación sobre violencia doméstica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para encontrar vivienda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para encontrar un trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con el cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con la planificación de seguridad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con asuntos de inmigración	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otras necesidades:			

2. Si usted ha recibido servicios de violencia doméstica - tal como consejería, planificación de seguridad o ayuda para obtener una orden de protección - ¿De dónde lo consiguió? (Por favor marcar hasta tres)

- Organización basada en la fe
- Defensor de víctimas en la corte

- Albergue para desamparados
- Centro de defensa para la familia
- Refugio de violencia doméstica
- Miembros de la familia o amigos
- Terapeuta profesional
- Departamento de Policía
- Médico, Enfermera, proveedor de atención médica
- Oficinas de la fiscalía
- Otro _____

3. SI USTED ELIGE NO DEJAR una relación abusiva, por favor anote la principal razón o razones por la que usted no lo/a dejó. (Por favor marcar hasta tres)

- El abuso no fue suficientemente malo
- No quiero dejar mi hogar, posesiones o mascotas or pets
- Yo no quería interrumpir mi vida y la vida de mis hijos
- Yo quería salvar la relación
- Mi pareja me amenazó en hacer me daño si yo me fuera
- No tenía a donde ir
- Yo no podía mantenerme a mí mismo y a mis hijos
- Mi pareja amenazo en hacer daño a los niños

4. SI USTED NO SE FUE ¿cuál fue la forma principal que usted manejó el abuso? (Por favor marque hasta tres)

- Yo solo lo soporté
- Traté de complacer a mi pareja más
- Yo luché verbalmente y / o físicamente
- Llamé a la policía
- Traté de conseguir ayuda para mi abusador (tal como el tratamiento de abuso de sustancias)
- Me apoye en amigos o familia en busca de ayuda
- Recibi asesoramiento y apoyo de un consejero, defensor de victima, o grupo de apoyo
- Obteni una orden de proteccion group

5. SI USTED SI SE FUE a causa del abuso, ¿A donde se fue? (Por favor marque hasta tres)

- Casa de un familiar
- Casa de un amigo
- Hotel
- Albergue para desamparados
- En la calle
- Refugio de violencia doméstica
- Mi carro
- Otro _____

6. SI USTED SI SE FUE PERO NO FUE A UN REFUGIO DE VIOLENCIA DOMÉSTICA, a note la principal razón o razones por la que usted no entro a un albergue. (Por favor marque hasta tres)

- Yo no necesitaba tanta protección física
- Había otros lugares que yo podría ir (como familiares o amigos)
- Lo intenté, pero no había camas disponibles en el albergue
- Lo habría hecho, pero no sabía cómo llegar a un albergue
- Yo había escuchado cosas malas acerca de los albergues
- Yo mismo he tenido malas experiencias en albergue en el pasado
- No sabía que existían albergues de violencia doméstica
- Otro _____

7. Mirando hacia el futuro, ¿Consideraría usted la posibilidad de entrar a un albergue de violencia doméstica para escapar de una relación abusiva? Si No

B. Por favor contestar las preguntas del 8 al 13 SOLO si se ha alojado en un albergue de violencia doméstica, aunque sea brevemente. Si nunca se alojado en un albergue de violencia doméstica pase a la pregunta 14.

8. ¿Cuál fue la razón más importante para entrar en un albergue de violencia doméstica?

- Temía que mi pareja me haría daño a mí y a mis hijos
- Yo no tenía miedo, pero quería terminar la relación
- Yo fui echada de mi casa por mi pareja
- Yo necesitaba tiempo aparte de mi pareja
- Yo estaba sin un hogar
- Yo era incapaz de mantenerme a mí misma/o o mis hijos
- Quería consejería, apoyo emocional, u otros servicios que ofrecen los albergues
- Otros _____

9. En general, ¿cómo calificaría la ayuda que recibió en el albergue de violencia doméstica?

- Muy útil
- Útil
- Algo útil
- Nada útil

10. Por favor, califique la importancia para usted de cada uno de la lista de los servicios de albergue de violencia doméstica.

Servicios Personales en un Albergue	<i>Muy Importante</i>	<i>Algo Importante</i>	<i>Menos Importante</i>
La protección física	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para poner fin a una relación abusiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para salvar una relación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consejería y apoyo emocional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referencia al tratamiento de abuso de sustancia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referencia a tratamiento de salud mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Servicios Prácticos en Albergues	<i>Muy Importante</i>	<i>Algo Importante</i>	<i>Menos Importante</i>
Un techo encima de mi cabeza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda para encontrar un hogar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educación sobre violencia doméstica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con temas legales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda encontrando trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con una planificación de seguridad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda con temas inmigratorios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayuda en conseguir una orden de protección	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Algunas personas han tenido mala experiencia en los albergues de violencia doméstica. Por favor califique la importancia para usted de cada uno de las siguientes temas.

Asuntos de Albergues	<i>Problema Serio</i>	<i>Problema Menor</i>	<i>No es Problema</i>
Adaptarse a las reglas del albergue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falta de cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La supervisión de los niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartir quehaceres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estar requerido a atender secciones de grupos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estar prevenido en contactar a mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estar prevenido en contactar a familiares/amigos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflictos con o preocupaciones de otros residentes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La falta de respeto a mis prácticas culturales o necesidades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

La falta de intimidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------	--------------------------	--------------------------	--------------------------

12. ¿Consideraría usted volver a entrar a un albergue de violencia doméstica otra vez para escapar el abuso?

- Si No

13. Basada en su propia experiencia ¿Cómo pueden los albergues de violencia doméstica ofrecer mejores servicios?

C. Información general (para todas las víctimas)

14. Es usted ...

- Masculino Femenina

15. ¿Cuál es su edad? _____

16. Usted se considera ...

- Heterosexual
 Lesbiana/gay
 Bisexual
 Transgénero
 Otro _____

17. ¿Cuántos hijos tiene viviendo con usted?

- Ninguno
 Uno
 Dos
 Mas de dos

18. ¿Cuál es o era su relación con su pareja?

- Novio/novia
 Ex-novio/ex-novia
 Esposo/esposa
 Ex-marido/ex-esposa
 Conyuge separado
 Otro

19. ¿Cuál mejor describe su raza/etnicidad?

- Blanco, No Hispano
 Afroamericano/Negro
 Hispano/Latina/Latino
 Asiático / de las Islas del Pacífico
 Otro

20. ¿Cuál es el nivel más alto de educación que ha completado?

- Menos del diploma de escuela secundaria
 Diploma de escuela secundaria o GED
 Algo de universidad
 Diploma de Asociado o Título Vocacional
 Título de Universidad de 4 años
 Título avanzado

21. ¿Cuál es el código postal de su casa? _____

APPENDIX 6: Invitation for victim interview (English)



ARIZONA STATE UNIVERSITY

Needs of Domestic Violence Victims in Maricopa County Request for Confidential Interview

Dear Participant,

I am a researcher at Morrison Institute for Public Policy at Arizona State University, and am inviting you to participate in my research project about the needs of, and services for, domestic violence victims in Maricopa County.

The goal of my study is to better understand the most important needs of domestic violence victims, both those who use emergency shelter and those who choose not to. This packet of papers includes a confidential questionnaire that I am asking you to fill out. I am further asking — as a separate matter—if you would be willing to participate in a brief confidential interview in English or Spanish by a trained ASU researcher.

The purpose of the interview would be to obtain further information about Valley domestic violence victims' needs and wants. Like the questionnaire, the interview is completely voluntary, and you must be 18 or older to participate. It is OK for you to fill out the questionnaire but say no to the interview, as it is OK for you to say no to both. Choosing not to participate in either will not affect your legal standing or eligibility for services. Even if you agree to participate, you are free to withdraw from the study at any time. If you choose to stop at any time, there will be no penalty.

Please note that all of your answers in the interview will be **strictly confidential** — including your name and contact information. The responses to the interview may be used in reports, presentations and publications, but only together with all the answers from other interviewees; no individual will be identified or otherwise singled out. Interview answers and related information will be secured in a safe place at Arizona State University.

A \$20 gift card is offered as compensation for your time.

If you have any questions concerning the research study, please contact me, Bill Hart, at 602-496-0214 or whart@asu.edu. If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at 480-965-6788.

If you are willing to be interviewed, please either contact me directly, or provide your contact information to the advocate or other official who gave you this document.

Thank you for your help,

APPENDIX 7: Invitation for victim interview (Spanish)



Necesidades de las Víctimas de Violencia Doméstica del Condado de Maricopa Solicitud de Entrevista confidencial

Estimado participante,

Yo soy un investigador en el Instituto Morrison de Política Pública de la Universidad Estatal de Arizona, y estoy invitando a participar en un proyecto de investigación acerca de las necesidades y los servicios para las víctimas de violencia doméstica en el Condado Maricopa.

La meta de mi estudio es entender mejor las necesidades más importantes de las víctimas de violencia doméstica, tanto los que utilizan albergues de emergencia y los que no eligen asistir. Este paquete incluye un cuestionario confidencial que yo estoy pidiendo que complete. Estoy pidiendo más - como un asunto aparte - si usted estaría dispuesto a participar en una breve entrevista confidencial en inglés o español por un investigador entrenado de ASU.

El propósito de la entrevista sería obtener más información sobre las necesidades de las víctimas de violencia doméstica y deseos del Valle. Al igual que el cuestionario, la entrevista es completamente voluntaria, y usted debe tener 18 años o más para participar. Está bien que complete el cuestionario y diga no a la entrevista o decir no a ambas. La elección de no participar en cualquiera de los dos no afectará su situación legal o elegibilidad para los servicios. Incluso si usted está de acuerdo en participar, usted es libre de retirarse del estudio en cualquier momento. Si decide parar en cualquier momento, no habrá penalización.

Por favor, tenga en cuenta que todas sus respuestas en la entrevista serán **estrictamente confidenciales** - incluyendo su nombre e información de contacto. Las respuestas a la entrevista pueden ser utilizadas en informes, presentaciones y publicaciones, pero sólo junto con todas las respuestas de los otros entrevistados, ningún individuo será identificado o señalado. Sus respuestas acerca de la entrevista e información relacionada serán aseguradas en un lugar seguro en la Universidad Estatal de Arizona.

Una tarjeta de regalo de \$ 20 se ofrece como compensación por su tiempo.

Si usted tiene alguna pregunta relacionada con el estudio de investigación, por favor póngase en contacto conmigo, Bill Hart, al 602-496-0214 o whart@asu.edu. Si usted tiene alguna pregunta sobre sus derechos como participante en este estudio, o si usted siente que ha sido puesta en riesgo, puede contactar a la Presidencia de la Junta de Revisión Institucional Sujetos Humanos, a través de la oficina de ASU de Integridad de la Investigación y Aseguramiento a 480-965-6788.

Si usted está dispuesto a ser entrevistado, por favor comuníquese conmigo directamente, o proporcionar su información de contacto al abogado u otro funcionario que le entregó este documento.

Gracias por su ayuda,

APPENDIX 8: Victim interview questions



A R I Z O N A S T A T E U N I V E R S I T Y

DOMESTIC VIOLENCE VICTIM INTERVIEW

I. Questions for All Victims

1. Please briefly describe the abuse that led you to seek help—i.e., was the abuse physical, sexual, emotional? Was this a one-time event, or was it an ongoing problem? If the latter, how long did it go on?
2. Were you ever in an abusive relationship before this one? Were you abused as a child or teenager?
3. Do you have family members (including parents) or friends who have been in abusive relationships?
4. How have you tried to handle the abusive relationship you were in (i.e., fighting back, trying to please the abuser more, seeking relief in substance abuse)?
5. Did you ever call the police when your partner was threatening or hurting you? If not, why not? If so, how did the police respond?
6. Has your partner ever been arrested for abusing you? If so, how did that affect the abuse?
7. Have you sought legal help or advice for protection from your partner, such as an order of protection? If so, did you receive legal help?
8. In general, were you satisfied with how the legal system (police/prosecutor/judge) treated you?
9. Did you ever deal with Child Protective Services? If so, please describe.
10. If you stayed, what was the main thing that kept you from leaving your partner?
11. Do you want to preserve your relationship with your partner, or to end it?
12. Have you ever tried to get counseling for your partner?
13. Do you think your partner has a problem with alcohol or substance abuse? If so, have you ever tried to get your partner help?
14. Have you ever struggled with substance abuse issues? If so, have you sought help?
15. Have you ever been homeless? If so, have you ever stayed in a homeless shelter? If so, was your homelessness related to domestic violence?
16. Every domestic violence victim has their own set of needs. Could you say what are, say, the three most important and urgent needs for you?

17. What do you think would be the most effective way to reduce domestic violence for everybody?

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II. Questions for Victims Who Have Not Been in Shelter

18. Have you ever left home and stayed with family or friends in order to avoid your abusive partner?
19. Have you ever left home and stayed anywhere else (a hotel, your car) to get away from an abusive partner?
20. Have you ever thought in the past about entering a domestic violence shelter? If not, why not?
21. Have you ever tried to enter a domestic violence shelter but been turned away? If so, why?
22. Do you know anyone else who has stayed in a domestic violence shelter? What, if anything, did they tell you about their experience?
23. Would you consider entering a domestic violence shelter in the future? If so, what would it take?

III. Questions for Victims Who Are or Have Recently Been in Shelter

24. How did you end up at this shelter?
25. How long have you been (or were you) at this shelter?
26. Is (was) this your first time in a shelter? In this shelter?
27. If so, did you have any concerns about entering a shelter? This shelter?
28. If you have been in other shelters, were they the same as or different from this shelter?
29. Have you ever tried to enter a shelter but been turned away? If so, why?
30. If you have ever stayed in a homeless shelter, how was it compared to the domestic violence shelter?
31. What were the most important needs that you came to shelter for?
32. Overall, how well would you say the shelter has helped you meet your needs?
33. Did you have (have you had) any bad experiences while in shelter?
34. Do you (did you) have any problems with the shelter's rules?
35. Do you (did you) have any conflict with other residents? With staff members?
36. Do you (did you) feel that your cultural customs and practices are (were) respected?
37. What are (were) the most valuable services you are getting (or did get) in shelter?
38. Are there (were there) services you need that aren't (weren't) available here?
39. How could this shelter (and/or other ones) help victims better?
40. Would you enter a domestic violence shelter again if necessary?

41. Would you recommend shelter to a family member or friend who was suffering abuse?

42. What is your age? ____

43. Do you consider yourself ...?

Heterosexual/straight ____

Lesbian/gay ____

Bisexual ____

Transgender ____

Other _____

44. What is your race/ethnicity?

White ____

Black or African American ____

Hispanic/Latina/Latino ____

Asian/Pacific Islander ____

American Indian/Alaskan Native ____

Other _____

45. What is your citizenship status?

U.S. Citizen

Legal Permanent Resident

Non-Citizen

46. What is (was) your relationship status with your abusive partner?

Boyfriend/Girlfriend

Husband/Wife

Separated/estranged spouse

Ex-boyfriend/ex-girlfriend

Ex-husband/ex-wife

Other, Please specify: _____

47. Do you have children?

If yes, how many children/stepchildren under 18 do you have? ____

If yes, are they also your abusive partner's children ____

If yes, how many children came to shelter with you? ____

48. What is the highest level of education you have completed?

Less than school diploma or GED ____

High school diploma or GED ____

Some college ____

Associate's degree or vocational graduate ____

4-year college degree ____

Advanced degree ____

49. Are you currently employed?

If so, are you working:

Full-time (full-time is 35 or more hours per week) ____

Part-time (less than 35 hours per week) ____

Homemaker ____

If not, are you:

Unemployed ____

On disability ____

Other _____

APPENDIX 9: Interview questions for shelter directors



A R I Z O N A S T A T E U N I V E R S I T Y

1. What is your title? For how long held? How long have you been involved in helping DV victims? How long with this shelter?
2. Are you a 501©(3)? Are you licensed by the state? Where does your funding come from? What is your annual budget?
3. How many beds available now? How has this changed? Number of staff?
4. How, if at all, do you differentiate among your types of beds?
5. How, if at all, does this shelter differ significantly from other DV Valley shelters? Does it serve a certain population or offer services that others do not?
6. How, if at all, have this shelter's policies and approaches changed significantly from the past?
7. It's been said that most Valley shelters have been loosening their screening criteria, especially concerning substance abuse and mental health issues. Is this true? If so, why the change?
8. What, if any, are your major challenges in dealing with your board?
9. What percentage of your staff has professional credentials in the areas they work?
10. How important do you think such credentials for effective advocacy?
11. What percentage of your staff are volunteers?
12. What is your staff turnover rate? Does it present a problem in providing services? Has your organization taken any steps to increase staff retention?
13. Could you describe an "average" client, including SES, type of abuse and length of stay? Have there been significant changes in this "average" profile in recent months or years?
14. What are your major challenges in dealing with clients?
15. How often must you ask clients to exit early? What are the most common reasons?
16. How big of a problem is "shelter-hopping?"
17. What is your screening procedure? Is there a written policy? Has it recently changed?
18. Have you ever had a physically threatening stalker/abuser come to this shelter?
19. How confidential do you think your location really is?

20. What % of your clients would you estimate are in immediate physical danger?
21. Could you estimate what % of your clients are, or recently have been homeless for any reason?
22. Do you see regular fluctuations in requests for shelter throughout the year?
23. Have there been notable fluctuations in your clients' average length of stay?
24. Do you receive most of your clients via CONTACTS?
25. Do you regularly turn victims away? Daily? What are the most common reasons?
26. As you probably know, Valley shelters' aggregate data (as reported to ADES) indicate that both requests for shelter in the Valley and new clients served have been flat or declining for a number of years. Why do you think this is happening? Are these trends reflected at this shelter? Are there actions shelters should take in response?
27. What is the "right" number of emergency beds for the Valley? Do you think there is a method for determining the number of beds the Valley needs? If so, what is that method? Could it be based on the number of clients referred to DVSTOP?
28. Data from daily CONTACTS calls to shelters over the years indicates that, in any given month, there are numerous beds available every day in Valley shelters. How can this be reconciled with shelters' experience of being full?
29. DES has recently reconfigured its contracts to provide the opportunity for reimbursement of non-residential as well as residential services. What do you think of this change?
30. What are your shelter's greatest needs, in terms of staff, resources, etc.?
31. Name some ways Valley shelters could improve their services.
32. What think of the "rapid re-housing" approach?
33. Do you regularly meet with/network with other EDs? Why or why not?
34. Do you think it would help if some shelters "specialized" in particular types of clients, such as older clients, those with several children, those with mental-health or substance-abuse issues?
35. In general, do you think the mission of Valley shelters is changing, or remaining largely the same? If the former, how is it changing? Do you support these changes? If the latter, do you think that this continuity best serves Valley victims?
36. Are there any other comments you would like to make?