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**DOMESTIC VIOLENCE SHELTERS FOR
SURVIVORS- A NEEDS ASSESSMENT**

Service Learning & Capstone Experience Project



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Abstract

Background: Domestic violence (DV) is a serious public health issue in the United States, and globally. It includes physical violence, sexual violence, threats, emotional abuse, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner. It is a serious, preventable public health problem that affects millions of Americans (CDC, 2017b). There is an alarming number of domestic violence cases encountered each year. Globally, 1 in 3 women has experienced some domestic violence in their lifetime. Globally, as many as 38% of women are murdered by an intimate male partner because of violence against an intimate female partner (World Health Organization, November 2017). In the U.S., over 1 in 5 women (22.3%) have experienced severe physical violence by an intimate partner at some point in their lifetime, translating to nearly 29 million U.S. women (Breiding, M.J., Basile, K.C., Smith, S.G., Black, M.C., Mahendra, R., 2015). In many cases, domestic violence survivors are forced to flee from their houses and leave their abusers with or without their children. Domestic violence shelters provide survivors with safe housing and other support services such as access to physical and mental health care and job and life skills training through referral to other programs and agencies.

Method: This study utilized a qualitative methodological approach using in-depth one-on-one interviews and focus groups. Two focus groups were conducted with staff who provide direct services at an organization that provides services to domestic violence survivors. Interviews were conducted with a convenience sample of five women who have lived in a domestic violence shelter in the Omaha/Bellevue/Council Bluffs area using a semi-structured interview guide. The questions focused on emergency housing needs of the domestic violence survivors and access to other necessary services. Interviews were digitally recorded and transcribed. The transcripts were analyzed for codes and key themes.

Results/Findings- Three key themes emerged: (1) Client experiences with DV shelters, (2) Current services available for DV clients in the DV shelters, and (3) Emergency needs or requirements of DV clients. These results have significant implications for domestic violence survivors, direct service providers, policymakers, and respective domestic violence shelters.

Conclusion: This needs assessment study intends to ensure and improve the quality of services provided by the domestic violence shelters to the survivors of domestic violence. There is a significant scope of changes and improvements that need to be implemented to provide better, trauma-informed access to services for domestic violence survivors in the Omaha and Council Bluffs area that can lead them to a strong independent life for themselves and their children.

Keywords: *Domestic violence, Intimate Partner Violence, battered women, Needs Assessment, Domestic Violence Shelters, Shelter services.*

Introduction

Placement Site:

Women's Center for Advancement (WCA), Omaha, Nebraska

This project was completed at the Women's Center for Advancement (WCA). The mission of the organization is *"Assisting survivors of domestic violence and sexual assault and their children to achieve safety and empowering them to lead self-determined lives."* The organization helps women and children lead a safe and independent life. The WCA tries to ensure that survivors have access to all services that they require to lead a safe and independent life for themselves and their family members. They provide a 24/7 hotline and counseling, and legal services to the survivors. The organization is also active in delivering occupational services, financial training, and other support services to survivors. The WCA imparts educational and prevention information

to the community to promote awareness regarding the issues of power and control, which are two of the biggest risk factors for domestic violence and sexual assault. The organization also believes in preventing domestic violence by educating the public about the signs of domestic violence and the emergency services provided by them for survivors. Ms. Johanna Jones, the Grants and Compliance Officer at the WCA, Omaha is the preceptor of the project.

Problem Statement

The present study investigates the emergency shelter and support service needs of women in Omaha, Nebraska and the Council Bluffs area who have experienced domestic violence.

The terms domestic violence (DV) and intimate partner violence (IPV) will be used interchangeably throughout the paper according to the need of the content.

Importance of Proposed Project

Domestic violence is a widespread and life-threatening problem. Usually, it is regarded as a personal or family matter, but it is, in fact, a serious public health problem. It is important not to ignore the needs of the survivors for various reasons, one of which is the disastrous public health catastrophe that domestic violence causes to society. Abusers often isolate victims (women in most of the cases) from their family, and their near and dear ones (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014). This makes it difficult for the victims to access support services or to go for a doctor's visit, health clinic, or an emergency room for immediate help. Access to resources and services are difficult as violence is often a frequent act with increasing severity, ultimately leading to acute and chronic health problems (Buzawa & Buzawa, 2013). There are many physical, mental/psychological, and emotional health consequences of domestic violence (Dillon, Hussain, Loxton, & Rahman, 2013). The Affordable Care Act (ACA) has recognized the severity of the

problem and demands that health insurance plans cover domestic and interpersonal violence screening and a few other services such as counseling (FVPSA, 2013).

Additionally, another major negative public health impact of domestic violence is the significant cost to taxpayers. According to Center for Disease Control and Prevention (CDC) and the Bureau of Labor Statistics Consumer Price Index data, the cost of domestic violence exceeds \$9 billion every year (National Center for Injury Prevention and Control, 2003; Research & Unit, 1990; Zorza, 1994). Every year, victims of domestic violence lose approximately eight million days of paid work (CDC, 2017a). On average, women who experience domestic violence work 137 hours less than women who do not face domestic violence over one year (Adams, Bybee, Tolman, Sullivan, & Kennedy, 2012). Hence, domestic violence is a serious public health issue that needs to be addressed. It is imperative that there are potential programs which provide timely, required services such as residential shelter and support services to the survivors of such brutal and heinous crimes.

The purpose of this study is to identify the residential shelter needs of women who experience domestic violence. This includes needs relating to housing, health care, counseling, life skills, and occupational skills that will help make their and their children's life secure and independent. This information will help in improving the quality of services provided by the domestic violence shelters in the future.

Literature review:

Background:

Domestic violence (DV) or intimate partner violence (IPV) is the willful intimidation, physical assault, battery, sexual assault, and other abusive behavior and is a part of a systematic pattern of power and control perpetrated by one intimate partner against another (CDC, 2017b;

NCADV, 2015a). It includes physical violence, sexual violence, threats, emotional abuse, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner. It is a serious, preventable public health problem that affects millions of Americans (CDC, 2017b). Nearly 1 in 4 women (23%) and 1 in 7 men (14%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime (Smith et al., 2017). In the United States, the number of women experiencing severe physical violence by an intimate partner is about 29 million women (Breiding, M.J., Basile, K.C., Smith, S.G., Black, M.C., Mahendra, R., 2015). Research shows that women are more likely to be a victim of domestic violence as compared to men (NCADV, 2015a).

Domestic Violence has emerged as a public health epidemic in the United States. Domestic violence can have grievous health consequences for the individual, family, as well as the society in the form of physical and psychological effects of domestic violence and abuse. This, often due to the fear of social stigma, could be masked from the public eye (Rakovec-Felser, 2014).

Epidemiology of Domestic Violence:

Domestic violence accounted for 21% of all kinds of violent victimizations between 2003 and 2012 (Klostermann, 2016). The most recent data, from the 2011 National Intimate Partner and Sexual Violence Survey (NISVS), indicates that over 10 million women in the United States experience physical violence each year by a current or former intimate partner (Breiding, M.J., Chen J., & Black, M.C., 2014); 19% of domestic violence cases nationwide involve a weapon. The presence of a gun in a domestic violence situation increases the risk of homicide by 500% (NCADV, 2015b). The National Domestic Violence Hotline documented 483 calls from Nebraska in 2013, placing the state on rank thirty-nine, nationally (NCADV, 2015b) regarding hotline call volume. In 2014, in Nebraska, a total of 173 domestic violence victims (93 children and 79 adults)

used emergency shelters or transitional housings in a single day. These emergency/transitional shelter accommodations were provided by Nebraska domestic violence programs in a single day (NCADV, 2015c).

There is evidence that women of color and LGBT women are at a higher risk for IPV. According to the CDC, in the US, nearly 4 out of 10 Black, non-Hispanic, and American Indian women face physical violence, rape or stalking by an intimate partner. Similarly, one-third of white non-Hispanic women and more than one-third of Hispanic women are victims of physical violence, stalking, or rape by an intimate partner in their lifetime. Also, 1 in 2 multiracial women, become victims of domestic violence in their lifetime. The risk of police-reported domestic violence is higher among Hispanics and Black women than that of the White women (Pearlman, Zierler, Gjelsvik, & Verhoek-Oftedahl, 2016). It has also been reported that more than 4 in 10 lesbians, 1 in 3 heterosexual women, and 6 out of 10 bisexual women have encountered domestic violence and stalking by an intimate partner in their lifetime (Breiding, M.J., Chen J., & Black, M.C., 2014).

Consequences of Domestic Violence:

Domestic violence can negatively affect women's health in all aspects such as mental, physical, sexual, and reproductive health. The physical health impact includes acute or immediate injuries, such as bruises, abrasions, lacerations, burns, bites, broken bones, or fractures, etc. Sexual consequences are unwanted pregnancy, unsafe abortion, sexually transmitted diseases, urinary tract infections, vaginal bleeding, sexual dysfunction, etc. (Abamara Nnaemeka, Anazodo Nkechi, & Okeke Martin, 2015; Bosch, Weaver, Arnold, & Clark, 2017; Wong & Mellor, 2014)) There may also be a great impact on the behavioral health of women and their children. Domestic abuse can potentially affect the mental and emotional state of a woman and may cause depression, stress, anxiety or fear, self-harm or suicide attempts, and low self-esteem (Bosch et al., 2017; Dillon et

al., 2013; Halket et al., 2014). Domestic violence against women may lead to severe harm and suffering to women, including coercion or arbitrary detention of liberty occurring in public or private life, and threats (Semahegn & Mengistie, 2015).

According to a study on women veterans, there is a strong association between past IPV experience and current mental health conditions (Iverson et al., 2015). The women or their children may suffer from substance use disorder, end up in another abusive relationship, have multiple sexual partners, and lower rates of contraceptive and condom use (Dillon et al., 2013; Stockman, Lucea, & Campbell, 2013). A study revealed that domestic violence affected all aspects of women's health. The study showed higher doctor visits among women who experience domestic violence, which indicates that women facing physical or sexual abuse in their lifetime have used healthcare services more frequently than their partners who are not abused (Al Dosary, 2016). Another study about the relationship between domestic violence and homicide cases revealed that domestic violence increases the likelihood of a homicide occurring (Iratzoqui & McCutcheon, 2018).

Risk and Protective Factors of Domestic Violence:

There are several types of risk factors for domestic violence such as individual, relationship factors, community factors, and societal factors. The World Health Organization (WHO) states that it is more likely for a woman to experience domestic violence if they have a low or no education, have experienced abuse during childhood, and have attitudes accepting violence, and women's subordinate status (WHO 2017). Furthermore, evidence indicates that violence experienced early in life can put one at increased risk for subsequent victimization as an adult (NISVS, 2017). Some common individual factors include, but are not limited to, low-income level, lack of education, alcohol, and drug use, and prior or family history of physical violence (Devries

et al., 2014; Wong & Mellor, 2014). Relationship factors that increase the risk of domestic violence are marital conflicts, jealousy/ possessiveness/ negative emotions within an intimate relationship, marital instability such as divorces or separation, economic stress, unhealthy family interactions between both the partners, or witnessing the same from the parents' side (Fleming et al., 2015; Ruiz-Hernández, García-Jiménez, Llor-Esteban, & Godoy-Fernández, 2015; VanderEnde, Sibley, Cheong, Naved, & Yount, 2015). Some community and societal factors are poverty, neighborhood conditions, traditional norms, and race and ethnicity (VanderEnde et al., 2015). Also, the likelihood of men being the perpetrators of domestic violence increases if they have low education, experienced abuse in their childhood, or have witnessed domestic violence in their childhood (World Health Organization, November 2017). Male unemployment is also a huge risk factor for the perpetration of domestic violence (Schneider, Harknett, & McLanahan, 2016). Also, female unemployment has shown to be a risk factor for IPV (Anderberg, Rainer, Wadsworth, & Wilson, 2016). On the other hand, stable employment status of both the partners with good economic stability, good academic level, and the healthy relationship might prove to be protective factors of domestic violence (Centers for Disease Control and Prevention, 2014). Hence, employment status can be considered as a major risk/protective factor of domestic violence (Anderberg et al., 2016).

Economic Burden:

The cost of intimate partner violence exceeded 8.3 billion dollars in 2003 in the United States. Victims of severe IPV lose nearly 8 million days of paid work -- the equivalent of more than 32,000 full-time jobs-and almost 5.6 million days of household productivity each year (CDC, 2017a).

Support Services for Domestic Violence Survivors:

It is important for women who face domestic violence to have access to services, especially housing, primary health care, counseling, and opportunities to enhance their education and occupational skills so they can improve their quality of life and grow stronger as an individual (Gierman, T., Liska, A., Reimer, J., 2013). There are also other services for women who experience domestic violence such as national hotlines for problems like teen dating abuse, sexual assault, and stalking local/community-based Domestic Violence and Sexual Assault Programs. The local/community based programs are the ones that not only offer safe and emergency shelters, but they also help in partnering the survivors with other programs and advocates and try to ensure they have access to resources per their need. Services under these programs may vary from place to place but mostly include safety planning assistance, legal assistance, transitional housing, referrals to counseling, mental health, and addiction services. There are also many national resources which also provide the above services additional to culturally and racially specific services that address the trauma of domestic violence with a culturally and racially relevant approach to the respective survivors (Administration for Children & Families, 2016). Several other resources and services are promoted and funded by the United States Department of Health and Human Services (DHHS) under the Domestic Violence Resource Network (DVRN) (Administration for Children & Families, 2017). These resources include services related to safety, justice, education, legal assistance, and healthcare facility for domestic violence survivors. Also, there are programs under the Domestic Violence Resource Network (DVRN) which ensure that the advocates, healthcare providers, policymakers, and the government leaders and all the levels have access to recent information on best practices, research, policies, and other victim resources (Administration for Children & Families, 2017).

Several studies have explored women's needs and available services other than a shelter. For example, a study conducted on the needs assessment of domestic violence survivors found that they need compassionate support, professional counseling, and informational and practical (e.g., work skills training, employment, shelter, financial support) interventions (Cripe et al., 2015). The article highlights that abused women need personalized attention and care to make sure that they can access the services that they require to overcome the trauma of IPV (Gilroy, Maddoux, Symes, Fredland, & McFarlane, 2015). There are few interventions such as advocacy interventions that are found to be beneficial. These advocacy interventions are basically of two types: brief and intensive. The duration of brief advocacy can range from 1 hour to nearly 12 hours, whereas intensive advocacy including counseling services can last as long as 12 hours to even a year depending on the necessity of the survivors (National Institute of Justice, 2017). A study found that intensive advocacy intervention may improve their quality of life and is effective in reducing physical abuse after one-two years of implementation of the interventions. On the other hand, brief advocacy intervention might improve mental health and reduce abuse for a short time, especially in pregnant women and for women with less severe abuse (Rivas et al., 2015). It has also been found that interventions related to increasing access to resources and social support such as advocacy counselling focusing on women's safety, their quality of life, access to education, healthcare, financial assistance, etc., provided to women during and after their stay in the shelters are effective in improving mental health outcomes, reducing the incidence of re-occurrence of violence, and in improving social outcomes (Jonker, Sijbrandij, Van Luijelaar, Cuijpers, & Wolf, 2014).

Another study on Veteran women identified the proportion of women who screened positive for an experience of IPV among female Veteran Health Administration (VHA) patients.

The authors discovered that the above finding has the potential to increase providers' knowledge of IPV and increase IPV screening. This could facilitate appropriate referrals, treatment, and planning within the Veterans Health Administration (VHA) and other healthcare settings. Ultimately, it can help the survivors of IPV get better treatment and help recover from the adverse experience sooner (Iverson et al., 2015). Another study focused on understanding the meaning that IPV has for assaulted women and to identify the factors that contribute to breaking the cycle of violence. The study found that discussing and explaining the different experiences, marks, and consequences of the violent act from a victim women's perspective (through their words and photographs) will recognize the need of holistic care. Holistic care includes the physical, sexual, and emotional care to the respective needs of abused women (Pacheco, Medeiros, & Garcia, 2014).

Domestic Violence Shelters:

Domestic violence shelters, or women's shelters, play a crucial role in addressing domestic violence survivors' needs after they flee from their home, either alone or with their children. These shelters provide safe, temporary accommodation which is needed to enable them to recover from the abuse, rebuild their self-esteem, and move forward with their lives (Gierman, T., Liska, A., Reimer, J., 2013). Some shelters also provide advocates that help them in legal matters related to domestic violence (Gierman, T., Liska, A., Reimer, J., 2013). Another study monitored factors associated with shelter residence in women with recent histories of intimate partner violence. The study revealed that factors such as income level, education level, history of trauma and its severity are associated with and are strong predictors of shelter residence (Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013). Research also indicates the numerous positive outcomes for victims and their children associated with utilization of DV shelter programs. In the context of improving the condition of abused survivors, some studies have shown significant results in implementing

the evidence-based Critical Time Intervention (CTI) among the residents of the DV shelters in decreasing symptoms of post-traumatic stress disorder (PTSD) and unmet care need during the transition phase of the survivor from the shelters to the community. CTI is a time-limited, strengths-based intervention designed to support vulnerable people during transitions in their lives. The intervention's goals are to expand clients' networks, involve their social and professional networks, and reassure continuity of care and support during the transition. However, the CTI did not show a significant result in improving the quality of life (QOL). Hence, the researchers suggest for further studies to find the long-term impact of CTI among the survivors, once they have been exposed to the community again (Lako et al., 2018).

The literature provides robust evidence for the cost-effectivity of shelter service programs. (Chanley, Chanley, & Campbell, 2001). By showing that the cost-profit ratio between implementation cost and the social benefits overweighs by its potential benefits to the community (Chanley et al., 2001), it is proved that it is worth spending on these support service programs for the abused women and their children. Another research was done to examine and explore the enhancement of the shelter services over time provided in a rural Canadian women's shelter and how the shelter was adapting to that changing procedure. It was found that the shelter was effective in adapting to the changing procedure and enhancement of services inside the shelter. (Mantler & Wolfe, 2017). The woman-centered feminist approach that prevails in the shelter community, shelters have evolved to be responsive to women's changing needs. This evolution/changing procedure of the shelter services helped in increasing the healthcare services to the women who experienced violence (Mantler & Wolfe, 2017). Another study also provides preliminary evidence that survivor-defined practice, such as support (a) shaped by clients' goals for themselves, (b) offered in the spirit of partnership, and (c) sensitive to the unique needs, contexts, and ways of

coping of individual survivors and their families is an important mechanism in survivor empowerment (Goodman et al., 2016). Hence, these studies underscore that shelters and their services are key assets to the DV survivor women if implemented appropriately.

On the other hand, research also suggests that DV shelter programs may be unable to meet the needs of all victims comprehensively, and many choose to leave shelters soon after their arrival (Fisher & Stylianou, 2016). In this study, participants indicated that three types of factors influence their decision to stay or leave the shelter program: (a) contextual factors, (b) partner or family relationship factors, and (c) shelter-specific factors. Contextual factors are those circumstances that make an impact on a resident's decision of whether to stay in the shelter or not. For example, the availability of affordable housing is an important factor which determines if a resident will stay in a shelter or not and for how long. Relationship factor is a crucial component affecting the decision of the shelter residents. If they want to keep a few relationships going such as with a former partner, family, and children, they tend to leave the shelter eventually. However, if they are afraid of the former abusive relationship, they find the shelter secure and continue to stay there. Shelter-specific factors identified by the residents include unclear rules and regulations, unsupportive and ineffective staffs, restrictive policies, inadequate facilities, and displacement from their home and community were cited as important contributors to satisfaction or dissatisfaction with shelter living (Fisher & Stylianou, 2016). Findings from this study provide information from the perspective of victims on the factors that influence one's decision to stay or leave a DV program and can be used to support service providers and advocates in building programs that are both supportive of victims' needs and conducive to longer shelter stays (Fisher & Stylianou, 2016).

As emergency domestic violence (DV) shelters have proliferated, there has been an increase in rules that shelter residents must follow. Research suggests that residents benefit from more flexible boundaries between staff and residents, less restrictive rules, and collaborative, transparent rule enforcement (Glenn & Goodman, 2015). Domestic violence shelters are expected to operate within an empowerment philosophy. The advocates and the shelter staffs are expected to work with clients to set personal goals for survivors and provide them with resources and support as they work with other agencies (Cattaneo & Goodman, 2015). Recent research has indicated that, as many shelters have become more strict in creating rules for the survivor residents to follow to access and retain free temporary housing, the result has been survivors' feeling disempowered, which was the opposite of what was originally expected (Gregory, Nnawulezi, & Sullivan, 2017). A study by Gregory and colleagues examined how rules were perceived to affect empowerment. Among those survivors who found the rules problematic, four major themes emerged. First, rules acted as barriers to carrying out their normal, day-to-day activities. For example, most of the rules were described as narrow-minded as they would force the survivors to regularly ask permission for everyday things such as bringing food home, visiting a friend or a family member, when to sleep or not, and how they chose to parent their children. Rules related to parenting were especially found to be problematic. Second, the shelter staff's flexibility with rules was based on contingencies. Survivors highlighted the inconsistency in the rules such as lack of clarity, unpredictability, and flexibility of the rules leading to favoritism to the staffs. Third, rules negatively affected their psychological well-being and required them to engage in protective behaviors. This consisted of the negative impact of the rules on women's psychological well-being because of the restrictive rules that conflicted with their lifestyles. These complications sometimes superseded the relief of being in a safe place. In general, survivors shared their feelings of being

pressured, anxious and overwhelmed. They felt responsible for the abuse they experienced in the past and feared losing housing or children. Lastly, survivors regained a sense of their power by subverting the rules. Survivors described how they feel threatened about performing their daily chores. They reported taking before and after pictures of doing their daily jobs so that no one could blame them for not doing their work. The researchers recommended to reexamine and restructure the rules within the domestic violence shelters (Gregory et al., 2017).

Studies have shown that support services provided by shelters to abused women are facing numerous challenges, particularly in rural areas. Most of the resourced shelters are not able to provide the degree of support to the exploited women that they need after leaving the shelter (Burnett, Ford-Gilboe, Berman, Wathen, & Ward-Griffin, 2016). Some of the issues include persistent underfunding of the shelters and space issues that prevent the survivors and their children from accessing shelter beds. Financial and limited service are obstacles that often compromise the shelters' ability to support their clients. Also, it has been found that the geographic location of the shelter is the unique challenge faced during service delivery. Shelters in the rural and remote areas faced the issues of poverty and limited local supports and resources for families (Burnett et al., 2016).

Goals and Objectives

The overall goal of this proposed project is to better understand the needs of women in emergency domestic violence shelters. This information can help in improving the quality of services provided by the domestic violence shelters so that women can recover from abuse, rebuild their self-esteem, and move forward with their lives.

Capstone Activities:

Objective 1- Determine the emergency domestic violence shelters needs of women in Omaha, Nebraska, and Council Bluffs from the perspective of IPV survivors who have lived in residential shelter service.

Activities:

1. Obtain IRB approval.
2. Begin participant recruitment in collaboration with Women's Center for Advancement.
 - a. Finalize participants
 - b. Narrow down interview locations
3. Conduct interviews
4. Transcribe and analyze data

Objective 2- Determine the emergency domestic violence shelters needs of women in Omaha, Nebraska, and Council Bluffs area from the perspectives of service providers.

Activities:

1. Obtain IRB approval
2. Gather data.
3. Transcribe data
5. Data Analysis
6. Interpretation of the analyzed data

Service-Learning Activities:

Objective 1- Provide research assistance to the WCA Shelter Task Force Committee while they investigated establishing a shelter.

Activities:

1. Attending biweekly meetings of the STF committee,
2. Mapping DV shelters in the area,
3. Conducting a literature review, and
4. Building reports for the survivor interviews and staff focus groups.

Objective 2- Map the existing domestic violence shelter services available in Omaha, Nebraska and/ Council Bluffs area.

Activities:

1. Work with capstone preceptor and identify areas of domestic violence shelters.
2. Call and inquire about the designated shelters in Omaha, Nebraska and/ Council Bluffs area about the services provided to the DV survivors in the shelters.
3. Present services of DV shelters in the table.

Objective 3- Establish a Workplace Wellness Committee to create a healthy work environment for all the employees at WCA.

Activities:

1. Compile information about a workplace wellness committee.
2. Work with the preceptor to identify strategies to recruit committee members
3. Present all information and strategies to the WCA staff
4. Survey to identify the employee needs
5. Identify activities for the committee

Methods

Study design:

The need for this study was identified by a comprehensive domestic violence organization- The Women's Center for Advancement (WCA) - serving the Omaha/ Council Bluffs area that provides services to women and their children who are survivors of domestic violence. The study was conducted in partnership with this organization. The study focused on emergency domestic violence residential shelters.

The research question is *“What are the residential emergency shelter and support service needs of women who have experienced domestic violence?”*

This study used a qualitative methodological approach. A qualitative methodological approach is a systematic approach used to explore life experiences and participants' perspectives of an event or phenomena. The goal is to gain insight, explore the depth, abundance, and complexity inherent in their lived experience (Creswell & Creswell, 2017). Three key elements describe a qualitative research method: designing the study, data collection, and data analysis (USCLibraries, 2018). And there are three most common qualitative methods for the data collection: participant observation, in-depth interviews, and focus groups (Mack, Woodson, MacQueen, Guest, & Namey, 2005)

Target population:

The study focused on emergency domestic violence residential shelters in the Omaha/Council Bluffs area, and the women residing in those shelters or those who have previously used shelter services within the past three years.

Setting (location of study or interview):

The domestic violence organization (WCA) assisted in identifying the women participants for the study. They assisted me in setting up the one-on-one interviews with the survivors of domestic violence who are currently residing or have used shelter services previously within last three years at a time and place that was convenient and safe for both the research participant and me. They also helped in setting up the staff focus groups as well.

Sampling procedure and sample size:

The convenience sampling method was used for the recruitment of participants for this study. Convenience sampling is a type of non-probability sampling. A convenience sample is made up of easily accessible people (Mertler, 2018). The inclusion criteria were women who are 19 years and above, know English, both written and spoken, either currently residing in a shelter or have previously used a shelter service, and were willing to do a 60 to 90 minutes one-on-one interview. The women accessed services at WCA for different activities. For the client interviews, a convenience sample of 7 women DV survivors were invited to participate in the study, out of which two were invalid as they did not meet the study criteria.

For the two staff focus groups, The direct care staff including both advocates, legal department staff, self-sufficiency staff, and case managers all from the WCA, were recruited. The inclusion criteria for the staffs to be interviewed were those who worked closely with the DV survivors at WCA. The number of participants for each staff focus group was six and four respectively.

Research Process: IRB approval and Ethics

Institutional Review Board (IRB) approval was sought before the study had begun. To avoid ethical issues, I informed the participants about the purpose of the interviews. Before beginning the interviews, I first carefully read over the informed consent form with the participants

and allowed them to ask questions, so they fully understand the study. Some questions might be sensitive to some participants; hence I conducted the interviews in complete privacy. No other form of identity was collected other than their voice and no identifiable information is tied to the data collected. The interview was designed in a way that it does not reveal any participant data or violate personal information of any participant. The interviews are kept completely anonymous and confidential. The participants had the freedom to skip any questions that they were not comfortable to answer and might also stop the interview at any time.

The interview guide (See Appendix I) and Data Collection:

Each one-on-one interview with the DV survivors and each staff Focus-group was 60-90 minutes long. I recorded all the interviews and focused groups digitally. The interview questions focused on answering the research question. The questions were broad and open-ended and focused on survivors' domestic violence shelter needs including accommodations, and access to other services such as physical health care, mental health care, occupational training, financial support, life skills training, and support group services. The questions also assessed the barriers to getting accommodation in case there is no availability of shelters (See Appendix I (a) for DV survivors' interview questions). The focus group provides an insight of the staff members' perspective about the available services, the unmet needs (if any) of the survivors and the scope of improvement of those services (See Appendix I (b) for Focus group questions).

Analysis procedure:

I prepared the data for analysis. I transcribed the recorded data manually. Then I began the general analysis procedure. The procedure consisted of slowly and thoroughly reading through the database multiple times and making marginal notes. Then I started with the coding procedure. After identifying all the codes, I grouped similar codes and came up with broader meaningful

categories known as key themes (Creswell, 2017). I did all the coding and analyzing using pen and paper and stored it in a word file (Creswell, 2017).

Once I completed the analysis; I followed the multiple coders (Creswell, 2015) procedure and met with my committee chair to validate the accuracy of my interpretation of the data.

Results

Table I provides the demographic information of the DV client participants, and Table II provides the demographic information of the staff focus group participants. For the client interviews, a total of 6 women were interviewed out of which one woman did not meet our criteria and hence was eliminated from the list. Out of the 5 DV survivor participants, all of them lived in an urban area. 60% of them were above 45 years of age and were unemployed.

The direct service providers that were recruited for the focus groups were the staffs of the WCA who work closely with the clients at the organization. A total of 6 staff participants for one focus group and four staff participants for the second focus group were recruited.

Table I. Demographic background of clients (n=5)

Demographics	N	%
Area		
Omaha	5	100%
Age		
19-25	0	0%
26-35	0	0%
36-45	2	40%
46-55	3	60%
Over 55 years	0	0%
Gender		
Females	5	100%
Males	0	0%
Transgender	0	0%
Currently married	4	80%
Have Children	4	80%
Education		
High school diploma/GED	2	40%
Associate Degree	1	20%
Some college degree	2	40%
Post-graduate (Masters and above)	0	0%
Employment status		
Unemployed	3	60%
Employed (Part time/Fulltime)	2	40%
Race/Ethnicity		
African American	2	40%
White/Caucasian	3	60%
Latino/Hispanic	0	0%

Table II. The demographic background of Direct service providers (staff) (n=10)

Demographics	N	%
Gender		
Male	0	0%
Female	10	100%
Age		
19-25	2	20%
26-35	8	80%
36-45	0	0%
46-55	0	0%
Education level		
High school diploma/GED	0	0%
Associate Degree	1	10%
Some college degree	8	80%
Post-graduate (Masters and above)	1	10%
Race/Ethnicity		
African American	2	20%
White/Caucasian	5	50%
Latino/Hispanic	3	30%

Key Themes (See Appendix II)

The main key themes that emerged focused on the emergency shelter requirements and access to other services needed to help them and their family lead an independent life. The three themes were: (a) current services that are provided to the survivors in the shelters, (b) the experiences of the domestic violence victims inside the DV shelters, and (c) the emergency needs that are not entirely available in the DV shelters for the DV survivors. See Appendix III for themes, codes and quotations table.

Theme (a): Current services provided to survivors in the shelters

In terms of the current services provided by the DV shelters to the survivors, the theme focused on services like case management, advocacy, housing management, counseling/ therapy, legal aids,

support groups/training classes, services for children, and other need-based services according to the different needs of the survivors.

Housing Management and Legal Services

In general, the shelters provided case management, and housing management services. A research participant said that “there are no case workers or advocates present in the shelter” but said that they had housing management services- “I got my paperwork started for housing.....they are supposed to help you, that’s part of their program is to help you get on your feet.” The participants were also asked about what legal services do the DV shelters provide to the shelter residents. One participant told that the shelter did not help with the legal matters- “They didn’t provide any services. They just said here’s the list, you can call them, and that was about it. I actually didn’t find anything out from the shelter.” She also added “I never got any word from anyone else about legal assistance to help get the divorce started and that would represent me. Never got any information about that.” Whereas, the focus group participants said, “the shelters provide case management and housing management services.”

Counseling Services and Contract Based Services

When asked about the counseling or therapy services for the trauma experienced, one participant said, “Yeah they have counseling for me and my children.” Some focus group staff mentioned that the shelters have counseling services and some staff mentioned that they usually outsource for that service and don’t really have a counseling service inside the facility- “I think all the counseling services are outside like clients go to XX get counseling here or YY or the sorts of places I don't believe that it's on-site counseling.”

Support Group, classes, and Other training classes

The participants, when asked about the shelters running any support groups/classes/training, one participant mentioned that there are few classes that they provide- “Journey Beyond abuse was the one that I went to. But they also did like a professional workshop, and they had a financial group, job skill groups.”

The staff revealed that the focus of the DV shelters is just to provide a safe place to stay to the DV survivors in their emergency and rest most of the services are provided in partnership with other agencies. “I think the focus of the shelters is like you need a safe place to stay we have this bed, yeah like this is your temporary shelter, and they outsource the rest..... their focus is a safe roof over your head, so maybe they're not as concerned with like how that's affecting you, I know that sounds bad but and I and the other agencies can help with these other things.”

Theme (b): Client experiences with DV shelters

This theme provides an in-depth insight into the experiences of the clients that lived in a domestic violence shelter in the past three years. The theme focused on their journey from attempting to find an emergency DV shelter, getting admission to it, sharing their space with other survivors, witnessing different services and finally getting out of it.

Shelter Entry Process, Confidentiality, and Survivor/Shelter safety

When participants were asked about what their experience was regarding the shelter entry and screening process, they said that there are not many beds available in the DV shelters and they had to call several times to see if they had a bed open. The shelters tell the survivors if they have beds or not based on what situation the survivors are in. One research participant said, “most of the times they don't have rooms available for women that have been through domestic violence, so you have to wait, and you have to call back.” The staff focus group participant said that

“obviously you call them kind of you have to say kind of your situation of like what's going on specifically and then depending on if they have room or not, they'll either take your information down or they'll do an intake from there”. The clients and the staff focus group participants also mentioned about how the confidentiality of the shelters is their top priority concerning shelter residents' safety. The staff stated- “these shelters are on kind of private area; they don't have their addresses known.” With respect to shelter residents' safety, some staff from the focus group stated that the shelters enquire about their abusers' information so if an abuser tries to enter the shelter, they can recognize them. The staff said, “I think they ask, and I know shelter XX asks for the abuser's information because they like to keep a written documentation of what their abuser look like in case somebody will show up that have those characteristics.... That way they can screen to see who's coming by and that way they can make sure that the safety of everybody in the shelter is being like protected.”

When I asked about the shelter admittance criteria for the children, the focus group participants said that the shelters allow children but have restrictions regarding male children. They said, male children are not allowed after a certain age- “I think one of the biggest things that I think when they have male children that are over the age of like 14..... if it's like younger children I have seen that they let them in. But I have seen clients be rejected because of their older male child.” Also, they mentioned the problem in getting a shelter if the survivors had more children. One staff participant- “I think more children the harder is to get in there, yeah, the client with five kids will have a harder time than a client having 2 or 3 children.” But, on the other hand, few survivors said that the shelters let them in if they have space- “they have rooms that are bigger for families, so they have it accessible for children.”

Waiting Time and Shelter Alternatives

The DV survivors and focus group staff also said that the waiting time to find a DV shelter is also very long and hence they end up couch surfing many times and wait for a bed to be open. When asked about what shelter alternatives the survivors have when there are no shelters available, they said that they had to couch surf with their friends. One focus group staff said that “It could be months it could be weeks. It’s kind of depends on the availability. When they call back shelters, if there’s a spot, they could be in the next day and if no then it could be weeks or even months.” One research participant said that she preferred to stay with her family because “they are more supportive than staying in a shelter with a bunch of strangers. It’s a comfort of your own family.” Whereas on the other hand, few of the survivors did not have a good experience staying with the friends/ family members and said that “if you don’t abide by your friend’s or relative’s rules then they are gonna put you out.”

Maximum Duration of Stay in DV shelters

The research participants were asked about how long they are allowed to stay in the emergency DV shelter. The participants mentioned that “they will give you up to 30 days to stay there.” The focus group participants also mentioned the same thing but added that they might allow extensions on their stay if the clients are working progressively towards their goal- “30 days is pretty general, but you can like if you're working to get a place and stuff, they'll approve extensions.” One survivor participant and few focus group participants indicated that 28-30 days is not sufficient for the survivors to be able to achieve their basic need in their emergent situation. The focus group staff said, “for me realistically, 28 days, it’s not enough time to make a plan, to execute the plan, save money”. Another survivor participant said, “28 days is not a lot. Especially when you don’t have a job, and you are trying to find one..... If I had another week or two, I

would have been able to get the apartment that I got, and I wouldn't have to stay with the friend for about a week.”

Shelter Rules and Regulations

When the interview touched the shelter rules and regulations aspect, one participant said that the shelter staff explained the rules and regulations during the intake process. She said, “The rules were listed on the board by the list of what everybody does but yes they did explain verbally as well.” On the contrary, another participant said, “They automatically, when you come in, they give you the rules and regulations in a paper..... it was written by one over all of it and then you just trying to piece of paper and then give you a copy of the rules.” Another participant, when asked about how the shelters explained rules and regulations, stated- “So you just have to look at the board and see what you have to do.” Focus group staff, said that the clients many times did not understand the rules and regulations and hence they were kicked out of the shelter. They said, “In my experience my clients they don't understand. She's got kicked out because I didn't clean the kitchen while I didn't know I was supposed to clean, or I got kicked out as I wasn't really... I didn't know that there was a curfew, or I don't think it is communicated well.” One of the participants' statements also aligned with what the staff focus group participants said. She said, “So there was a little miscommunication, a lot of miscommunication all the way around the facility.”

Shelter Staff

Most of the research participants revealed that some staff was compassionate and sincere in their work whereas many were not always trauma-informed and mostly did not do their duty properly. A participant said, “Some of them felt that they were just going through the actions, they weren't sympathetic, but some were very trustworthy.”

Comprehensively, the majority of the clients said that the overall shelter environment was good, and they felt safe staying there with their children.

Theme (c): The emergency needs that are not entirely available in the DV shelters for the DV victims

This theme emerged as a result of the clients' and the direct service providers' experience and recommendations regarding the services available/ not available in the DV shelters to fulfill the emergency need of the clients.

Daycare for children

While asking about the daycare services for children that come to the shelters with their mothers, I got to know that there are no daycares present inside the shelter facility. One participant said, "They didn't really offer anything for them.... Offer a daycare so that you don't have to worry about your kids going out and your spouse taking off with them."

More Shelter Staff

For the staffing issue in the shelters that were found during the study, one participant said, "there was only one person that could do it. Why I have no clue, why don't you have more than one person to help find someone shelter. If you want someone gone within 28 days, you need to have more than one person and one that's not part-time."

Need for training

A participant, when asked about the support groups, and training services, suggested that the shelters must have some skill training class such as computer classes- "Have training classes.... Start a computer class." Another participant said that it would be great if the shelters could provide a self-defense class so that the victims may save themselves in case their abuser approaches them-

“I think that a good thing would be to do the safety course, that would be my recommendation...the safety training course or defense class.”

Language services and Bigger Shelters

Another two bigger recommendations came out to be the need for language services for the diverse group of victims that come into the shelters and secondly, the requirement of bigger and more shelters in the areas. For the language services, a participant said, “I think that they should always have somebody that is bilingual that works there.” A focus group staff said, “I am sure shelters have volunteers why not get a Spanish speaking volunteer.....we do use the language lines a lot because we know that that’s a need and so it's like the shelters should also understand that.”

In support of the need for bigger and more shelters, one participant said, “They need a bigger shelter, but I think many more rooms. There are a lot of domestic violence victims, and I think it sucks that they have to just get thrown into a regular shelter instead.” Supporting the same a focus group staff also said, “There’s such a big need for shelters in that area, and that’s just not enough beds for them...We have a lot of clients who go back to their abusers, or they stay in the car with their pets and children.”

In an overall recommendation, the survivors and the focus group staff said that there must be a better intake process for the clients, and there must be a drug screening for the clients who stay longer in a shelter and frequently come in and out of the shelter. The survivors and the direct care staff also stressed on providing trauma-informed training for the shelter staff to be able to deal with the clients more compassionately.

Discussion

Domestic violence is a serious public health issue. The main foci of this project were to understand the (a) experiences of women (DV survivors) who are currently living or have lived in a DV shelter, and (b) assessing the emergency shelter needs of DV survivors who seek DV shelters. This study revealed the significant key findings that are important for understanding the emergency needs of the domestic violence survivors from both the survivors' and service providers' perspective.

The important parts of the research emerged to be the availability of shelters including the detrimental intake process and entry criteria; services accessible to the survivors in/ through those shelters; language barriers; need of daycares for children; rules and regulations including confidentiality in terms of the shelter location, contact with the abuser,; and other needs required for the survivors for the initial phase of their journey after fleeing from a DV situation.

In this study, I found that the staff said that sometimes they take a longer time just to tell the clients if they have a bed available or not. Few other staff also believed that the shelter staff must clearly tell the clients that they do not qualify to give them the reason instead of just saying that they do not have any availability. According to the results, the maximum duration of the stay in the DV shelters was also found to be insufficient, being only 28 days in most shelters with few days of extensions. The extensions are also conditional and were granted only if the clients are progressively working towards their goals. But the staff that was interviewed discussed how it is not right to expect from the clients to work at the same pace every day when they are already going through a lot of emotional turmoil. According to the direct care staff and the clients, they must be provided more time to stay in the shelters. This also concludes that there is a need for bigger and a greater number of DV specific shelters in our focused area.

As other studies have noted, there are certain entry criteria for the DV survivors to be able to get into a DV shelter in the first place. This included drug/alcohol screening for the survivors in case they are addicted (Glenn & Goodman, 2015). Studies indicating about the rules and regulations such as maintaining the confidentiality of the shelter's location, prohibiting contacts to their abusers, completing the daily chores and maintenance of the shelter facility without fail, working progressively towards their goals such as getting housing/jobs, etc. and abiding by the curfews also align with current findings (Glenn & Goodman, 2015). This study is also consistent with other research in which many research participants indicated the shelter rules to be unclear, restrictive, and strict (Fisher & Stylianou, 2016; Gregory, Nnawulezi, & Sullivan, 2017). The survivors and service providers both said that the rules explained to the residents of the DV shelter are often not communicated. As a result, the residents sometimes face the consequences and might also be forced to leave the shelter depending on the severity (Fisher & Stylianou, 2016; Glenn & Goodman, 2015). As noted in this study, research shows that in addition to the participants' experiences in abiding by the rules and regulations, their experiences with the shelter staff is also crucial (Fisher & Stylianou, 2016). This is an important factor which might escalate the traumatic experience especially when the staff are unsupportive, inefficient, and not trauma-informed (Fisher & Stylianou, 2016).

Besides the above points, another important key factor to focus on was the services provided to the DV shelter residents such as advocacy, housing management, and legal services. Our finding that the shelter programs provide advocates to help them in legal matters related to domestic violence are consistent with another research (Gierman, T., Liska, A., Reimer, J., 2013). Similar to other researches, the current study also aligned with the fact that inadequate shelter facilities made the survivors feel uncomfortable staying in the shelters (Fisher & Stylianou, 2016).

As per another research recommendation, this study found that the shelter programs offer support groups inside the shelter from the time the survivors enter the shelter (Allen, Robertson, & Patin, 2017).

Also, few of the participants in the current study indicated a strong need for daycares in the DV shelters which echoes with another research (Fisher & Stylianou, 2016). The participants said that it would be very helpful if the shelters provided a daycare, especially for the working mothers. The survivors feared that if they send their child to an outside school/ daycare, their abuser might find and abduct them. Another huge issue was the language barrier for the survivor women who did not know how to read or write English. Studies align with the fact that the shelter residents face challenges in participating in the support groups and classes held in the shelters due to the language barrier (Reina & Lohman, 2015; Tam, Tutty, Zhuang, & Paz, 2016).

Limitations

There are a few limitations to the study. The major limitation of the study was the inclusion criteria of the study participants (DV survivors). The study required to focus on the emergency shelter need of the DV clients who are currently staying or have stayed in a domestic violence shelter in Omaha, Bellevue or Council Bluffs area in the past three years. Since, the number of DV victims is much higher than the number of DV shelters in the areas we focused on, hence most of the DV victims ended up in homeless shelters. This created challenges in recruiting more participants for the study. Another limitation could be the respondents' reporting bias. These were the DV survivors and have fled away from their abusers and were grateful for even a safe roof over their head. Hence, the information they provided, at some point, might be biased towards the shelters. So, there might have been a probability of not getting clear information. Another challenge in recruiting more participants was that I did not have any incentives to gift the participants as a token

of appreciation for their time. Therefore, some survivors might have been reluctant to participate even in the interviews in the first place. Also, the WCA did not have details on the shelter stay of women in their database due to security purposes. Hence, it was difficult to do targeted recruitment and had to contact the women directly.

Last but not least, there was a misunderstanding among the participants regarding a regular homeless shelter and a DV shelter. Few did not know if the shelter they stayed in was a DV shelter or a regular homeless shelter. This was also a huge challenge and resulted in eliminating a few participants from the study as the focus of the study was not the regular homeless shelters.

Advantages

To bring a change and for the betterment of services for the survivors of domestic violence, it is important to bring in the voice of the survivors. This study has included the survivors' experiences, feedback, and recommendations regarding the services that are available or provided to them in our community. Through this study, we got a thorough insight into what the struggles of the survivors are once they decide to flee from a DV situation. We also underscored the facts regarding the current services available, how they are helpful/not to the survivors, what lacks in those services, and what changes or improvements are required to provide the survivors with a better assistance and resources which can help them progress towards their goals and empower them enough to lead an independent life with their children.

Administrative Resources

I used many resources necessary to execute the proposed project. Resources such as computers, printers, scanners, and copier will be utilized. The study was done with the help of the community organization; hence, I have used their resources such as computers, printers, scanners, and copier as well. I also used their facility to conduct the interview and focus groups. I used other

important resources of the University of Nebraska Medical Center (UNMC) such as the library and the “writing center” for my final capstone paper. I have used the UNMC McGoogan Library to conduct the literature search and review. After the capstone project is completed, I will disseminate it to all the committee members. Committee expertise is a valuable resource for successful execution and accomplishment of this project.

Service-Learning Activities

My service-learning activities at the WCA included:

- a. **Provide research assistance to the WCA Shelter Task Force as they investigated establishing a shelter**

The activities included: Attending biweekly meetings of the STF committee, mapping DV shelters in the area, conducting a literature review, and building reports for the survivor interviews and staff focus groups.

- b. **Map the existing domestic violence shelter services available in the area**

With the assistance of my community partner organization, I mapped out all the domestic violence shelters in the Omaha/Council Bluffs area, including the services that they provide by calling the DV shelters and interviewing the staff (focus group) that closely work with the clients. I found that the services that are provided are private/ infrequent transportation services for picking up clients when they first arrive and during their stay whenever needed. Bus passes or cab services are the popular ones used by the shelter. Services like counseling services, legal aids, support groups, housing, and case management services are provided for DV clients at only a few shelters. Not every shelter has these services on-site. They many times out-source and partner with other agencies to provide counseling and legal aids to the clients. Some shelters also provide housing services wherein they partner up with other organizations. The

shelters also provide some kinds of support groups and classes for the shelter residents. But in most of the shelters, no educational training or classes like GED are provided. The shelters also provide many need-based services to the clients and their children. For example, they provide job skill pieces of training and financial assistance to the clients who need them.

There are three emergency shelters exclusively for the domestic violence victims in Omaha, Bellevue, and Council Bluffs area. They have approximately 20-30 beds in each shelter and are in a place which is confidential to everyone including the direct service providers. The emergency services provided by these DV shelters are presented in Table III.

Table III. (Emergency DV Shelters: Basic Information and Current Available Services)

<u>Services</u>	<u>Safe Haven</u>	<u>Catholic Charities</u>	<u>Phoenix House</u> <u>(Sister facility of</u> <u>Catholic Charities)</u>
Max stay duration	6-week program	28 days program (Can apply for an extension)	28 days program (Can apply for an extension)
Transportation	Internal, not a frequent resource	Limited: Need and priority based	Limited: Need and priority based
Support groups and classes	Yes	Yes (Also rely on WCA)	Yes, Also rely on WCA
Language services	Bilingual speakers/	Bilingual speakers/	Bilingual speakers/

	Interpreters	Interpreters	Interpreters
Services for children- Daycare or similar	No (No state aid provided)	No	No, but Childcare only during the support groups and classes
Educational training	N/A	Covers all aspects of domestic violence survival skills	Covers all aspects of domestic violence survival skills
Advocacy services	Yes	Yes	Yes
Case management service	Yes	N/A	N/A
Housing management service	Yes	Yes	Yes
Counseling	Yes (Mental health and therapy services)	N/A	N/A
Life skill training	Yes	N/A	N/A

c. **Establish a Workplace Wellness Committee for all the employees at the organization**

The activities consisted: Compiling information about a workplace wellness committee, working with the preceptor to identify strategies to recruit committee members, presenting all information and strategies to the WCA staff, conducting a survey to identify the employee needs, conducting meetings and identify activities for the committee.

Service Learning/ Capstone Experience Reflection

Women's Center for Advancement (WCA) is an organization that supports victims of domestic violence and sexual assault and their children to attain safety and empowers them to lead a self-determined life with their high-quality free services for the clients' instant and emergency safety needs. WCA also helps in preventing domestic violence, sexual assault and other similar social and public health crisis in the town. The organization continuously works towards its mission, and to support them continue the work, there are several funders in the town that provide monetary backing for different projects. To make their services effective, the organization has employees who are sincere towards the clients, with excellent advocacy and managerial skills which makes the organization a go-to place for anyone experiencing domestic violence, sexual assault, stalking, or human trafficking. The staff is very supportive and helpful. They helped me in accomplishing my service learning and capstone experience project. When I started my project, I thought that it would be easier to find the research participants for the one-on-one interviews as each day a lot of domestic violence survivors receive services from the WCA. But I had a huge challenge recruiting the participants for the interviews. In the beginning, I did not know that it will be such a big challenge to contact the clients and reason was the sensitivity of the topic and the eligibility criteria of my project. These were real victims with experiences of domestic violence. Hence, we had to rely on their comfort level and flexibility completely.

The above activities were performed with the help of the staff of the WCA. To identify the survivors' needs, I had to conduct one-on-one interviews with the survivors and staff focus groups as well. I utilized the organization's resources to recruit participants and schedule the interviews. I was given free access to reserve spaces and conduct interviews inside the organization's facility.

After conducting the interviews and staff focus groups, I prepared a report of the data collected via the interviews and staff focus groups. I presented the report at the Shelter Task Force Committee Meeting. My report helped the committee prepare a robust presentation and present it at their board meeting and justify the need for a DV shelter in the area.

To Establish the Workplace Wellness Committee, I did my research on how a workplace wellness committee looks like, about its function, and what different kinds of activities can be organized. I also surveyed the staff to know what the main health issues in which the staff of WCA are interested. This helped me in creating a target for the committee for the first six months. Currently, the committee is in a steady running state and is actively working towards the goal of creating a healthy work environment for the employees.

My capstone experience activities included contacting DV survivors via various methods and finally calling them to schedule one-on-one interviews with me. I also conducted staff focus groups with the direct service provider staff at the WCA including advocates and case managers.

The biggest challenge in my SL/CE was the recruitment of research participants due to the sensitivity of the topic, i.e., domestic violence and the eligibility criteria for the participants of the project. Hence, it took a long time to find and recruit participants for one-on-one interviews. My committee members were very supportive in every way. They provided proper guidance and helped me brainstorm with the ideas to contact and recruit the clients for the interviews. I came to know during this project that we are supposed to deal with the DV survivors with patience and

perseverance. I discovered my trauma-informed approach for the types of research participants I was dealing with. If in the future, I will be a part of this kind of project, I would follow the same ideas, guidance, and protocols of the committee members to deal with the situation.

My idea of public health practice was limited to what we learned in the class. This included relationship building with the community and the population we work with. While doing my service learning and capstone experience project, I directly worked with the survivors of domestic violence. This allowed me to expand my knowledge and gain practical experience in the field of public health practice. The project helped me understand the core public health practice values. Recruiting participants and interviewing them made me more aware of how to eventually work with the DV survivors, learning how to navigate with different communities is an important aspect of public health practice. Also, being a researcher at the same time helped me understand how public health practice works in real time.

My public health education has equipped me with all the core values and tools that we would require in our professional as well as personal life. Since my project dealt with a vulnerable population, it was important for me to be sensitive, trauma-informed, and respectful towards them. During my public health classes, I learned how to work with different populations. Hence, I think my public health education has prepared me well not only to carry out my service learning and capstone but also to perform similar work on my future professional career.

Recommendations

My recommendations would be towards the shelters, policy makers, funders, and other concerned officials to focus on the unmet needs of the domestic violence survivors in an emergency.

- a. The shelters must focus on trying to have more full-time staff so that there is less miscommunication as a result of changing shifts due to part-time staffing.
- b. The shelters must also stress on creating a welcoming, trauma-informed and compassionate environment inside the shelters.
- c. They must also try to offer more and different kinds of training classes in the shelters according to the needs of the survivors.
- d. The policymakers must implement policies regarding a daycare inside the shelters.
- e. Last but not least, the major funders are a crucial part of the implementation of a facility for the survivors. They must understand the crisis and work towards a goal of making the community safe for the DV survivors.

Conclusion

Survivors of domestic violence and the direct service providers, in this study, highlighted the important role that the shelters play in serving the victims of domestic violence in an emergent situation. This study brought in the voice of survivors concerning their experiences before and after finding shelter as well as during the shelter stay. The findings of this need assessment study to invite the policymakers, funders, and other concerned officials to focus on the unmet needs of the survivors of domestic violence in Omaha, Bellevue, and Council Bluffs area.

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Appendix I

Introduction and consent

I want to thank you for taking the time to meet with me today. My name is Tanushree Ojha, and I am a master's in public health student at the College of Public Health, University of Nebraska Medical Center.

This study will assess the needs of the survivors at domestic violence shelters in the Omaha area. The questions will focus on emergency housing needs, and access to other services such as mental and physical health care, and job and life skills training. The study intends to understand better the quality of services provided by the domestic violence shelters to the survivors of domestic violence. With your answers, you may help us learn about the different needs of the domestic violence survivors, the challenges they face and what are the areas of improvements that are needed to be addressed in the future.

The interview should take about an hour. All your responses will be kept confidential. We will ensure that none of your interview responses that we will include will identify you as the respondent. Your name will not be associated with any information you provide. You are also free to skip any questions you do not want to answer and may end the interview at any time.

Are there any questions about what I have just explained?

Appendix I (a)

Client Interview

1. Can you tell me about the process you went through to stay in the most recent domestic violence shelter that you resided in?

PROBES (Probes are prompts that the interviewer will ask openly):

- a. Can you explain to me if there was any screening process (tests/processes) that you went through to qualify for your shelter stay?
 - b. Can you tell about the processes for admission of children into the shelters? (If they are allowed)
 - c. Can you mention the time limit on how long you could stay at the shelter?
 - d. Was a Domestic Violence shelter readily available when you needed it?
 - i. If not readily available, where did you stay?
1. (Hotel/Motel, homeless shelter, etc.)

Can you share with me your experience if you stayed in a hotel/motel or a homeless shelter?
 2. What was your feeling regarding your safety during the hotel/motel stay?
 3. How long did you stay there?

2. How did you feel about your stay in the shelter?

PROBES

- a. What are the rules and regulations you must follow as a shelter resident?
- b. How are the rules and regulations demonstrated to you?
 - i. Verbally by a staff/ fellow resident or through a flyer or written manner or posted on a notice board that you need to read on your own?

- c. How do you feel about the shelter staff in terms of their behavior with the shelter residents?
 - i. Did you feel that the staff at the shelters you stayed at made you feel like you had a choice in the services you received at their shelter?
 - ii. Did you feel like they were trustworthy?
 - iii. Were they sensitive to your needs?
 - d. Did you feel safe at the shelter?
3. Instead of going to shelter what would you think about staying with relatives or friends?

PROBES:

- a. Would you have any concerns about staying with friends or relatives instead of going to a shelter? Can you tell me more?

I have a few questions about support services that are provided in the shelter.

4. Please, can you tell me about the counseling services available in the shelters for the residents?

PROBES:

- a. How often are you able to visit with a counselor at the shelter? For how long?
- b. How helpful do you find it? Can you elaborate

5. Can you tell me about the legal services that are provided by the shelters in case anyone needs them?

PROBES:

- a. What is the payment policy for those legal services?
- b. How it might help you in the future or how it helped you to move ahead in life?
Can you please explain?

6. What is some job/occupational skill training provided to the shelter residents? Can you give me some examples?

PROBES:

- a. How useful do you find those classes? Please elaborate.
 - b. How will it help you in the future? Can you please explain?
7. Can you tell me about any life skill training that the shelter residents receive? For example financial management; education training like GED, English as a second language class, self-esteem classes?

PROBES:

- a. How useful do you find those classes? Please elaborate.
 - b. How will it help you in the future? Can you please explain?
8. How about language barriers? What language services do they offer for people who may not be fluent in English?
 9. Can you please tell me about the other skills that you would like to learn before you move out of the shelter that might help you in your future?

PROBES:

- a. Please, can you give me some examples?
- b. How useful do you find those classes? Please elaborate.
- c. How will it help you in the future? Can you please explain?

Again, please feel free to skip any question that I ask.

1. What recommendations do you have to improve the current services provided at the shelter?
2. Anything else you would like to share with me about living in the shelter?

PROBES:

- a. The general environment
- b. Length of stay, etc.
- c. Services provided; medical services for the residents and their children, language, interpreters

That is all the main questions I have for you, and we now have a few background questions.

(Again, please feel free to skip or not answer any questions if you do not wish to do so):

Socio-demographic information:**1. Where do you currently live?**

- a. (Probe: Which county [state] do you live in)?

2. How long did you live in a domestic violence shelter?

- a. (Probes: When, where and for how long?)

3. Do you have any children?

- a. (Probe: What ages and gender? Do they live with you...in the shelter?)

4. How old are you?

- a. Probe: Let me read you a few categories, and you tell me which one might best describe you: 19-25; 26-25; 36-45; 46-55; over 55 years?

5. **What gender best defines you:** Male; Female; Transgender?

6. **Have you ever been married?**
 - a. (Probe: Legally, civil? How many times?)

7. **What is your education level?**
 - a. Probes: Let me read you a few categories, and you tell me which one might best describe you: High school/GED; Trade School _____ (months/years); Associate Degree; Some college ____ (years); College degree; Post-graduate (Masters and above).

8. **Are you currently employed?**
 - a. Probes: Here are some categories: part-time, full-time, unemployed (if unemployed, how long)

9. **Which category might best describe your racial/ethnic background?**

- a. Probes: Would you consider yourself to be Latino/Hispanic? Would you consider yourself to be any one of the following: African American, Asian American, Native American, White/Caucasian or of a mixed-racial background?

That is all the questions I have for you. Thank you so much for your time.

Appendix I (b)

Focus Groups with WCA Service Providers

1. Can you tell me about the process that the clients must go through to stay in shelters?

PROBES:

- a. Was there a screening process (tests/processes) that they go through to qualify for their shelter stay?
 - b. What are the processes for admission of children into the shelters? (If they are allowed)
 - c. Is there any time limit on how long they could stay at the shelter?
2. What steps are taken when there is no availability of shelters?

PROBES: Are there some specific hotels for this service or are clients just directed to any random hotel?

- i. If yes, how you feel about survivors staying in a hotel/motel...how long did they stay there, and were you concerned for their safety?
3. Are the rules and regulations of the shelters explained to the new clients?

PROBES:

- a. How, Verbal/through flyer?
 - b. Are there special staffs designated for this task?
4. Do you think that all the staffs at the shelter have all the training they need to deal with the clients with sensibility and compassion?

PROBES:

- a. For example: Crisis intervention, trauma informed care, resources, etc.

- b. Do you think that all staff is well informed regarding the services available in the shelters?
 - i. Occupational skill service
 - ii. Educational services for both the clients and their children
 - iii. Counseling/ Mental health service (or are there other professionals for this service)?
 - iv. Life skills service
 - v. Mental health services for the children
 - vi. How do you decide what kind of occupational training should be provided to which client?
5. Do you think that language or interpreter services are provided to those clients who do not know English?

PROBES:

- a. Which languages are they provided in?
6. Do they have any primary physician within the network of shelter services?

PROBES:

- a. Are the clients required to go through a primary health check-up before entering the shelter and follow up check-ups for shelter residents?
7. What kind of services are available for the children?

PROBES:

- a. School
- b. Day-care

8. Are there some special services that are provided to the clients according to the severity of the domestic violence experienced?
9. What would be your recommendation for the improvement of the current services?

That is all the main questions I have for you.

Focus group participants will be requested to fill out the following demographic information sheet:

Socio-demographic information:

1. What gender best defines you:

Male; Female; Transgender?

2. How old are you?

Circle one: 19-25; 26-25; 36-45; 46-55; over 55 years?

3. What is your education level?

Circle one: High school/GED;

Trade School _____ (months/years);

Associate Degree;

Some college ____ (years);

College degree;

Post-graduate (master's and above).

4. Which category might best describe your racial/ethnic background?

Circle one:

Latino/Hispanic?

Would you consider yourself to be any one of the following: African American, Asian American, Native American, White/Caucasian or of a mixed-racial background?

5. How long have you worked at this organization?

_____ Years and _____ Months

Thank you so much for your time.

Appendix II

Theme A. Current services provided to the survivors in the shelters	
Transportation	<p>Client- “if you don't have transportation, they will ask you.....and have a van come pick you up.”</p> <p>Interviewer- And do they provide transportation to the school?</p> <p>Ans. - If they had to, yes.</p> <p>Client- “so do they provide transportation to travel to the court? Ans- Yes, they will. Or they give you bus tickets or yeah. ”</p>
Client follow up after moving out of the shelter	<p>Client- “Well one of the ladies, once you get moved on of the shelter, she speaks with you for 6 months afterwards just to see how you are doing, if things are getting better things like that, and she said, and I didn’t think that I will get any help for them whatsoever. But when you move out, they usually give you with some necessities stuff that you need.”</p>
Housing management services	<p>Client- “so I apply for housing through the shelter, and I got into Safe Haven housing through Heartland for a year.”</p>

	<p>FG- “they offer housing case manager to try to get them into the stable type of housing.”</p>
Services for children/ Needs-based resources	<p>Client- “Interviewer- Okay, and was it the shelter that helped the moms that helped the moms find a daycare or school for the children? Answer- Yes”</p> <p>FG- “R. Like job skills, etc.? Ans. Yes. R. I also Financial saving? S3. yeah.”</p>
Counseling services	<p>Client- “ yeah they have counseling for me and my children which helped a lot to me and my children it helped my oldest daughter a lot because she was like I don't know what I want to call her like she saw everything, so she was like a trauma Survivor has herself A secondary I guess that they call it so she got some help also”</p>
Legal services	<p>Client- “I mean a lot of women are helped with getting divorces and everything you know like get out of their relationships.”</p> <p>Client- “They didn’t provide any services. They just said here’s the list, you can call them, and that was about it. I</p>

	actually didn't find anything out from the shelter,"
Support groups, classes & other training classes	<p>Client- "Journey Beyond abuse was the one that I went to. But they also did like a professional workshop, and they had a financial group, job skill groups. Interviewer- did they have any educational group like on GED? Ans.- No."</p> <p>Client- "every Thursday you met with everybody there and we just kind of talk throughout the things that were going on and if there were any changes that were needed."</p> <p>FG- "some of them have groups, or they'll have like AA meetings or stuff like that, do have different classes."</p>
Contract services from other organizations	<p>Client- "they had all kind of classes in the evening, and you can go out to the Lutheran family services in our building it wasn't at the whole house, but it was at the Lutheran family services.....it was all hooked up..... There were a lot of counseling classes because girls were going out to different classes, but we didn't have it in the house they had we had to go out for that we had to go out."</p>

Theme B. Client experiences with DV shelters

Codes	Quotations
Shelter entry process & Shelter screening	<p>Client - “I had to call and talk to their hotline and see if they had beds available...They don’t have very many beds there. So, it's just a process of calling and being able to get in. The first couple of days is a lot of paperwork to fill out.”</p> <p>Client - “they would ask you a few questions to see if you would qualify actually to get in there and once you qualify, they would say when you're ready to come just give us a call, and we'll tell you where it's at.... they just want to make sure that you are in a domestic violence situation and/or if you actually need a place to stay because of the situation you are in....what the reason is why are you running away or why are you needing a place to stay what's going on or any other kind or what's going on and after they find out that those questions fit their category to stay there then they will allow you to stay.”</p> <p>FG- “call first and they want to talk to them directly to hear their part of the story about what happened to them and</p>

	<p>then they have they deal with multiple questions sometimes very detailed questions that they ask them.....if there is a spot then they'll tell like yeah there is a spot here's the address and then tell them the rules and they tell him that they have X amount of time to get there and sometimes that's a problem for us just Because we're not done with them, but we let them know why there were here with us we'll cab them over there whenever they're ready. I mean usually, they're okay with that. So that's a process. “</p>
<p>Confidentiality</p>	<p>Client - “they would say when you're ready to come just give us a call, and we'll tell you where it's at we cannot tell you where we are or who we are or anything like that and they'll have you go to few blocks away from where you are and have a van come pick you up or if you have a vehicle then they will tell you where to go, but they won't do it until you're completely ready”</p> <p>Client - “you could let nobody know where you were at. If somebody was coming to pick us up, they had to meet us like we had to go to this place it was like a gas station.”</p> <p>FG- “DV shelter where it’s more hidden and more private</p>

	no one really knows where they're at not even us.”
<p>Shelter alternatives: Family & Friends/ Homeless Shelters/ Hotels and Motels</p>	<p>Client - “I spent a lot of time Couchsurfing throughout friends and wherever I could stay. I would prefer a relative or family member because they are more supportive than staying in a shelter with a bunch of strangers. It's the comfort of your own family, but I didn't have that choice. Because my family finally had had enough of me coming over and crying and having the bruises in like they just couldn't handle it anymore. It was a repetitive cycle, and she couldn't do it anymore. So, I had to go to the shelter. That was my only option.”</p> <p>Client - “I left the shelter To go stay with my mom after she moved where he didn't know she stayed anymore.”</p> <p>FG- “so we try to look for resources like friends, family and somewhere safe that they can go.”</p>
<p>Client struggle-</p> <ul style="list-style-type: none"> ● Money ● Language barrier ● A place to stay, ● Other 	<p>Client - “no money, no way to pay for anything I was cut off from credit cards bank account I had no Transportation I was walking everywhere, had nothing, I left with nothing.”</p> <p>FG- “I've seen that a lot if so the client has been actively</p>

	<p>working on bettering their situation but we also know that a lot of the victims have depression they have all these mental health and emotions that they're going through because of the sudden life changes that it might not be easy for them to be able to just get up every morning and get out of bed and go, let me go because I need to, it's like, it makes really hard for them because you're putting them in expectation that is unrealistic.”</p>
<p>The maximum duration of stay in a shelter</p>	<p>Client - “this one was 28 days. Let It Go an extra week, But that's the farthest that they want. They said, said you only have 28 days and after 28 days you are gone”</p> <p>FG- “Most DV shelters will go up to 30 days.”</p>
<p>Shelter staff</p>	<p>Client -- “But coordinator that is there never introduced herself to anyone I didn't even know who she was otherwise I should have said hey you know this is what's happening and she never spoke to me anything I saw her go in and out talking to the workers and everything but she just never she never said hey I am so and so how's it going nothing she was very, the first day I met her was the day when I left, and she was very rude.”</p>

Client - “I thought that they were very trustworthy and when I needed any help like I was talking about my convulsion disorder they were very helpful with that. They were very sensitive to my needs and my children's needs at that time When I have those. But Some of them I felt that they were just going through the actions, there weren't sympathetic, and I think in that scenario where they can do better at because I am a single individual and I am not a group of people. There was this guy when I was trying to talk he kept saying well you all feel this way, I am like, mean I am an individual, just say you are feeling this way, you know, and that bothered me.”

Client - “They are very nice. Some of them were not so nice and not so understanding but they have a few good workers there that really went out of their way but not everybody there's like that. I don't feel like some of them were sensitive enough, no. especially if you can't understand if somebody's 5 minutes late of the curfew and you're kicking them out you know what I mean like I said that's absolutely ridiculous.”

	<p>FG- “also and these I mean staff when it comes to shelters, they're not that they're not the friendliest, they are not the most compassionate they're not the most understanding.”</p>
<p>Client/shelter safety</p>	<p>Client - “it was, I felt safe. I was very grateful that I was able to stay there. What was nice about it once we had badges that we were given out Whenever we had to come and go when we left, we got the badge and when we came back with name in the badge, so it was lock and key.”</p> <p>Client - “Safety wise it's great, cameras watching everything you have to buzz the door to be let in like they don't just let anybody come in.”</p> <p>FG- “I think they ask and I know safe haven asks for the abuser’s information because they like to keep a written documentation of what their abuser look like in case somebody will show up that have those characteristics, or at least I know they ask for like their car Meek and if they know their license plate that way they can scream to see who's coming by and that way they can make sure that the safety of everybody in the shelter is like protected.”</p>

<p>Shelter rules & regulations</p>	<p>Client - “The rules were listed on the board by the list of what everybody does, but yes they did explain.”</p> <p>Client - “There was a paper that they gave us, I don’t remember what the exact rules are now, it has been a little bit, but there was a paper, and then they told about us too, so it was verbal and written.”</p> <p>FG- “In my experience my clients they don't understand. she's got kicked out because I didn’t clean the kitchen while I didn't know I was supposed to clean, or I got kicked out couldn’t keep hurting you but I wasn't really I didn't know that there was a curfew or I don't think is communicated well where they understand in it”</p>
<p>Overall shelter environment</p>	<p>Client - “we didn't have to really worry about food because there was food there, we could eat what we wanted and everything really good about you know about that. The kids you know when the kids came home from school, they were watching TV and stuff, so it's really you know. They really cared of the needs.”</p>

<p>Waiting time to get into a DV shelter</p>	<p>Client - “a lot of times they don't they don't have a lot of space open in Domestic Violence Shelter.”</p> <p>FG- “But the domestic violence shelters one that's like the intake is longer even to get a response if they're full or not.”</p>
<p style="text-align: center;">Theme C. The emergency needs that are not/partially available in the DV shelters for the DV victims</p>	
<p>Longer shelter stay duration</p>	<p>FG - “Interviewer- so they are occasions when they are pushed out of a shelter, and then they aren’t necessarily ready? Ans.- Yeah, a lot, most often. Realistically for me, it’s not enough time to make a plan, to execute the plan, save money. But then if you think about it a lot of these ladies are coming from a place for they haven't had an appointment for a long time because they haven't been allowed to work, So within 28 days supposed to try to get them a job has been paid in order for them to put a deposit and first month's rent in somewhere that they completely cannot afford so it's just it's so difficult because it's like</p>

	<p>maybe we get them a job in 28 days, but then they don't have the funds available in order to pay a deposit and first month's rent..... it makes really hard for them because you're putting them in expectation that is unrealistic.”</p> <p>Client - “28 days is not a lot. Especially when you don't have a job, and you are trying to find one..... If I had another week or two, I would have been able to get the apartment that I got, and I wouldn't have to stay with the friend for about a week.”</p>
<p>Daycare for children</p>	<p>Client - “The children had to go to a daycare or school depending on when mom worked, so the parents were in charge of the kids at all times. There was no daycare at the shelter.”</p> <p>Client - “They didn't really offer anything for them.... Offer a daycare so that you don't have to worry about your kids going out and your spouse taking off with them.”</p> <p>Client - “Start off with Little daycare in a little room like four five kids with two staffs.”</p>

<p>More Shelter Staff</p>	<p>Client - “there was only one person that could do it. Why I have no clue, why don’t you have more than one person to help find someone shelter. If you want someone gone within 28 days, you need to have more than one person and one that's not part-time.”</p> <p>FG - “so they're either working long hours for them when their budget doesn't allow them to work full time, so it's only someone there half the time, so usually there's a staffing issue.....And they are understaffed.”</p>
<p>Need for Counselling services</p>	<p>Client - “Not really in that sense, but they would talk to us just to see how we are doing, what’s going on.”</p>
<p>Need for pieces of training</p>	<p>Client - “Have training classes.... Start a computer class.”</p> <p>Client - “I think that a good thing would be to do the safety course, that would be my recommendation...the safety training course or defense class.”</p>
<p>Language services</p>	<p>Client - “I think that they should always have somebody that is bilingual that works there.”</p>

	<p>FG - “I am sure shelters have volunteers why not get a Spanish speaking volunteer.... we do use the language lines a lot because we know that that’s a need and so it's like the shelters should also understand that. Like it’s a need for their clients because homelessness is through all cultures.”</p>
<p>Resources</p>	<p>Client - “Resources. Tell us places where we can go to. If there is a resource that could help get you into school to do something even for one year can make a big difference. If there was a resource that would help a lot of people get to where they need to be. ”</p>
<p>Bigger shelters</p>	<p>Client - “They need a bigger shelter, but I think. Many more rooms. there's a lot of domestic violence victims, and I think it sucks that they have just to get thrown into a regular shelter instead.”</p> <p>FG - “There’s such a big need for shelters in that area, and that’s just not enough beds for them...We have a lot of clients who go back to their abusers, or they stay in the car with their pets and children.”</p>
<p>Trauma-informed training for staff</p>	<p>FG - “I mean staff when it comes to shelters, they're not that they're not the friendliest, they are not the most</p>

	compassionate they're not the most understanding they need more training up in there.”
The improved and organized intake process	FG- “I would just suggest about a better intake process.”
Improved drug screening and testing	Client - “If you've been there for a while and you are going out for passes on the weekends and come back, and I think they should get drug screen you.”