

## ***Domestic Violence Shelter Services*** **A Review of the Empirical Evidence**

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# Domestic Violence Evidence Project

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## *Overview of the DV Evidence Project*

Increasingly, domestic violence programs are being asked to learn more about, contribute to, and describe how they are engaging in evidence-based and evidence-informed practices. Funders, policymakers, researchers, and advocates themselves are also more interested today in what evidence exists that a particular intervention or prevention strategy is making a positive difference for survivors, or is meeting the outcomes it was designed to achieve. With this information, domestic violence programs can better secure continued support for proven programs and practices, and can more easily identify, develop, and/or adapt innovative or exemplary approaches from other communities.

To respond to this new emphasis on evidence-based and evidence-informed practice, the National Resource Center on Domestic Violence (NRCDV), with support and direction from the Family Violence Prevention and Services Program at the U.S. Department of Health and Human Services, engaged in a two-pronged approach. First, evidence was collected and synthesized from published, empirical research studies. Second, in recognition that controlled research studies are not the only form of evidence to consider in determining program effectiveness (Puddy & Wilkins, 2011; Schorr & Farrow, 2011), the project also identified where emerging and promising evidence exists that specific programs and practices are effectively addressing complex social problems in community settings.

This research summary, one of a series developed by the NRCDV's [Domestic Violence Evidence Project](#), should be viewed as an important piece of information to consider, but it does not include the broad scope and continuum of services being delivered across the country or globe. Practice-based evidence being generated by the field and captured in the project's Program and Practice Profiles should also be considered.

“In one field after another, we are learning that so much of the most promising work in addressing the most intractable social problems is complex, multifaceted, and evolving.”

*Schorr & Farrow, 2011; p. 22*

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## ***Domestic Violence Shelter Services A Review of the Empirical Evidence***

### ***Introduction***

There are fewer than 1,500 domestic violence shelters programs across the entire United States (National Network to End Domestic Violence, 2012), and thousands of survivors and their children are turned away annually due to lack of space or other resource limitations. Although shelter funding has increased substantially over the last several decades, particularly since the original passage of the Family Violence Prevention and Services Act in 1984, followed by the Violence against Women Act (VAWA) in 1994, many shelters still struggle financially to remain open.

Most survivors turn to shelter programs only as a last resort (Grossman & Lundy, 2011). Few women<sup>1</sup> look forward to entering a new environment that is often crowded with strangers, involves living collectively with many other individuals in crisis, offers little to no privacy, and includes numerous restrictions that come with such a living condition. If they can stay with friends or relatives, secure their own homes so that they feel safe living there, or afford to move either temporarily or permanently, these choices are generally deemed more desirable and less traumatic for survivors and their children. Unfortunately, many women lack the social and economic resources to choose any of these options, and for them a shelter is their best alternative (Panchanadeswaran & McCloskey, 2007).

The typical maximum length of stay at a domestic violence shelter in the United States began as 30 days, although most programs today offer extensions as needed, or provide longer stays, given the lack of housing and other resources available in communities. During their stay, women are provided with far more than beds, meals, and laundry facilities. “Counselor advocates” work with survivors to identify and meet the family’s unmet needs (Sullivan, 2010). This might include making arrangements with their children’s school, negotiating a leave from work, finding employment or training opportunities, or obtaining health care. Shelter residents are also informed about their legal rights and are assisted in obtaining protection orders and legal assistance, if desired. Most shelters also run educational as well as support groups, where women receive both factual information about available services and a conceptual framework – such as the Power and Control Wheel – to help them understand what they have been through. These formal services are complemented by informal opportunities to talk with other women that arise in the normal course of a day. Safety planning is also a core service offered to women and their children in a shelter. Most programs provide all services free of charge or at minimal cost and are philosophically committed to women’s empowerment (Macy et al., 2009).

To date, there is limited empirical evidence regarding the effectiveness of domestic violence shelters, for obvious ethical reasons. It would not be feasible nor ethical to randomly assign survivors into shelters, and

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<sup>1</sup> All domestic violence shelters in the U.S. offer emergency housing and support to both female and male survivors of intimate partner abuse, with men typically being offered separate accommodations. However, the vast majority of shelter residents are women, and all of the empirical studies reviewed herein were with women shelter residents, with one exception. Lyon, Lane, & Menard’s 2008 multi-state shelter study included 3,397 women and 13 men. Therefore, the female pronoun is sometimes used to refer to shelter residents. This is not intended to minimize or ignore the experiences of male survivors needing emergency shelter.

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those studies that have compared women who do and do not use shelters are severely limited by the fact that these two groups of women differ on many other variables other than shelter use (e.g., income level, education level, access to other options, severity of abuse). It is also difficult to examine the impact of “shelter” on women’s lives because there are so many services and programs offered within most shelters (e.g., support groups, advocacy, children’s programs). If women report the shelter experience as being helpful, therefore, it is not always clear what aspects of the experience contribute to that assessment. These difficulties notwithstanding, this paper examines the empirical studies of shelter effectiveness in the lives of abused women. This review includes studies of “shelter” in general, and does not address the specific programs offered within shelter (e.g., support groups, children’s programs), which are the subject of separate research summaries.

This paper was prepared for the *Domestic Violence Evidence Project*, an initiative of the National Resource Center on Domestic Violence. The overall goal of the DV Evidence Project is to combine what we know from research, evaluation, practice and theory to inform critical decision-making related to domestic violence intervention and prevention efforts. We encourage you to visit [www.dvevidenceproject.org](http://www.dvevidenceproject.org) for additional materials, including research summaries, community practice summaries and evaluation tools.

## **Method**

A systematic review of the scientific literature was undertaken to locate all empirical articles examining the impact of shelter services on survivors’ lives. Articles were located through computerized journal databases (PubMed, PsychInfo, Google Scholar, & JSTOR), using combinations of the following keywords: domestic violence, intimate partner violence, domestic abuse, gender-based violence, gendered violence, shelter, and residential services. Following that, we conducted backward searches through the reference list of articles selected for inclusion. The original search yielded 2,970 results. Forty two journal articles, book chapters, and evaluation reports relevant to shelter efficacy were identified from these efforts, and 17 met the inclusion criteria of presenting shelter outcome data.

## **Findings**

Domestic violence victims have different reasons for utilizing shelters, with some intending to leave the relationship permanently and others seeking temporary respite with the hopes they can salvage their relationship if their partner is willing to change. Some women who seek shelter are being abused by ex-partners, highlighting the reality that ending the relationship does not always end the abuse (Fleury, Sullivan, & Bybee, 2000; Hardesty & Chung, 2006). Survivors also enter shelter with different life experiences and need different types of assistance (Sullivan, Baptista, O’Halloran, Okroj, Morton, & Stewart, 2008). Some may need information about domestic violence and safety planning, others need help with practical issues such as housing and employment, and others are seeking a combination of emotional support and practical assistance. Most women have multiple needs when entering shelter, and rely on staff to provide individualized services and supports to them. Because of this complexity, it is not feasible to examine only one universal outcome variable for shelter. Instead, some studies have stayed broad, asking about general “satisfaction” with shelter stay, while others have examined particular outcomes (e.g., depression). Two studies that examined

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overall satisfaction were Cannon and Sparks (1989; 95% of women found shelter helpful) and Fowler and colleagues (2011; on average, women found shelters “quite helpful”). Panchanadeswaran and McCloskey (2007) examined what contributed to women leaving their abusive relationships, and found that, for women experiencing moderate to severe violence, shelter was significantly related to ending the relationship. Gondolf, Fisher, and McFerron (1992) also found that the more types of services women used while in shelter, the more likely they were to live independently post-shelter.

Bowker and Maurer (1985) published the first study on survivors’ views about domestic violence shelters. Their sample included 1000 women recruited nationally through Women’s Day magazine, as well as 146 in-depth interviews with formerly abused women from Wisconsin. Twenty six percent of the sample had used shelter services, and women were more likely to rate shelters as being ‘very effective’ (44%) than any other formal services in reducing or ending the violence against them. While 72% of the women said that shelter had been slightly to very effective in reducing the violence against them, 6% noted it had increased the violence. A study conducted 20 years later (Goodkind, Sullivan, & Bybee, 2004) reported almost identical findings. While 79% of the women in their sample who had used shelters reported them as helping reduce the violence, 10% said the experience had no effect on the abuse and 10% said the violence had increased as a result of using shelter. These findings underscore the point that the larger community must be involved in preventing abusers from recidivating.

The earliest in-depth examination of the role of shelters in survivors’ lives involved conducting qualitative interviews with 63 women using a shelter in western Canada (Tutty, Weaver, & Rothery, 1999). Women had to have been in shelter at least one and a half weeks before being interviewed, and interviews explicitly focused on how women perceived shelter staff, the shelter facility itself, and other residents as being helpful to them. Thirty five of the 63 women (44%) were successfully located 4-6 months later and interviewed about how they now thought the shelter experience had impacted them. When explicitly asked what about the shelter was most helpful to them, 84% of the women mentioned the staff, noting they were not just knowledgeable, but caring and supportive as well. Almost half of the women commented on how safe they felt in the shelter, with some noting that it was the first time in years that they could truly sleep. Other components of the shelter experience that women noted included having other survivors to talk with about their experiences, learning about and being connected with community resources, and the programs for their children. Several women mentioned how critical the shelter was in helping them, with several saying it had saved their lives<sup>2</sup>.

Tutty (2006) conducted a later study that included 368 women using shelters in Canada, and this study involved surveying residents within 3 days of entering shelter and again toward the end of their stay. The initial survey asked what women had wanted from shelter, and the most common responses were emotional support (81%) and safety (80%). The second survey examined women’s satisfaction with the shelter as well as changes in trauma-related symptoms. Women were asked which three services had been most important to them, and the top three were safety, emotional support/counseling, and housing assistance.

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<sup>2</sup> This study was also described in a later book chapter (Tutty & Rothery, 2002), but with a larger sample. 102 women were qualitatively interviewed one and a half weeks into their shelter stay, and 64 were interviewed 4-6 weeks after leaving shelter. Results were the same as those presented here.

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This large-scale, pre-post design study also identified a number of shelter-based outcomes. As they were leaving shelter, women endorsed understanding that they deserve better (100%), feeling more hopeful (99%), and having more ways to keep themselves and their children safe (97%). Finally, this study also examined changes in trauma-related symptoms, using the Impact of Event Scale – Revised (Creamer, Bell, & Failla, 2003; Weiss & Maymar, 1997). Women were asked how much they continued to be bothered by symptoms that tend to indicate post-traumatic stress (e.g., I had trouble concentrating; I was jumpy and easily startled). One hundred eighty women completed this scale at both shelter entry and exit. The majority of items were endorsed at the “moderately bothersome” level by women at shelter entry, with almost all decreasing to “bothering a little bit” by shelter exit. This change was statistically significant ( $p < .0001$ ).

**Table 1. Helpfulness of Services from Canadian Shelters (N=368)**

| <i>Information About:</i>                | <i>Wanted On Entry</i> | <i>Very Helpful</i> | <i>Somewhat Helpful</i> | <i>Not Very Helpful</i> |
|--|------------------------|---------------------|-------------------------|-------------------------|
| How to protect myself                    | 55.3%                  | 68.9%               | 25.6%                   | 5.6%                    |
| How better to help myself                | 65.4%                  | 68.8%               | 26.5%                   | 4.8%                    |
| Learning to recognize abuse              | 44.7%                  | 75.4%               | 19.9%                   | 4.7%                    |
| Improving my self-esteem and self-care   | 68.2%                  | 66.7%               | 28.0%                   | 5.4%                    |
| Coping with stress and anger             | 71.0%                  | 59.2%               | 31.1%                   | 9.5%                    |
| <i>Help for Children</i>                 | <i>Wanted On Entry</i> | <i>Very Helpful</i> | <i>Somewhat Helpful</i> | <i>Not Very Helpful</i> |
| Child care/day care and/or relief        | 36.4%                  | 63.0%               | 27.8%                   | 9.3%                    |
| How abuse affects children               | 42.9%                  | 70.9%               | 25.2%                   | 3.9%                    |
| Dealing with child’s schooling/school    | 18.0%                  | 72.1%               | 20.9%                   | 7.0%                    |
| Counseling/groups for children           | 32.7%                  | 54.4%               | 31.6%                   | 13.9%                   |
| Dealing with a difficult child           | 22.6%                  | 49.4%               | 40.5%                   | 10.1%                   |
| Learning about healthy child development | 21.2%                  | 64.6%               | 28.1%                   | 7.3%                    |
| Safety plans for children                | 28.1%                  | 76.6%               | 17.8%                   | 5.6%                    |

Tutty, L.M. (2006). *Effective practices in sheltering women leaving violence in intimate relationships*. Toronto, Ontario: YWCA Canada.

A similar large-scale shelter study was conducted in the United States that included surveying women within 3 days of entering shelter and again when they were close to leaving (Lyon, Lane, & Menard, 2008). This eight-state study included 3,410 survivors from 215 shelter programs, and 92% of the women noted that their shelter stay was helpful to them. Although overall client satisfaction is important, it is far more compelling to examine whether survivors received the help they were seeking for their diverse needs, and how that help specifically impacted them. In this study, survivors were extremely likely to report receiving some or all of the help they sought for their self-identified needs. Further, they reported numerous positive outcomes as a result of their shelter stays. Over 80% of the survivors reported having more ways to plan for their safety, knowing more community resources they could utilize in the future, feeling more hopeful, and feeling able to achieve their goals (see Table 2).

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**Table 2. Shelter Outcomes from Eight-State Study in the United States (N=3,410)**

| <i>Because of my shelter experience, I feel:</i>                    |     |
|---|-----|
| I will achieve the goals I set for myself                           | 93% |
| I know more ways to plan for my safety                              | 92% |
| I can do more things on my own                                      | 91% |
| I know more about my options  | 91% |
| More hopeful about the future                                       | 90% |
| More comfortable asking for help                                    | 89% |
| I know more about community resources                               | 85% |
| More comfortable talking about things that bother me                | 85% |
| <i>I believe that as a result of shelter my children (n=2,523):</i> |     |
| Feel more supported   | 84% |
| Have more understanding about what has been happening               | 78% |
| Are better able to express their feelings without using violence    | 77% |

Lyon, E., Lane, S. & Menard, A. (2008). Meeting survivors needs: A multi-state study of domestic violence shelter experiences. Harrisburg, PA: National Resource Center on Domestic Violence.

These types of outcomes were also found in two other studies. The first study included 40 women across eight Israeli shelters (Itzhaky & Ben Porat, 2005). After staying three months in shelter, women reported higher self-esteem, sense of personal empowerment, hope, and life satisfaction than they had reported upon arrival into shelter. The other study included 21 women from four Canadian shelters (Orava, McLeod, & Sharpe, 1996). The longer women stayed at shelter, the lower their depression scores and the higher their self-esteem.

***Impact of Shelter on Children and Youth.*** Two studies included a focus on shelter outcomes for children and youth (Chanmugam, 2011; Lyon et al., 2008). Chanmugam (2011) separately interviewed 14 adolescents and their mothers about their shelter experience, with the teens reporting many benefits. They appreciated being with other residents, the safety provided by the shelter, and the financial support for their mothers, while disliking the rules and lack of privacy. The other study included outcome questions about the children that the mothers completed. As can be seen in Table 1, mothers in Lyon and colleagues' study (2008) reported that, as a result of shelter, their children felt more supported (84%), had a greater understanding of what had happened to them (78%), and were able to express their feelings without using violence (77%).

***The Work of Shelter Staff to Achieve Desired Outcomes.*** Shelter staff engage in a variety of activities to help women achieve the goals they have set for themselves. In brief, they engage in safety planning with survivors, provide information about their rights and options as well as about the dynamics of domestic violence, offer support and respect, and work to connect women with community resources. Some studies have captured women's views of these efforts. For example, Few (2005) interviewed 30 women using rural shelters, and women reported that staff had helped them recognize their inner strengths and had advocated effectively for them. Haj-Yahia and Cohen (2009) found similar results with their sample of 18 women using

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Israeli shelters. Women said that staff were open, promoted equality, and were respectful. Three additional qualitative studies supported these findings. Wettersten and colleagues' (2004) sample of 10 reported that the support they received from staff was now a 'strength' they possessed and that shelter had been helpful in assisting them with knowing about and obtaining community resources. Focus groups with 55 women across seven cities resulted in similar findings (Davis & Srinivasan, 1995). Women noted that shelter staff validated their experiences, helped them feel less alone, and provided concrete resources that they needed. Finally, Chanmugam's (2011) study of 14 mother-youth dyads in shelter noted that mothers found shelter beneficial because they were now safe and were receiving services that closely matched their needs.

## Conclusions

The 17 studies included in this review suggest that shelters offer a supportive and effective resource to women experiencing intimate partner violence. However, they all rely solely on self-report data from shelter residents themselves and there is no way to know what would have happened in these women's lives had they not used shelter. This notwithstanding, these studies provide a compelling picture that shelters not only help women heal from the trauma they have recently experienced, but they can be instrumental in helping women regain control over their lives.

Two rigorous studies to date have been conducted that included large samples across multiple shelters. One included 368 women across 10 shelters in Canada (Tutty, 2006) and the other involved 3,410 women from 215 shelters across 8 states in the United States (Lyon, Lane, & Menard, 2008). Both studies surveyed survivors at shelter entry and exit, allowing for the first examinations of change over time within shelter. Interestingly, findings across both studies were quite similar, with the vast majority of survivors reporting that they felt safer, more hopeful, and had more safety strategies at their disposal post-shelter. Tutty (2006) also demonstrated a significant decrease in trauma-related symptoms across women's shelter stays.

Finally, it is significant that three studies asked women what they would have done if shelter had not been available to them, and their responses were sobering. Women's responses included that they would have been homeless, would have continued to be beaten, or that they would have prostituted to support themselves and their children. Some women noted that they would have either killed themselves or their abuser (Lyon et al., 2008; Sullivan et al., 2008; Tutty, Weaver, & Rothery, 1999). Clearly, shelters provide not only immediate and long-term support for abused women and their children but are in some cases life-saving as well.

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