

Domestic Violence Victims in Rural Arizona:

Needs in the 'Balance of the State'

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 ARIZONA COALITION
TO END SEXUAL & DOMESTIC VIOLENCE

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Executive Summary

This report offers new information on the service needs of domestic violence (DV) victims living in rural and small-town Arizona. Its aim is to contribute to the ongoing efforts by state agencies, advocates and other stakeholders to improve the services provided to the thousands of victims and families suffering from DV, struggling to escape from an abusive relationship or to recover after having done so.

Today, there is widespread agreement that DV is a common and destructive social problem that often constitutes criminal behavior and always merits attention and assistance to protect victims and hold offenders accountable. This was not always so, but over the past several decades, individuals and agencies in Arizona and elsewhere have made great strides in responding to DV.

Still, important questions remain about how best to serve its victims. The challenges of doing so are compounded by the fact that so many victims also face other barriers, including poverty, unemployment, lack of education or employment skills, inability to access child care or transportation, homelessness and substance abuse and mental health problems.

The study was sponsored by the Arizona Department of Health Services (ADHS) and the Arizona Department of Economic Security (ADES). It had two main goals:

- To survey rural DV victims, shelter operators, advocates and other stakeholders concerning the needs of rural Arizona victims
- Based on this information, to suggest questions for discussion about how best to improve service delivery in Arizona's rural areas and small towns.

Data in this study come directly from victims, advocates, law enforcement officers and other stakeholders. Due to the difficulties of identifying and reaching rural and small-town DV victims, a random sampling of the population could not be achieved. Instead, victims were contacted via shelters, therapists and others – from both public and private spheres – who provide services to victims. As a result, about 60% of these respondents said they were or had been in shelter – which is not necessarily true of most DV victims. Thus, while extensive generalizations based on these survey data must thus be made with caution, the data do represent rural Arizona victims' best opportunity to have their voices heard.

Most victims and advocates surveyed in this project indicated that emergency shelters retain an important role in rural and small-town Arizona – in part because relatively few other services are available at reasonable distances. Most victims surveyed for this report said they were in shelter or had been in the past, and most said the services they received there were “helpful” or “very helpful.”

Physical protection for victims has always been a core function of emergency shelter, and about one-third of victims who had entered shelter said that was the chief reason they did so. However, the rankings made by all victims, and separately by advocates, gave it a less prominent place. It was ranked seventh in importance by all victims and eighth by advocates. These latter rankings are in line with most comments made by shelter operators and other advocates, who did not cite physical danger as a major concern for most residents and had never had an abuser try to enter a shelter.

Other findings included:

- While victims listed “counseling” among their greatest needs, their top-ranked choices tended towards practical necessities, such as housing, transportation, and help finding employment.
- Efforts to assist rural victims, in shelter and out, are severely impeded by the lack of nearby services and the professionals to provide them. Thus, for example, victims may have to travel for hours – if they can find transportation – to visit a healthcare provider for themselves or family members.
- Transportation is an especially acute need voiced by virtually all informants – both victims and advocates. Many rural Arizona communities – including those that routinely experience 100+ degree days in summer – have little or no affordable public transportation.
- Most shelter operators interviewed said they usually had enough room to accommodate applicants, even if it meant placing residents on couches and blow-up mattresses. This fits with ADES figures (based on shelter data) showing a 58% average rural shelter occupancy rate for FY2014.
- Native American victims – constituting a quarter of the victims surveyed – can face special challenges due to their strong ties to family and community, their disinclination to confide in outsiders, and the complexities of dealing with both tribal and non-tribal justice systems.
- Most rural shelter operators acknowledged that their location is not secret, but is generally known in the community, a fact that has reportedly not been a source of problems.
- Virtually all advocates observed or interviewed said the shelters they worked in or with had relaxed their rules in recent years, accepting more victims with mental health or substance abuse problems, and generally trying to “screen in” rather than “screen out” applicants.
- Most advocates acknowledged the value of the “rapid rehousing” approach to serving DV victims, but expressed doubts that many of their clients could succeed in such a program, especially given a general lack of affordable housing and transportation.

Introduction

Domestic violence (DV) is a widespread criminal justice and public health problem that annually injures or kills thousands of Arizonans and generates broader social costs for medical treatment, disrupted lives, homelessness, property damage and lost productivity.

Reliable estimates of its frequency are problematic. The U.S. Justice Department has concluded that only about half of all violent crimes are ever reported to police; DV, which usually or often occurs without witnesses, is generally considered to be an especially under-reported offense. DV does rank among the most common violence-related 911 calls to most rural Arizona police and sheriff's departments. A 2011 national survey sponsored by the U.S. Centers for Disease Control and Prevention concluded that 30.3% of U.S. women have been slapped, pushed or shoved by an intimate in their lifetime; for men, the figure was 25.7%. However, this report also noted that other surveys have resulted in widely varying estimates.

Until as recently as 30 years ago, all but the most extreme cases of DV were generally considered by the justice system to be private family matters rather than public concerns. Violence between intimates, especially male violence, was widely accepted. Most victims bore their wounds in silence. Few professional services were readily available. Criminal law provided little assistance to victims of DV, which many police officers routinely treated as "nuisance calls" that were best settled privately.

But the past quarter century has witnessed substantial positive changes in the nation's public response to DV. Many of these efforts have centered on emergency shelters, which were created at the grassroots level by feminists, advocates and DV survivors. In rural Arizona as elsewhere, these shelters began by focusing on physical safety, counseling and emotional support, and have subsequently expanded their services to aid victims in accessing legal help, educational assistance, employment opportunities, housing and other needs – needs that can be especially difficult to meet in rural areas. The shelters remain the anchors of rural Arizona's anti-DV efforts.

Still, key questions remain about how best to serve DV victims. This challenge is compounded by the generally accepted fact that most victims choose not to enter shelter for various reasons. In rural areas especially, these reasons can include victims' need to travel long distances or, on the other hand, to live with the lack of anonymity in small communities where everybody seems to know everybody – or, as one rural resident put it: "going to the grocery store is like attending a class reunion."

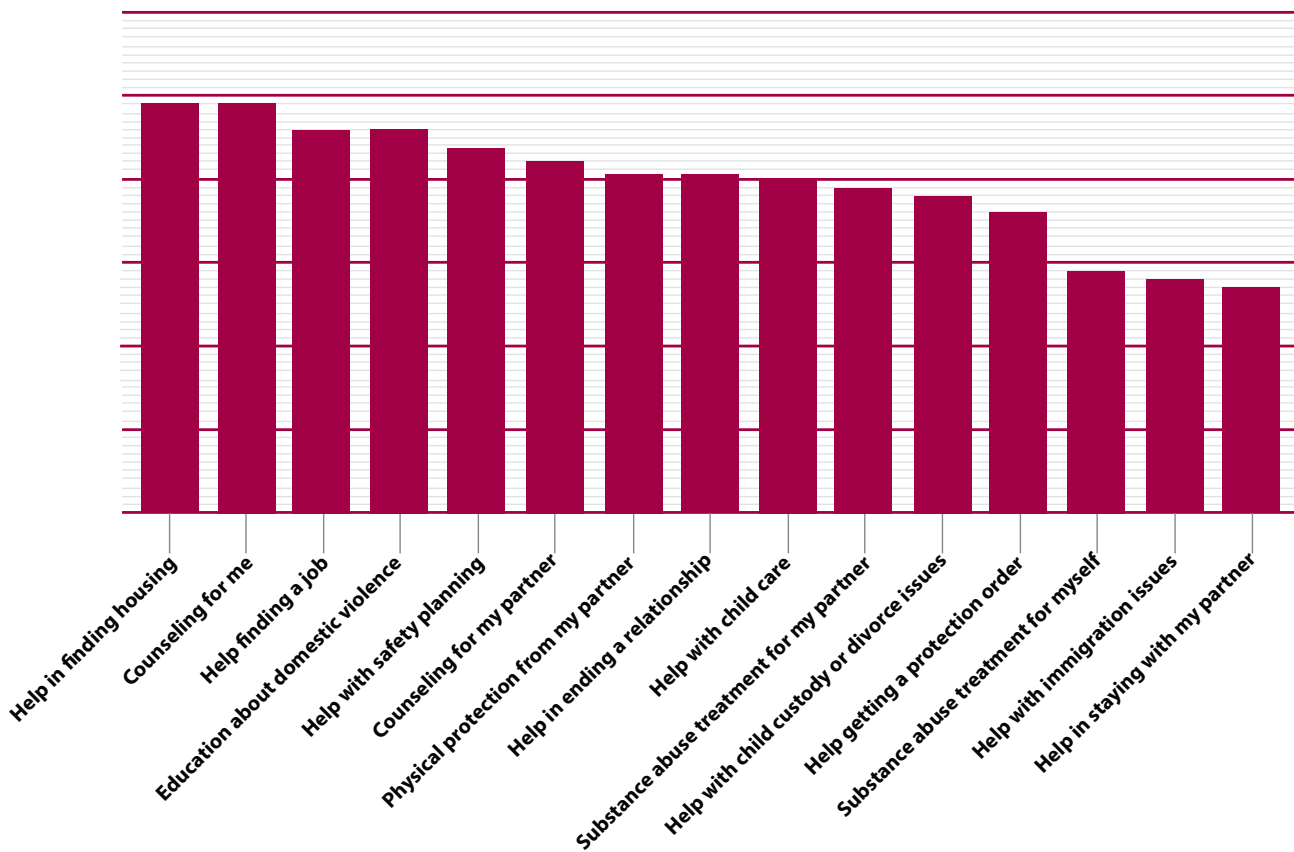
This study, sponsored by the Arizona Department of Health Services (ADHS) and the Arizona Department of Economic Security (ADES), has four elements:

1. Survey responses from DV victims on the needs of those living in rural and small-town Arizona – specifically, outside of the Phoenix and Tucson metropolitan areas
2. Survey responses from DV advocates – defined in the broadest sense to include shelter staff, private therapists, attorneys and others
3. Interviews with a sampling of rural shelter directors and other practitioners to supplement survey results
4. Questions regarding rural Arizona's campaign against DV for discussion among public officials, practitioners, survivors and other stakeholders

Part I – Survey Results: DV Victims’ Views

This section is based on the results of a confidential 21-question survey completed by a convenience sample of 344 Arizona DV victims who were living (or sheltered) outside of the Phoenix and Tucson metropolitan areas. The survey was conducted in English (90%) and Spanish (10%) in the spring and summer of 2014. Paper survey forms were distributed through shelter staff, professional therapists, court advocates, counselors and other non-residential service providers. All respondents sealed their completed survey in an envelope for return to the researchers. Data from the completed questionnaires were entered into the Qualtrics survey software system. A copy of the questionnaire is included in this report.

Figure 1. Counseling, education, practical needs get highest rankings



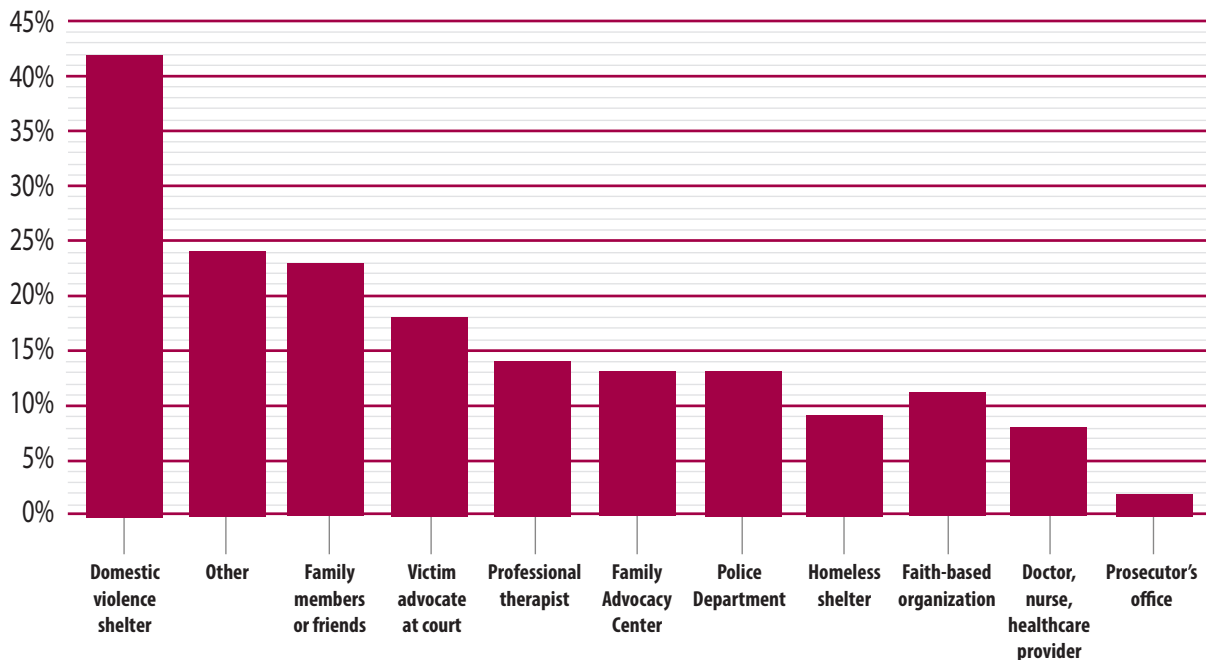
Victims – including those who had utilized emergency shelters and those who had not – were first asked to rank 15 needs (plus “other”) as “very needed,” “somewhat needed” or “least needed” by them. Respondents gave high rankings to a mixture of needs, some related to DV and others arising simply from their difficult economic circumstances. Thus “help in finding housing” was first, but nearly tied with “counseling for me,” while “education about DV” paired with “help in finding a job.” These results seem to underline the view that DV victims – and especially those who enter shelter – face a number of serious challenges in addition to the control, intimidation and violence meted out by their abusers. These challenges include poverty, a low educational achievement level and a lack of job skills. And as noted, transportation was cited often in interviews as a major need for rural Arizonans.

It is also worth mentioning that fear of physical harm did not seem to figure prominently in respondents' thinking. The need for "physical protection from my partner" was ranked seventh – about halfway down the list, and did not appear among the "other" needs. Further, "counseling for my partner" came just before "physical protection," perhaps reflecting the ambivalence that many victims feel towards their partner and their relationship.

The "other" category consisted almost entirely of practical needs, such as:

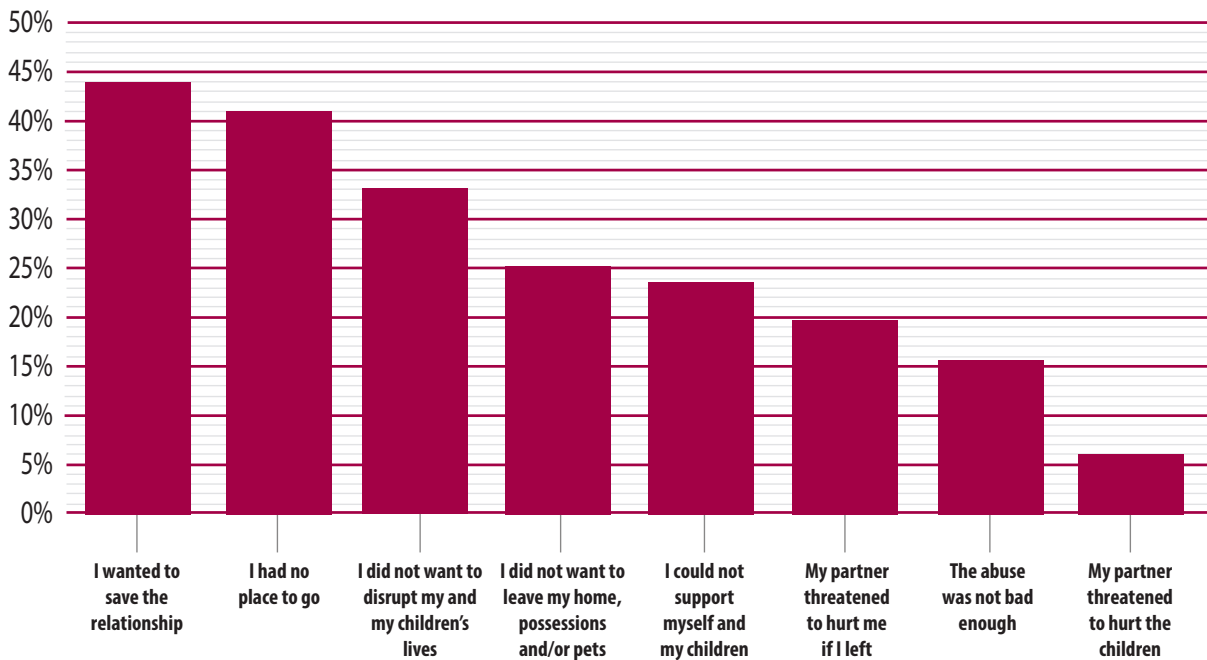
- Transportation
- Food and clothing
- Housing
- Cash assistance

Figure 2. Shelters provide most services



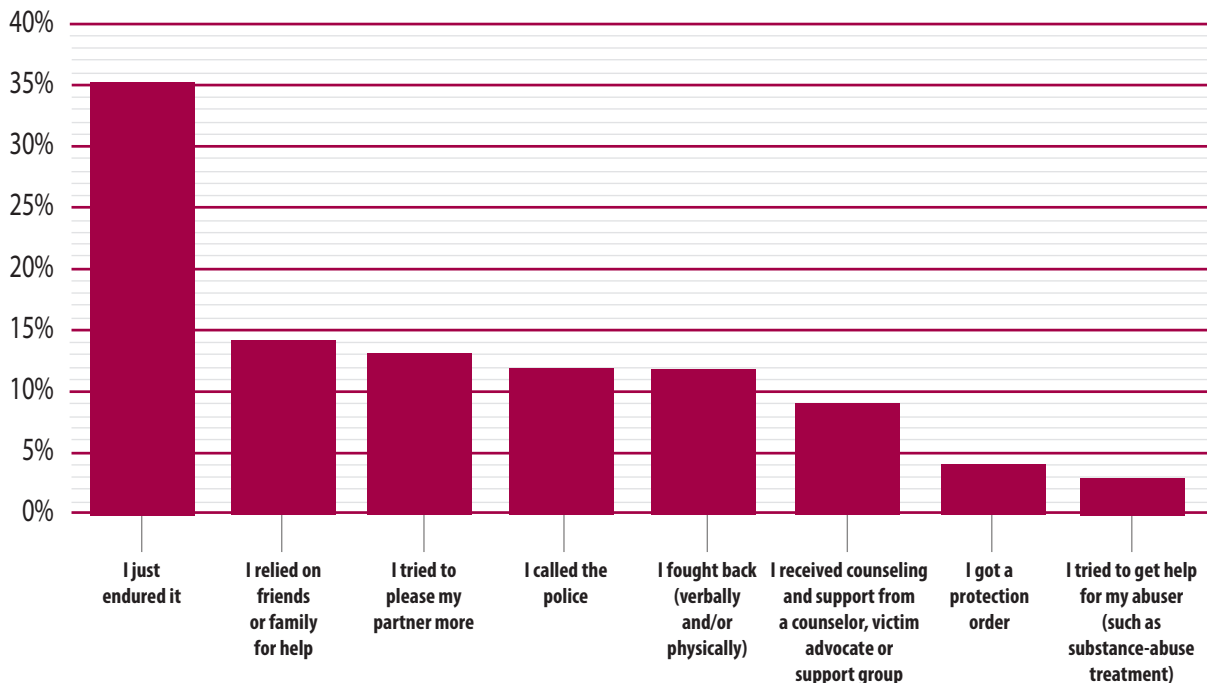
The responses to Figure 2 reflect the prominent role played by shelters in rural Arizona service delivery. Shelters were by far most often mentioned as the source of services; their prominence grows if the "other" category is included, as it contained a number of responses naming specific shelters. This can in part be explained by the fact that more than half of respondents to the survey said they were or had been in shelter. In the "other" category, which ranked in second place, victims also named advocates, specific shelters, tribal programs, a "church DV group" and "advocacy clinics."

Figure 3. Victims stay for both emotional and material reasons



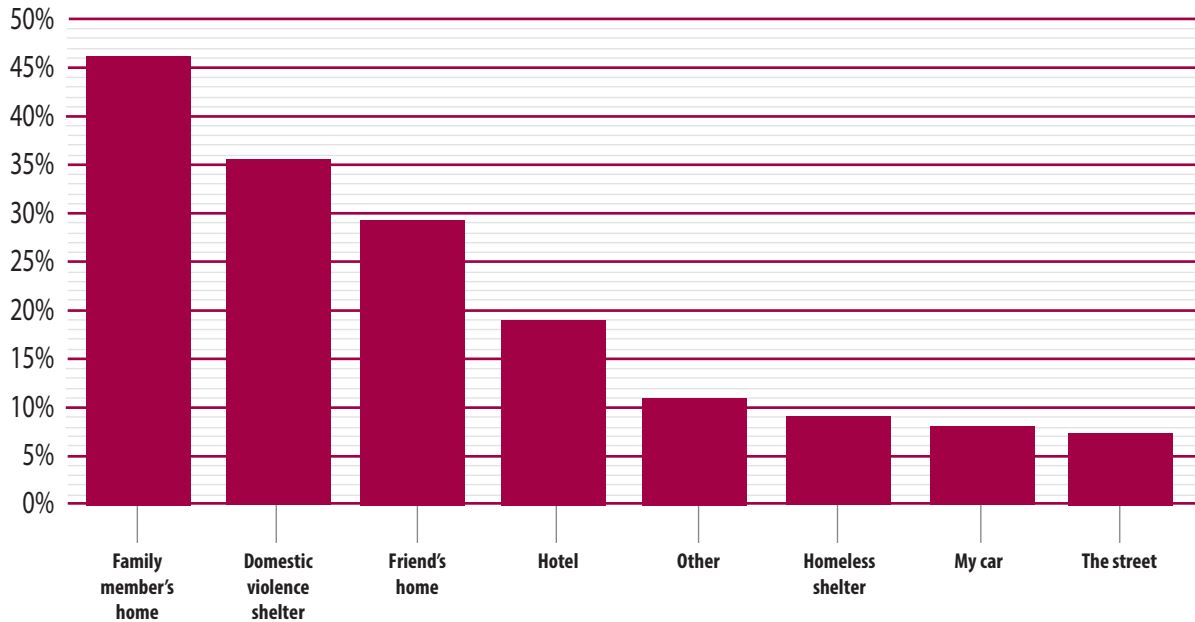
Asked why they did not leave an abusive relationship (a question quite familiar to many victims), survey respondents most frequently answered that they stayed to “save the relationship.” This apparently emotion-based reason was closely followed by the most practical of considerations: “I had no place to go.” This answer fits with the growing emphasis on the importance of stable housing for helping victims cope with their trauma and that of their children. Next in the rankings were concerns about disrupting their and their children’s lives and leaving their home and possessions. Relatively few victims cited fear of physical harm if they left, and even fewer reported that their abuser had threatened their children.

Figure 4. Many victims simply stay and endure it



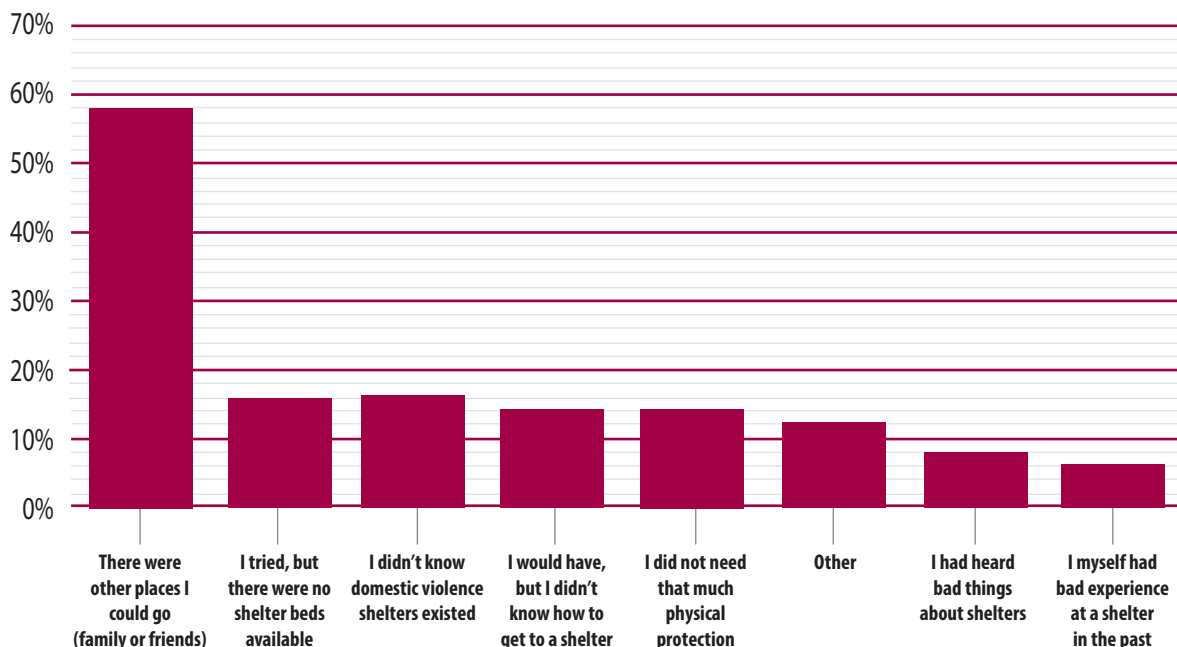
Victims who remained in abusive relationships were asked how they coped. The most frequent response was one of resignation: “I just endured it,” while relying for help on friends and family. Third in the ranking was the equally troubling “I tried to please my partner more.” On the other hand, relatively few respondents indicated that they received counseling or sought a protection order – two common services provided by advocates. Their most commonly cited appeal for professional help was from the police.

Figure 5. Fleeing victims seek out family first



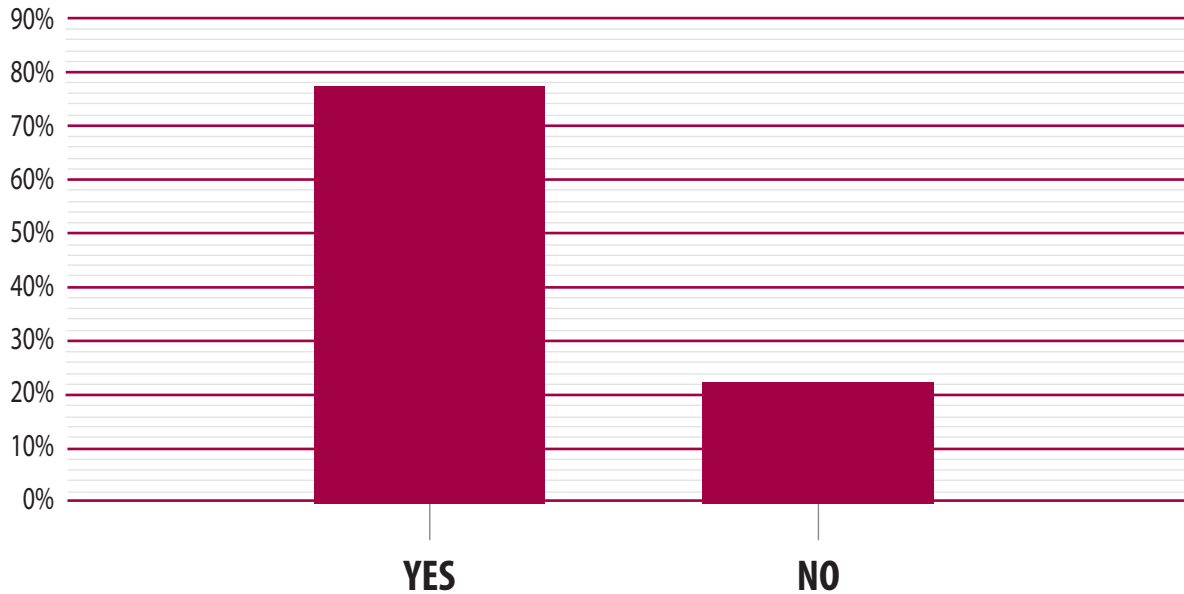
Although DV shelters play a major role in rural Arizona, they weren't the refuges most commonly cited by victims. Family ranked first in that category, by nearly 10 percentage points. Shelter came next, followed by a friend's home. This might in part reflect the long distances some rural victims must travel to obtain shelter and/or other services. The fifth most-cited response was “other,” which included neighbors, an RV park, “camp out in the forest” and out-of-state family members.

Figure 6. Shelters not the first choice – or even known of – by many rural victims



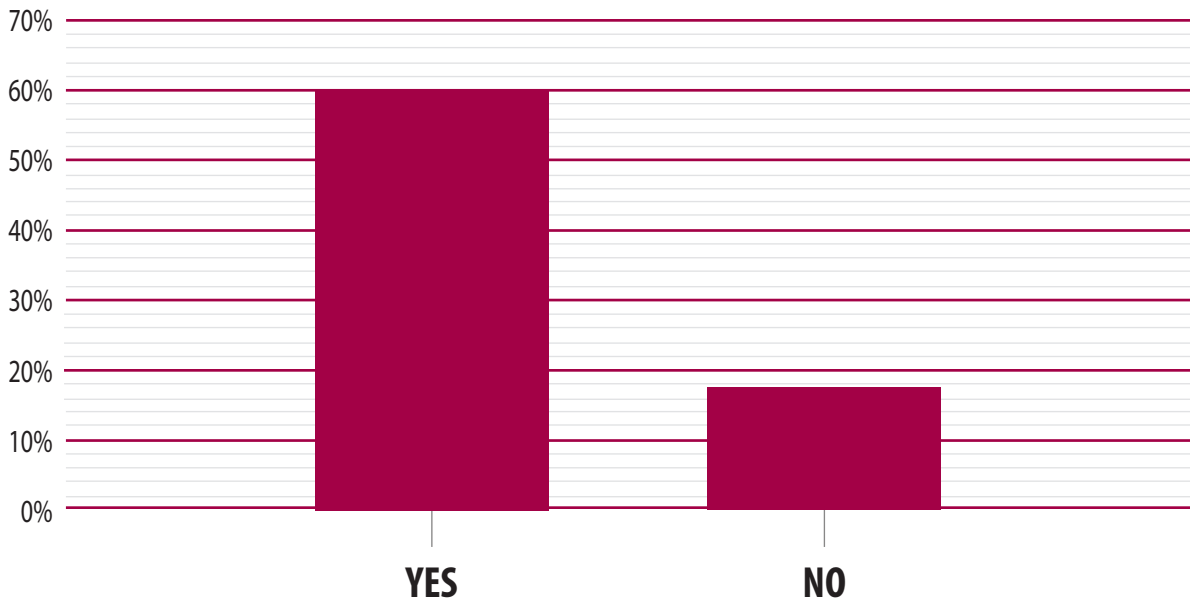
There is general agreement among practitioners and researchers that most DV victims, rural and urban, do not seek shelter except as a last resort. The responses to Question 6 fit with this view, as a clear majority of respondents indicated that they didn't enter shelter because they were able to seek refuge in places they preferred, such as with family or friends. This is not surprising, as even most shelter staffers acknowledge that few clients are fond of congregate living among strangers in usually spartan conditions. In the "other" category, several respondents' answers reflected a major barrier to assistance in rural areas – lack of a phone or transportation to shelter. "I had to travel far to another town," one wrote. Other victims' answers ranged from being "afraid" to go to shelter to "did not want children to stay at a shelter" and "didn't want regulation." One respondent wrote, "I felt there are people that needed the shelter more than I do."

Figure 7. Most victims would enter shelter if necessary



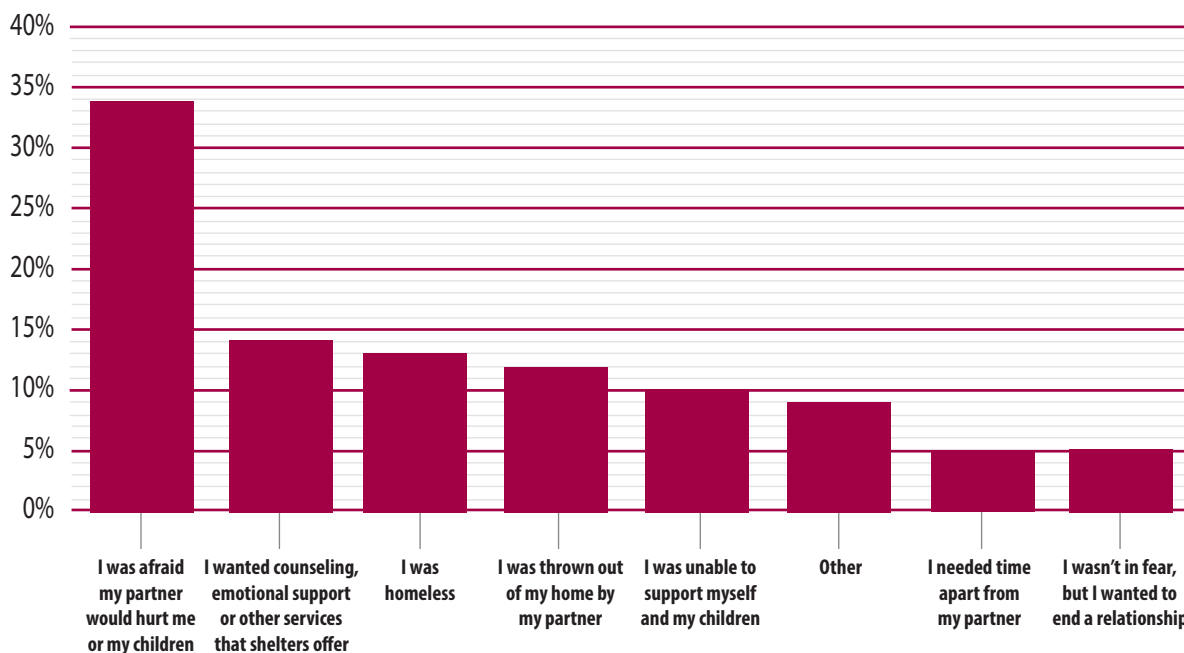
A large majority of victims – nearly 80% -- said they would be willing to enter shelter if necessary, despite whatever misgivings they might have. Again, it should be remembered that most respondents to the survey, as noted below, had been or were in shelter when completing the survey.

Figure 8. Most, though not all, have stayed at a DV shelter



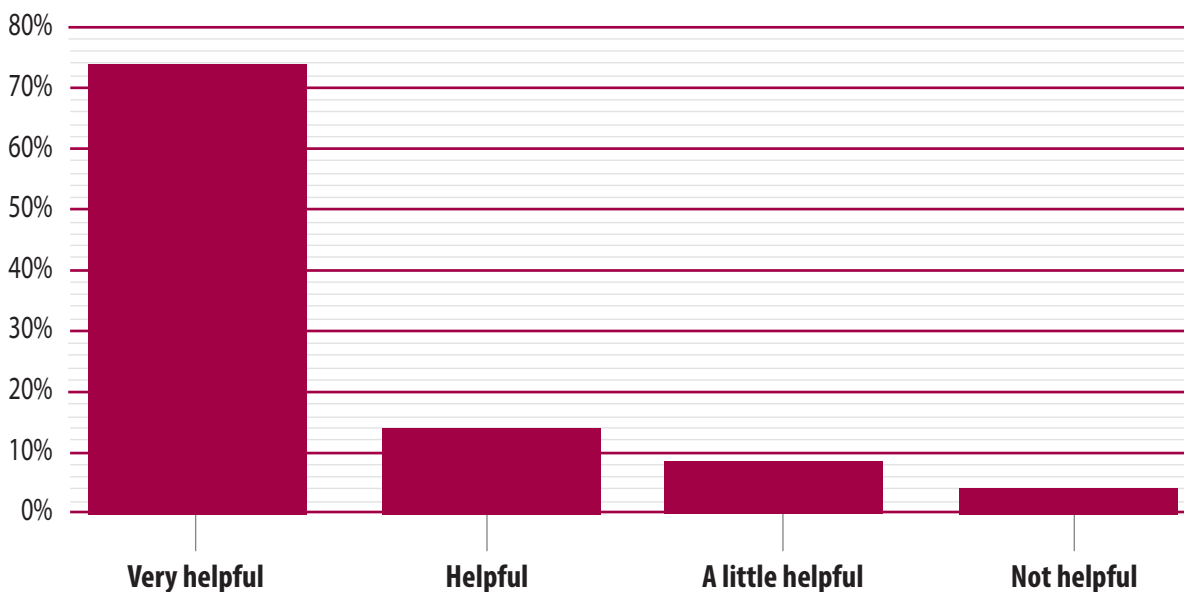
Nearly 60% of survey respondents said they had been in a DV shelter, which is greater than the estimated rate of shelter use by all DV victims.

Figure 9. Physical protection is the major driver of shelter use



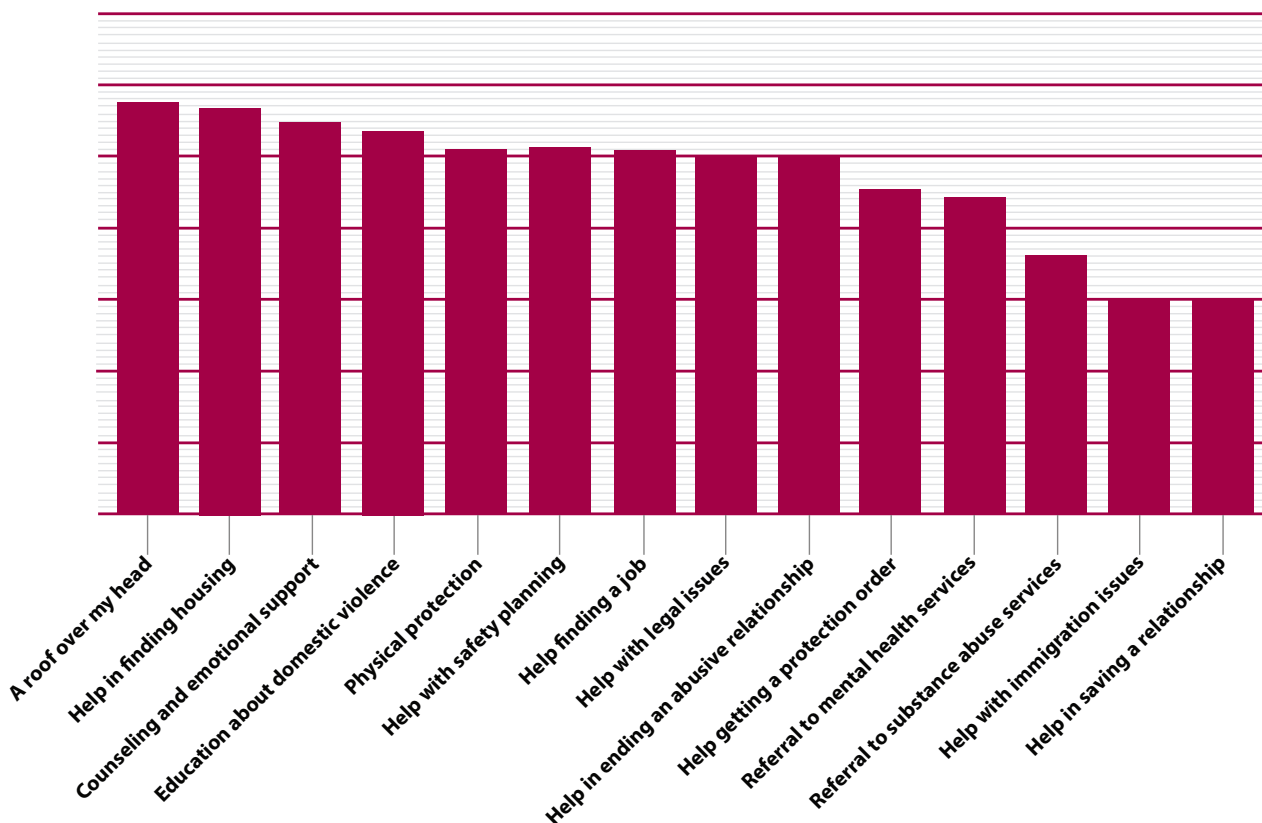
For rural DV victims, shelter’s most basic function – physical protection – was foremost among the reasons cited for entering shelter. More than a third of respondents said fear of their partner was the “single most important reason for entering shelter.” This reflects a greater concern with physical safety than indicated by all victims’ ranking of their needs (Figure 1 above). Again, it’s important to remember that research indicates that DV victims who enter shelter tend to be more severely abused than those who do not. The few responses in the “other” category basically reiterated the other reasons noted above.

Figure 10. Most victims praised shelter services



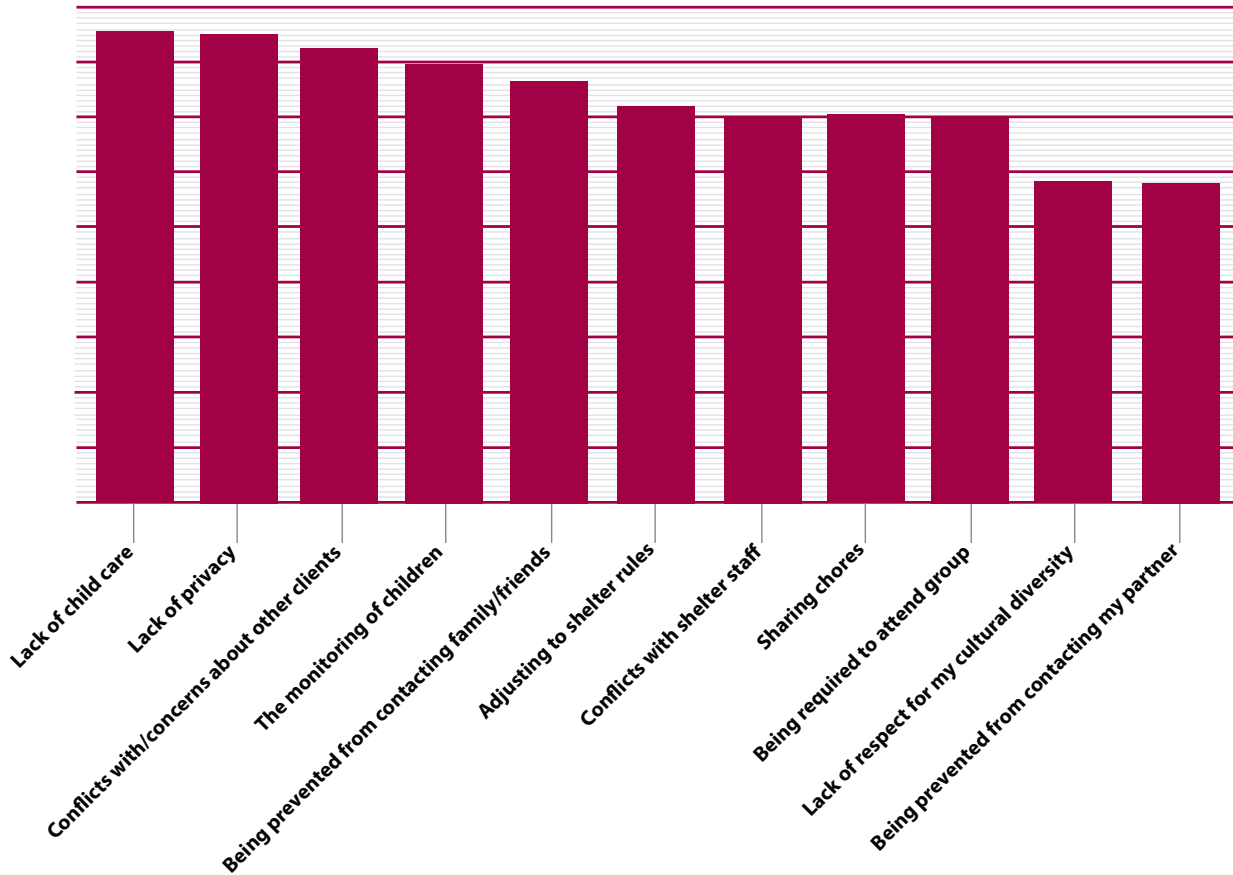
Asked how helpful they found shelter services to be, nearly 75% of respondents said “very helpful” while another 14% said “helpful.” A fuller discussion of victim attitudes towards shelter is contained in response to Question 14.

Figure 11. Housing figures prominently in shelter residents’ most valued services



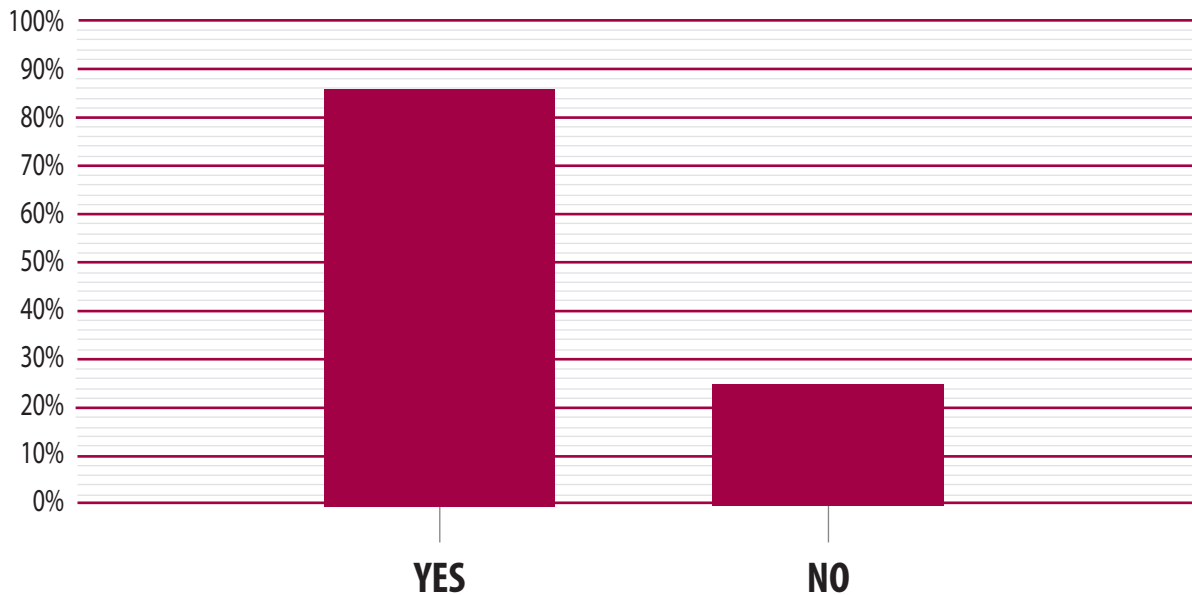
Asked to rank the importance of the services they received in shelter, former residents named a mix of practical and DV-related measures. And they again emphasized housing – both immediate and longer term: “A roof over my head” was deemed most important, followed closely by “Help in finding housing.” These were followed by two DV-related services, “counseling and emotional support” and “education about domestic violence.” “Physical protection” came in fifth, three places higher than its ranking in Figure 1. This difference may be at least in part due to the fact that the Figure 1 rankings were done by all DV victims, whether or not they’d been in shelter, while Figure 11 respondents were all current or former shelter clients. The next three places in the rankings were of a practical nature: “Help with safety planning,” “Help finding a job,” and “Help with legal issues.” As with the Figure 1 rankings by all victims, immigration issues were at or near the bottom of the ranking.

Figure 12. Not all shelter experiences are positive



Current and former shelter residents were asked to rate the importance, if any, of 11 negative issues as a “serious problem” for them, a “minor problem” or “not a problem.” First on the list was “lack of child care,” a perennial problem for victims – in shelter and out – trying to raise a family while also seeking employment or education. The following rankings further reflect the challenges of communal living among strangers and of following shelter rules. This latter issue also might relate to the virtually unanimous comments by shelter directors and staff that their residents consist of increasing number of individuals with mental-health and substance-abuse problems.

Figure 13. Most would enter shelter again if necessary



Despite the problems noted in Figure 12, rural Arizona shelters received a strong vote of confidence from current and former residents. Nearly 90% said they would enter shelter again if necessary.

Victim Survey Responses to Open-ended Question 14:

“Based on your experience, how can domestic violence shelters provide better service?”

Survey respondents were not shy about voicing their opinions. More than 100 comments were lodged in response to Question 14, ranging from thankful praise to complaints about insensitive staff, overcrowding, unpleasant fellow residents, lack of privacy and other ills that – for a few at least – made the shelters resemble prison.

Most general comments were positive. Residents’ general observations included:

- I was very pleased with the help and education on all the different signs of abuse. It was helpful.
- Staff members are friendly and the group topics are super helpful. Also, the environment was safe and friendly.
- No changes required and it has been a blessing to be here.
- My experience was excellent, I didn’t want to leave the comfort of the wonderful staff.

But not all clients were pleased. Among the generally negative comments were:

- It took several days to get into the shelter even though my ... risk assessment was “high.”
- Make it a place where abused mothers and children “want” to be at instead of forced. As well as providing more insight on saving/ ending an abusive relationship.
- Be more kind and caring about victims....some shelters have rules like in prison. Too much control and no help!!

Many other comments noted more specific concerns about such factors as privacy, staffing, conflicts with other clients, child care and transportation. Concerning **privacy**, one victim wrote: “A domestic violence shelter should not over crowd rooms and have six women or more in a small room.” Another wrote: “End overcrowding. Right now I am in a 30 x 10ft room that barely fits three bunk beds and sharing that space with two other families. That makes 13 people. I’d rather go back [to her abuser] than be here like this.”

Shelter **staff and programs** generally received high marks from respondents, such as one who wrote: “The staff are very helpful and caring. They are doing a wonderful job.” A number of victims asked for more programming, including counseling, computer access, safety planning, programs for teenagers and help finding employment. Some also suggested that victims would benefit from more than just emergency aid: “All shelters should base their services off a program [that is] not just getting the woman through immediate crisis - but long-term change.”

Some comments seemed to reflect disappointment with staff attitudes and treatment. “Staff should be genuinely concerned about the women and take the time to get to know them and listen to them,” one wrote. Another wrote: “Try to be a little more understanding toward those ... that have mental health issues to cope with.”

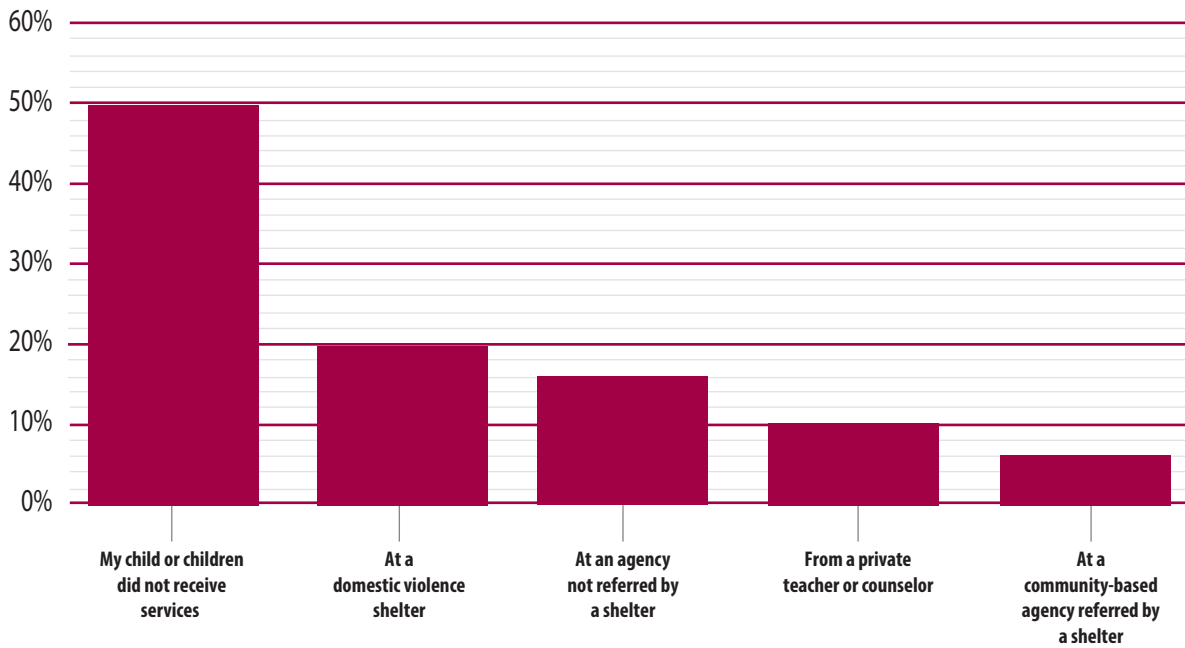
One respondent poignantly expressed the **emotional upheaval** endured by many DV victims: “Be sure staff is educated to know how difficult it is to need assistance and to leave home and to have been hurt and being afraid and staff have good sympathy for the victims and they should know how humbling it is for an adult to have to ask for help and to let someone else make all the rules for them when they are used to being the adult at home.

Or, as another put it more succinctly, a shelter staffer’s core attribute should be “Just a good heart and to know what it feels like to have to leave everything behind.”

A number of comments concerned respondents’ concerns about **other shelter residents**. Most common among these responses were those suggesting better drug screening of incoming clients and tighter entrance rules “to make sure they have a DV problem and not just a drug or homeless problem.” Several victims also asked for closer supervision of “loud people and dramatic people,” and for staff to “be alert to what is going on when staff isn’t around. Some people become abusers themselves!”

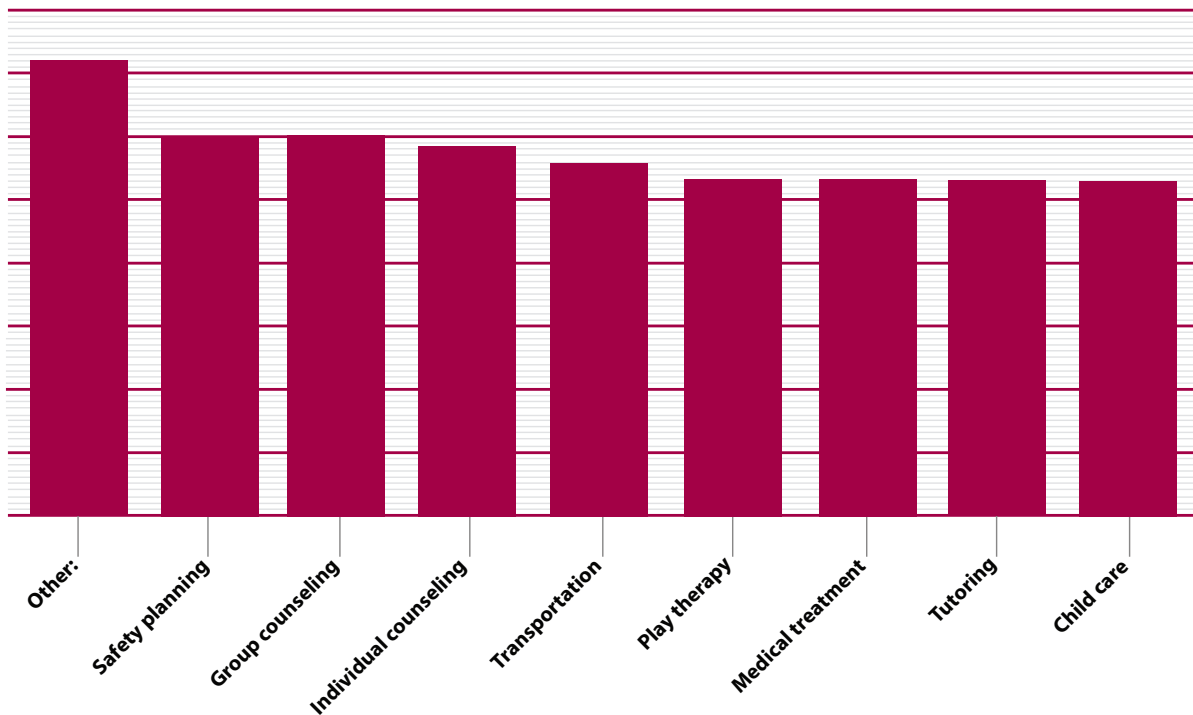
Two other issues that were raised by a number of respondents were **child care** and **transportation**. Most comments about the former were simple and straightforward: “Child care [is needed] to be able to work or go to meetings.” The same was true for transportation, with one victim writing, “Provide more transportation such as bicycles Many of us have little or no access to funds and cannot pay even the minimum dollar amount for transportation services.” The need for child care is commonly cited by both urban and rural shelter residents. But the transportation issue seems to represent an especially difficult barrier for rural victims, given the long distances that can separate shelters from other facilities, and the fact that many small rural towns lack adequate public transportation services.

Figure 15. About half of respondents' children received services



Children figure prominently among the challenges facing both victims and advocates. Victims with large families are harder for shelters and other programs to accommodate. The frequent lack of childcare makes it more difficult for victims to seek schooling or employment opportunities. The “monitoring of children” is a common source of friction among residents. Most importantly, the impact on children – especially those who witness violence – is a collateral effect of DV that can impair school performance, leave permanent emotional scars and perhaps even perpetuate the cycle of perpetrator and victim into the next generation. Virtually all the advocates interviewed for this report noted child services as a critical area that needs more resources and attention. As noted above, only about half of survey respondents said their children received services (presumably discounting the provision of shelter, food, etc.), with shelters being the most common venue, though not by much.

Figure 16. Victims expressed mixed feelings on child services



Those families that did receive child services reported a relatively even level of satisfaction, as shown in Figure 16. Victims were asked to rate their level of satisfaction with services as “very satisfied,” “satisfied,” “unsatisfied,” or “very satisfied.” It’s worth noting that the respondents were least satisfied with child care.

The “other” category included:

- I went only once, to counseling. It was OK, but didn’t want to go back and had no transportation
- All I did was counseling, never went back
- Did not get any counseling/ services
- Tutoring was not needed. Trans[portation] was not available
- Some counselors are better or more aware of the issues involved
- Good legal help
- Undecided; the services just started, but not impressed with the amount of time it took to get them started
- I am very pleased and happy to have had a wonderful considerate, thoughtful, pleasant [advocate]
- Ladies are awesome
- They have [local behavioral health services]. They visited in groups or individual[ly]

Demographic Information on Victim Respondents

Victim's Gender

Female	96%
Male	4%

Victim's Age

Average	37
Maximum	67
Minimum	21

Children Living with Victim

None	36%
One	20%
Two	19%
More than two	25%

Victim's Highest Level of Education

High school diploma/GED	31%
Some College	29%
Less than a diploma	21%
Associate's degree/vocational grad	11%
4-year college degree	5%
Advanced degree	2%

Victim's Race/Ethnicity

White, non-Hispanic	45%
American Indian/Alaskan Native	24%
Hispanic/Latina/Latino	23%
Other	5%
Asian/Pacific Islander	1%
African American/Black	1%

Victim's Relationship to Abuser

Husband/wife	32%
Boyfriend/girlfriend	30%
Ex-boyfriend/ex-girlfriend	13%
Other	13%
Ex-husband/ex-wife	9%
Separated spouse	4%

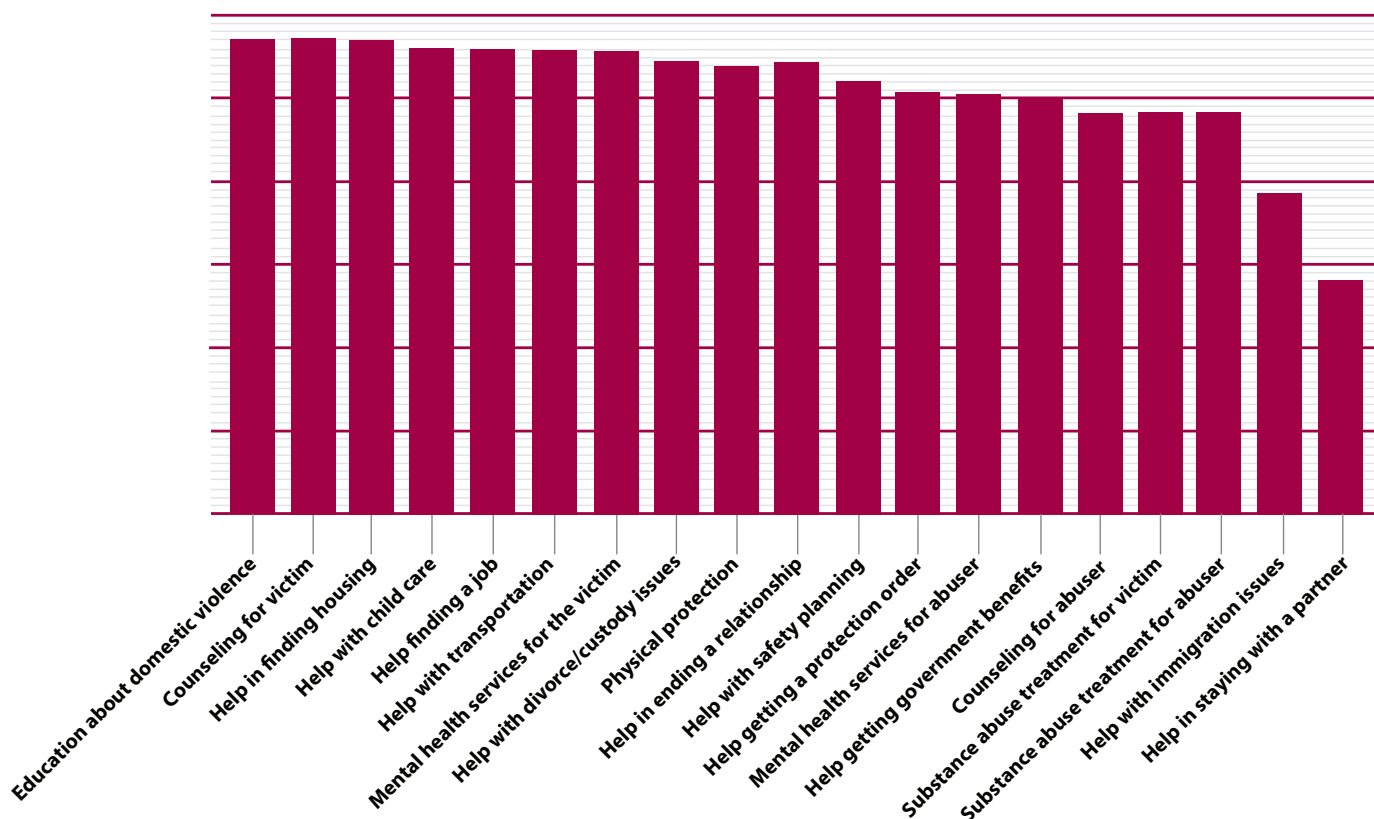
Language Used by Respondent

English	90%
Spanish	10%

Part II – Survey Results: Rural Advocates’ Views

This section is based on results from a confidential online questionnaire completed by a snowball sample of 103 shelter staff, advocates, therapists, attorneys and others working with rural Arizona DV victims. Participation in this 21-question survey, also conducted via the Qualtrics system, was promoted by the Arizona Coalition to End Sexual and Domestic Violence, the Arizona Chapter of the National Association of Social Workers, and the Arizona Coalition for Victim Services. A copy of the questionnaire is included in this report.

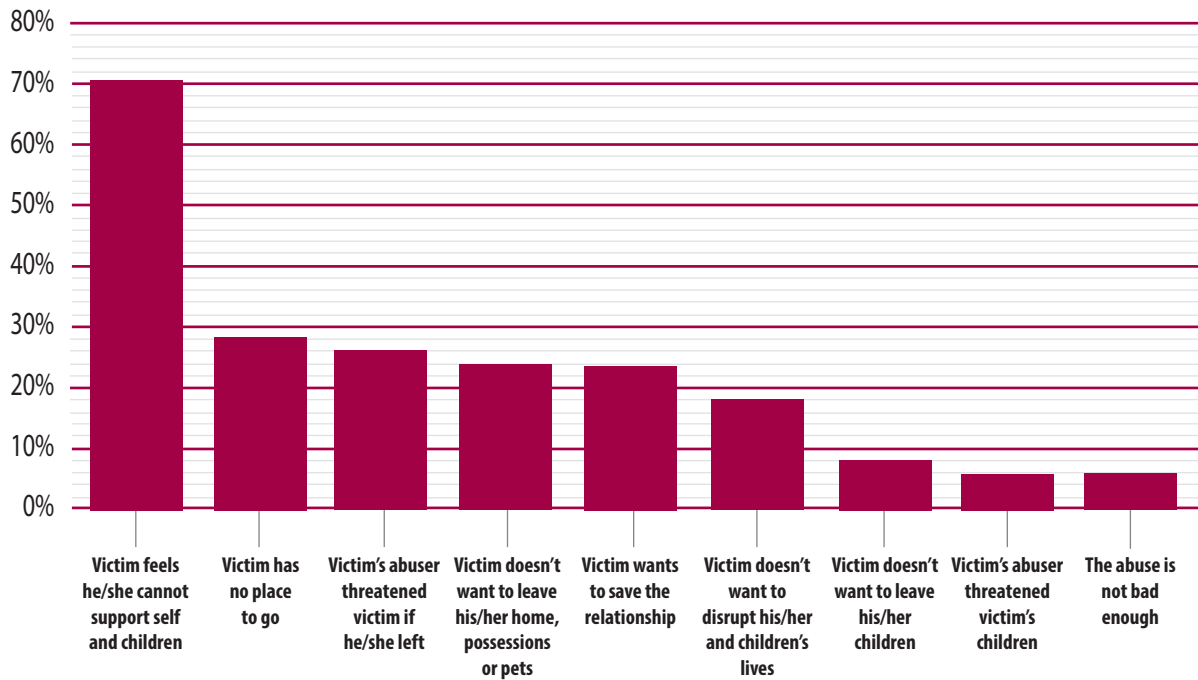
Figure 1. Most advocates cited practical concerns



Advocates were asked to rate a list of 20 victim needs as “most needed” by victims, “somewhat needed” or “least needed.” Their responses generally agreed with those of the victims themselves, though their rankings were more closely clustered, perhaps reflecting a difficulty in choosing among the range of victim needs. Advocates, like victims, emphasized practical needs, though advocates placed slightly more importance on two of their own major tasks, “education about domestic violence” and “counseling for the victim.” Otherwise, they also gave high rankings to such practical issues as finding housing and employment and obtaining help with child care and transportation – this last need being especially vital in rural areas. Like the victims, advocates did not give a particularly high ranking to “physical protection from an abuser,” placing it ninth on the list (victims ranked it eighth). However, advocates seemed less concerned about safety planning than were victims; the latter ranked it sixth while the former ranked it 11th. As did the victims, advocates gave a low ranking to “help with immigration issues.”

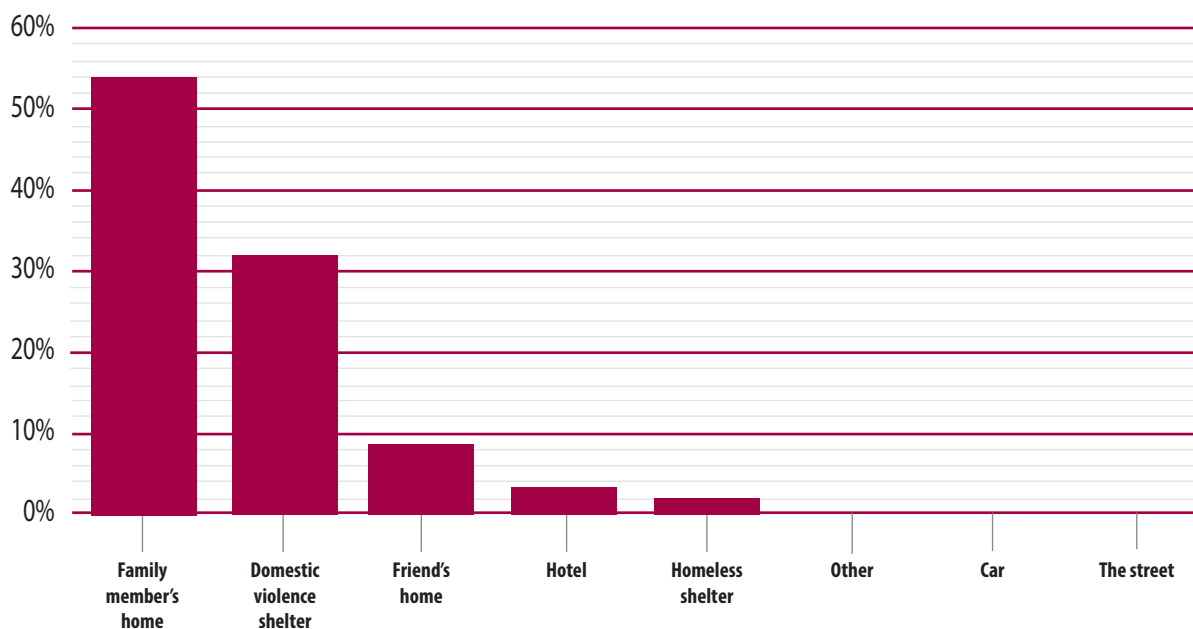
The few advocates who responded “other” cited victim needs such as financial assistance, counseling programs for children and teens, and more outreach to Native American reservations.

Figure 2. Many victims feel materially dependent on their abuser



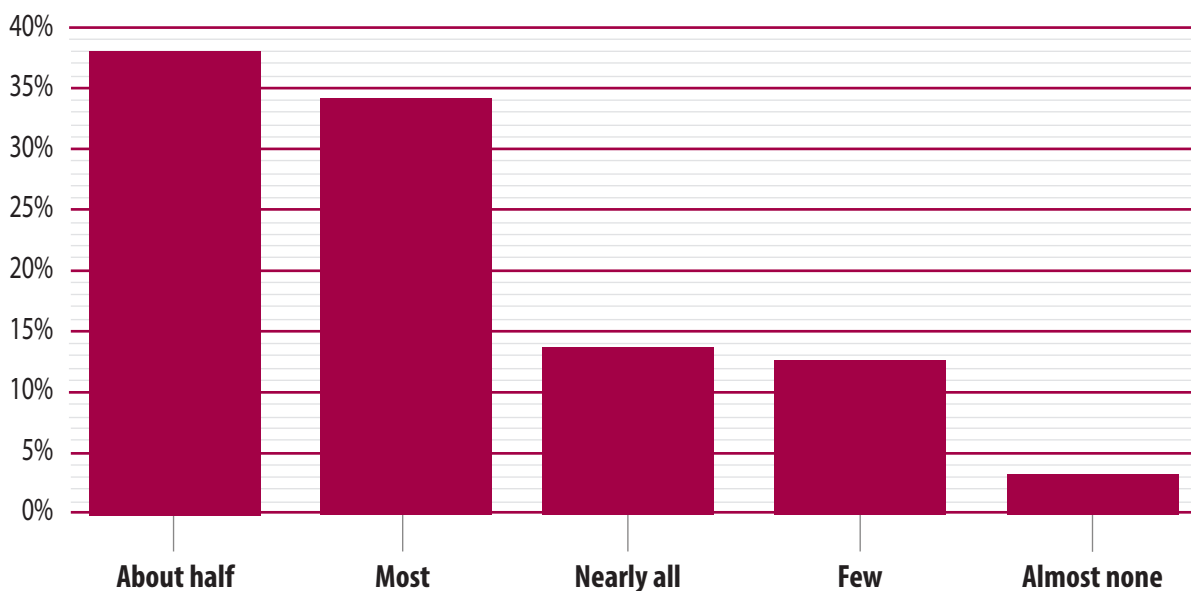
Asked why victims remain in abusive relationships, advocates placed a strong emphasis on practical concerns, citing them in three of the top four rankings. The highest position was given to “victim feels he/she cannot support self and children,” followed by “victim has no place to go.” The third-ranked reason was threats from the abuser, while the fourth returned to the practical side, with “victim doesn’t want to leave his/her home, possessions or pets.” The victims, by contrast, gave “I wanted to save the relationship” their highest ranking, a reason that advocates placed fifth. Despite this difference, the rankings for this item seem to reflect the importance of housing and employment in combatting domestic violence – as did the rankings provided by victims themselves.

Figure 3. Most victims seek refuge with family



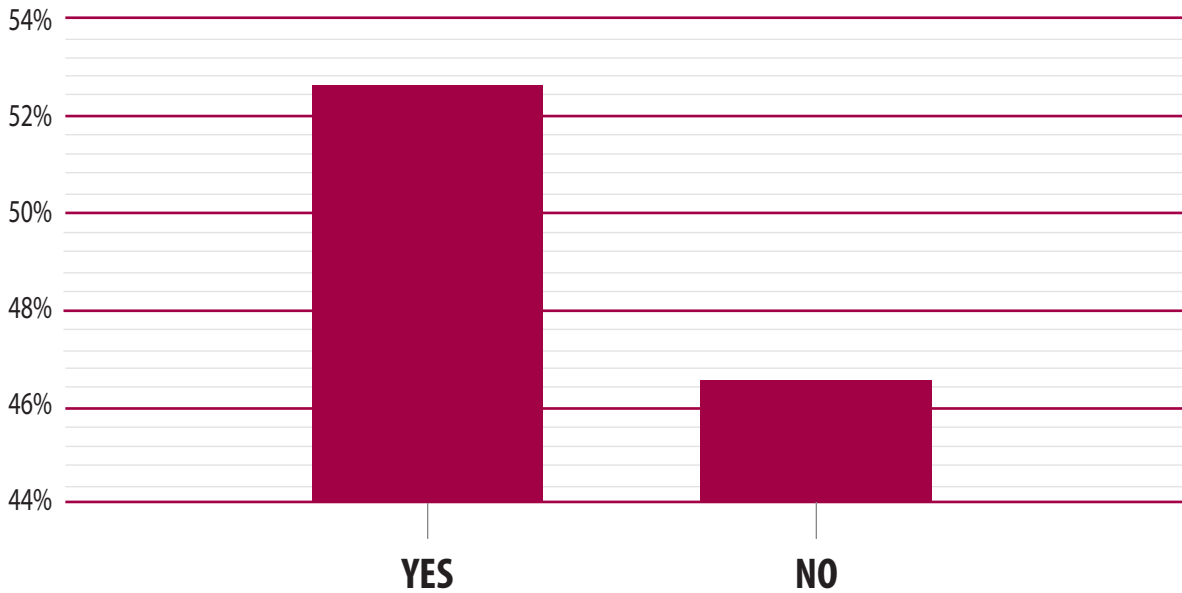
Asked where fleeing victims go, most advocates – about 55% – cited family members as the most likely refuge. While emergency shelter is often referred to as a “last resort” for victims, advocates responding to this question named shelter about one-third of the time, far exceeding “friend’s home” as a destination.

Figure 4. Advocates disagree on issue of physical danger



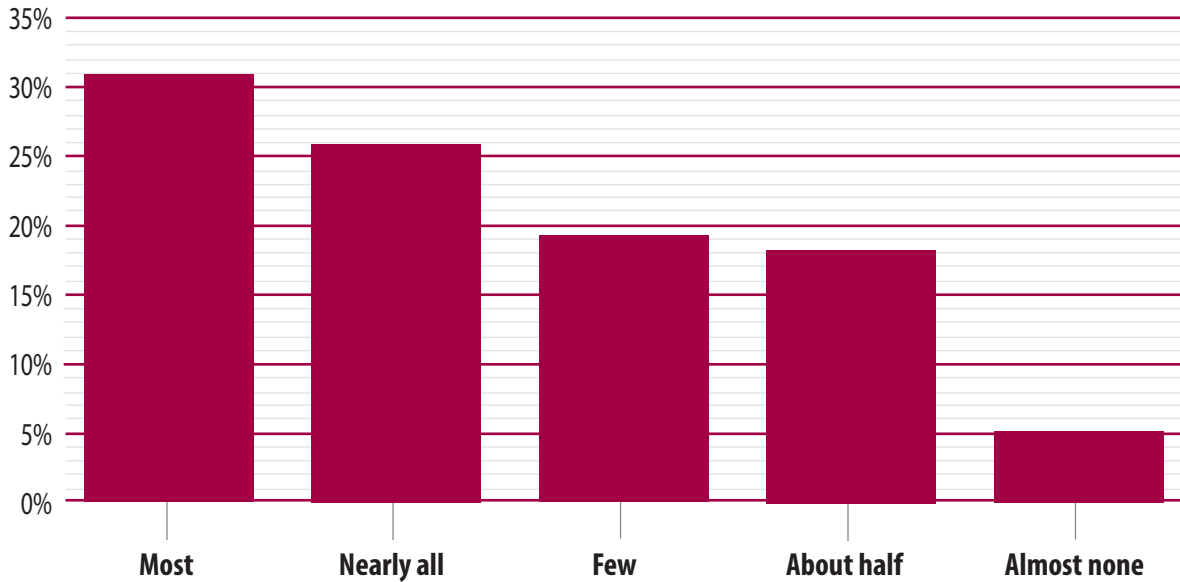
Protecting DV victims from physical assault – or further assault – has always been a core function of emergency shelter. However, the responses to this issue indicate considerable disagreement among advocates as to how many victims actually need protection. Asked what percentage of victims they assist are in immediate physical danger, advocates’ answers varied widely, with more than one-third saying “about half” and just under one-third saying “most.” Next came “nearly all” in a virtual tie with “few.” In part, this likely reflects the different types of clients served by the responding advocates. But the importance of the issue for shaping the future of residential and non-residential services remains high.

Figure 5. Most victims leave an abusive relationship



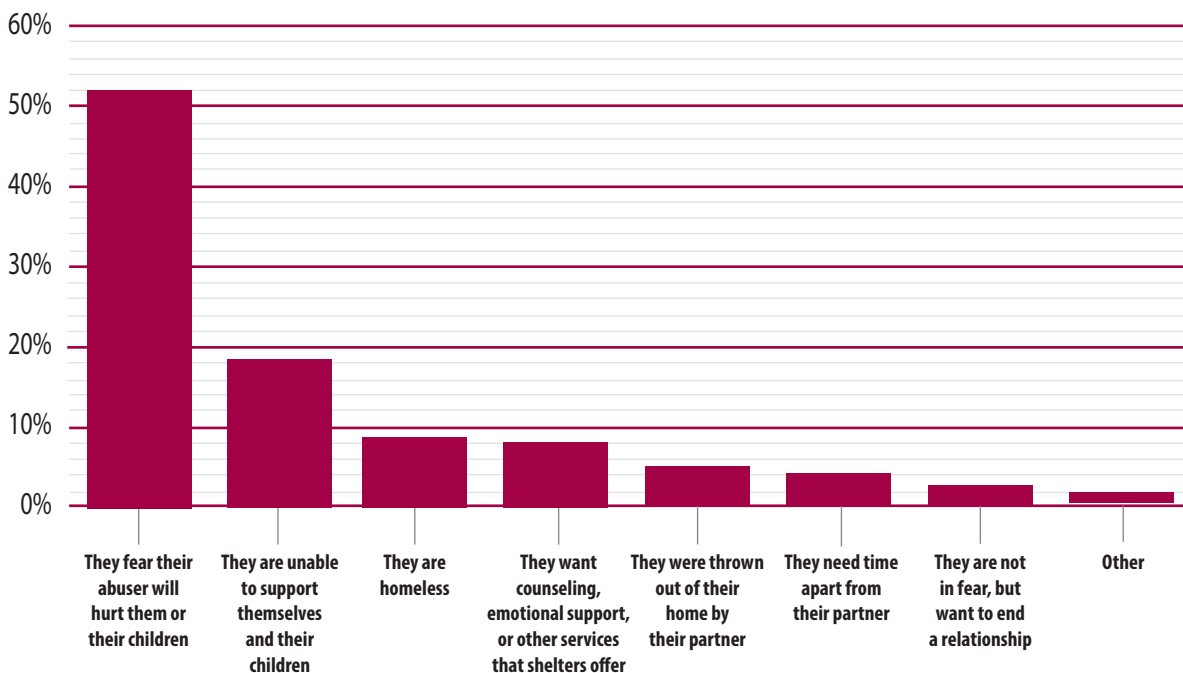
Advocates were also closely divided in gauging their clients’ future behavior. Asked “Do most victims expect to remain in – or resume – an intimate relationship with their abuser,” 53% said no while 47% answered yes. This split may again reflect different advocates’ different caseloads – and the fact that many victims return to their abuser several times before leaving for good. In any case, the relatively high percentage of victims who return further suggests the importance of providing a range of accessible community-based services.

Figure 6. Most victims use shelter



The responses to this question indicate that well over half of these advocates' clients are or have in shelter. One must be cautious, however, in seeking to generalize these results to the entire population of victims. That's because a) at least half of the respondents to this survey work in emergency shelters themselves and b) researchers and practitioners agree that most victims, rural or urban, do not use shelter. Still the answers to the question "About how many of the victims you assist stay in a DV shelter at some point" underline the continuing importance of shelter for rural DV victims.

Figure 7. Fear drives most victims to shelter

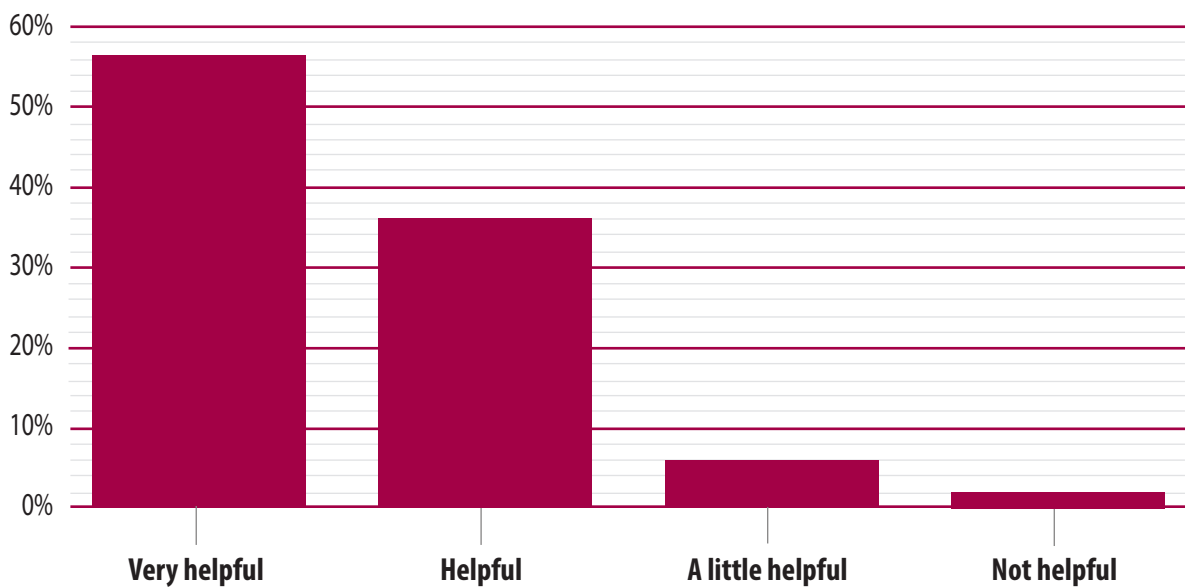


As noted above, physical protection has always been among the core functions of DV shelters. The

responses to this question, “What’s the single most important reason most victims seek emergency shelter,” indicates that fear of injury (or further injury) retains its prominent place. More than half of responding advocates answered, “They fear their abuser will hurt them or their children,” a much higher rate than any other choice. The second most common answer reflected a need for economic support: “They are unable to support themselves and their children.”

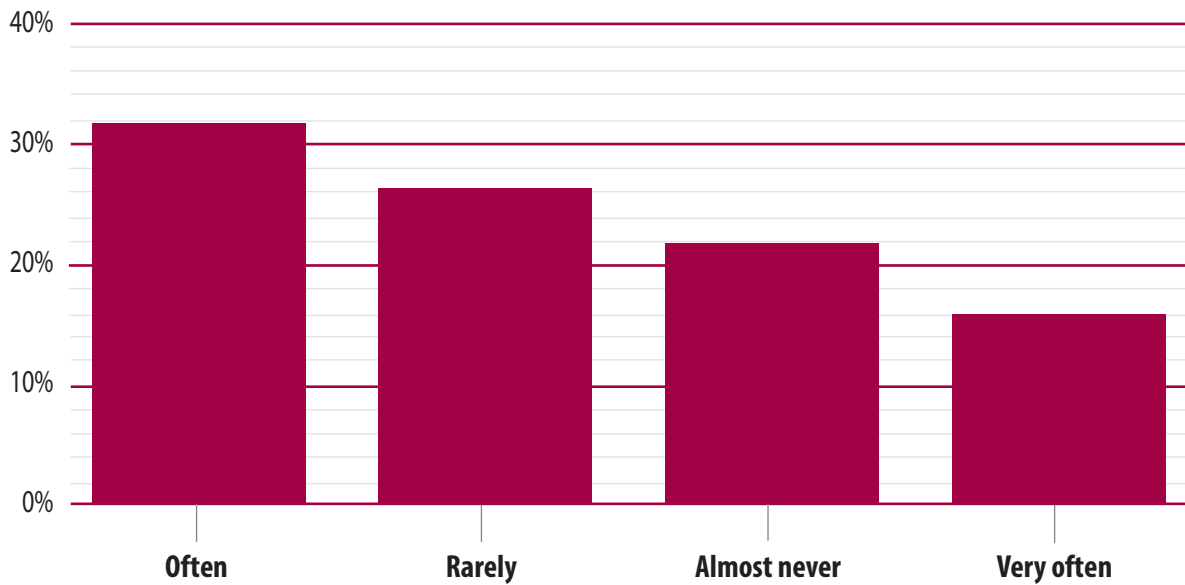
The prominence of concerns for physical safety seems at odds with the relatively low place given physical protection in the overall ranking of victims’ needs (Figure 1) and the differences among advocates concerning the degree of physical danger faced by most residents (Figure 4). This discrepancy might be explained by the fact that the initial ranking of needs was made in reference to all DV victims, not just those in shelter. Research has shown that most victims who enter shelter come from the population of victims who have suffered more violent abuse. In addition, the danger (or perceived danger) facing a victim may well decrease over time.

Figure 8. Shelters get high marks from victims



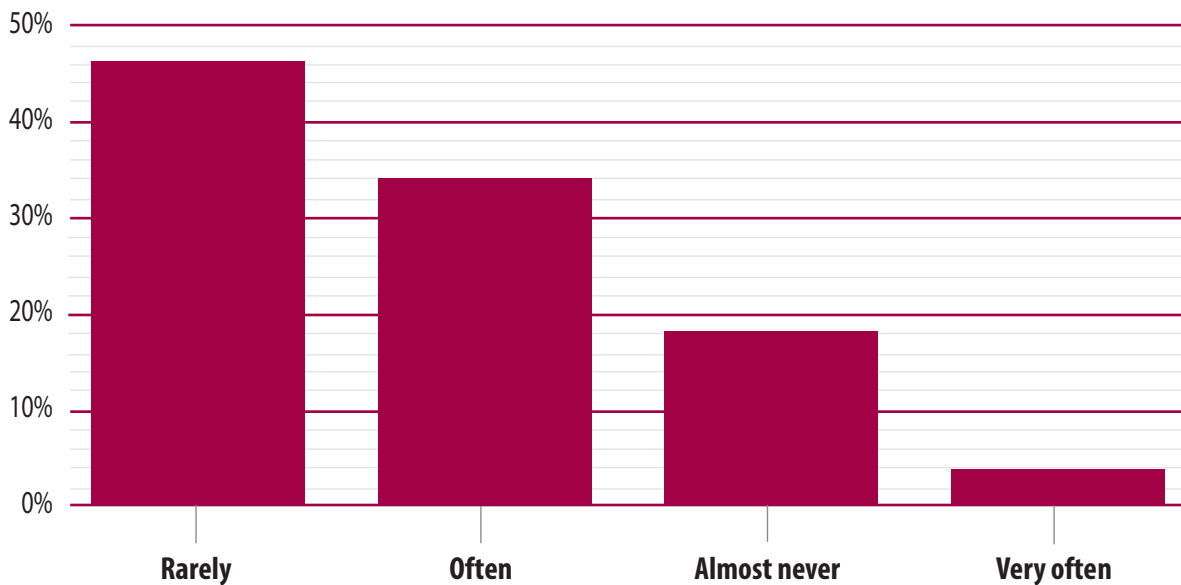
Whatever the reasons that lead victims to enter shelter, most advocates feel that their clients receive at least some of the help they need. Asked how helpful shelter services are for victims, nearly 60% answered “very helpful” while another 35% said “helpful.”

Figure 9. Advocates disagree on lack of beds



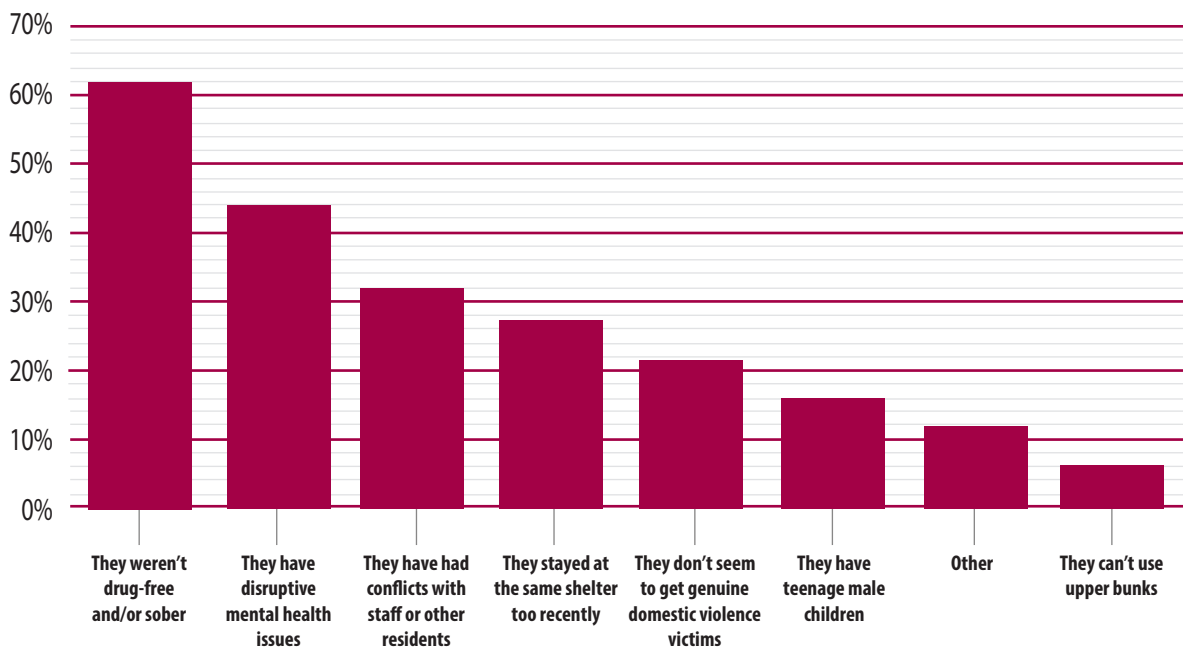
What is the “right” number of beds needed to serve all or most DV victims? Firm answers to this perennial question are elusive, and the responses here do not add clarity. Asked “How often are victims seeking shelter turned away because of a lack of beds,” about one-third of advocates answered “often” and 16% said “very often.” However, another 25% said rarely and 23% said “almost never.” Figures provided by rural shelters to AZDES show an average occupancy rate of 58%.

Figure 10. “Screening out” of victims also brings mixed replies



The practice of “screening” victims applying for shelter is another key issue that remains difficult to quantify and the subject of some controversy. Most shelter staffers interviewed for this report acknowledged that their shelters had in the past sometimes enforced overly rigid standards for admission – and said some other shelters routinely screened out potentially challenging applicants, such as those possibly suffering from mental disorders (see Figure 11 below). However, the staffers said that in recent years they have emphasized “screening in” rather than “screening out” in order to serve more needy victims.

Figure 11. Substance abuse, mental illness keep applicants out

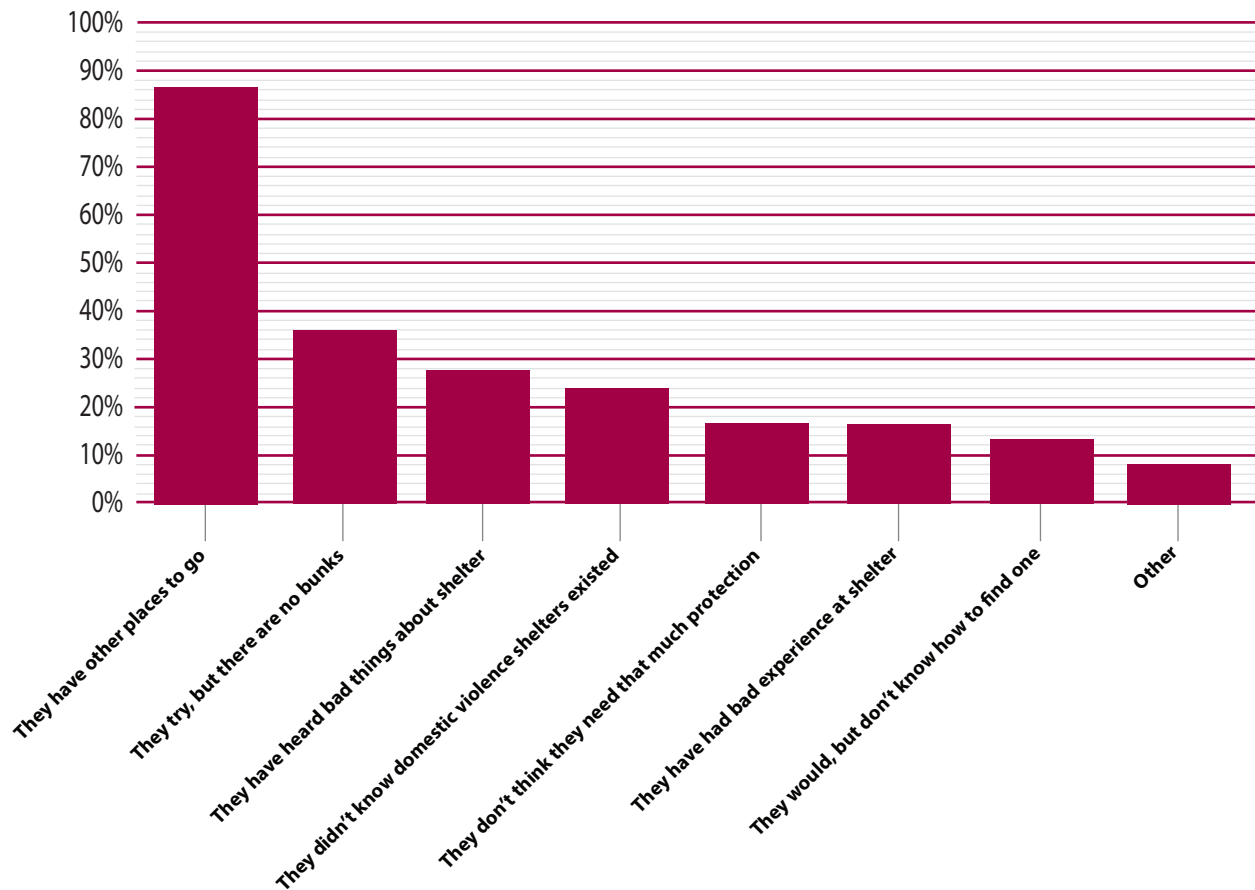


While admission standards may have been loosened, advocates named three problems that remain the most common reasons for turning applicants away. Asked to name the major reasons, other than a lack of beds, why victims seeking shelter are refused admission, more than 60% of the responses cited applicants who were not clean and sober. In second place were disruptive mental health issues; third was a history of conflicts with staff or other residents. While these are hardly new problems for emergency shelters, most shelter operators and staff interviewed in this research noted that substance abuse and mental health issues have become increasingly prevalent among shelter applicants.

The “other” category of responses included:

- Confidentiality breach/AWOL
- Too many children that the shelter cannot accommodate
- Abusive to other residents/staff/children
- Homeless
- A VICTIM is always accepted into shelter
- Other shelter regulations
- Do not live in same state that shelter is located at
- They have DV convictions
- The screener is not aware of different kinds of domestic violence

Figure 12. Shelter remains a last resort for most victims

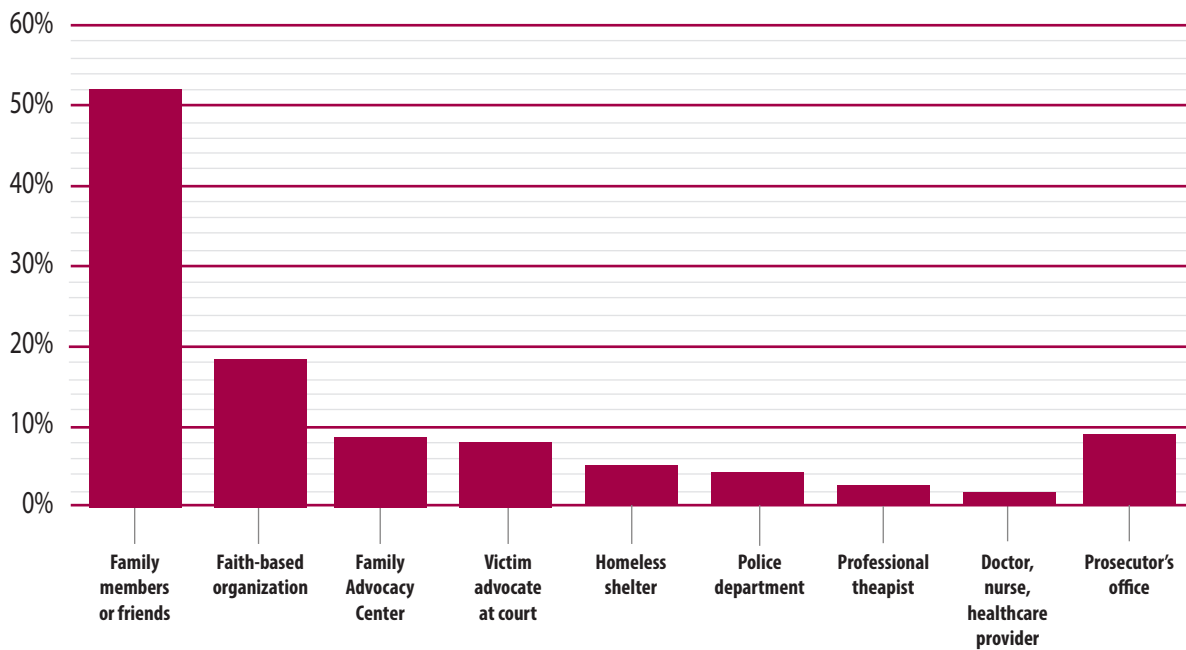


Despite the critical role they can play in some victims' lives, shelters remain a last resort for most. Asked why victims of abuse choose not to enter shelter, advocates most often (86%) answered that the victims "had other places to go," such as family or friends. This is also reflected in comments made in interviews of shelter staff. The second most common response was a lack of beds (see Figure 9 above), followed by "They have heard bad things about shelters." Less frequent were answers indicating that victims didn't know shelters existed or didn't know how to find one; shelters are continually seeking to overcome these barriers via advertising and public awareness campaigns.

The "other" category included:

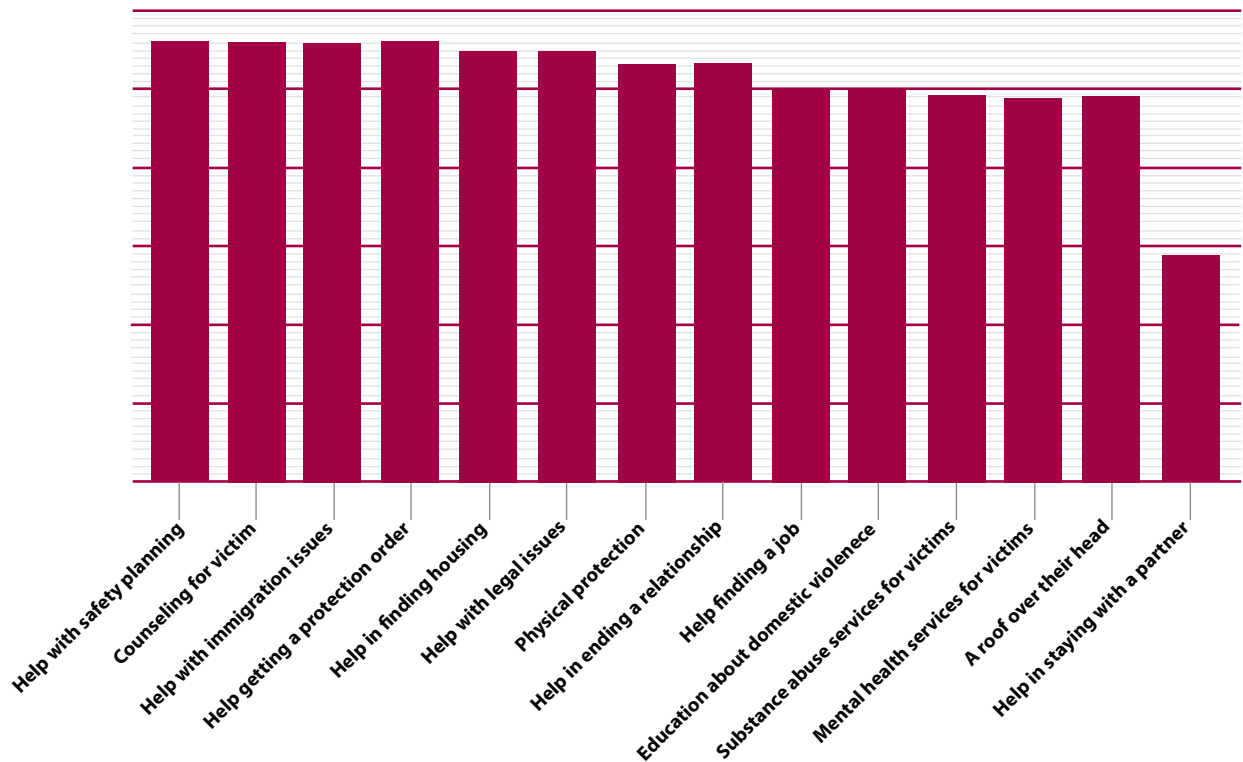
- The stigma associated with being in a shelter
- Rules
- Clients sometimes don't like to follow the safety rules of the shelter and share in the chores
- Transportation issues
- Aren't able to bring their kids with them
- They don't feel comfortable with communal living

Figure 13. Victims find other sources of help



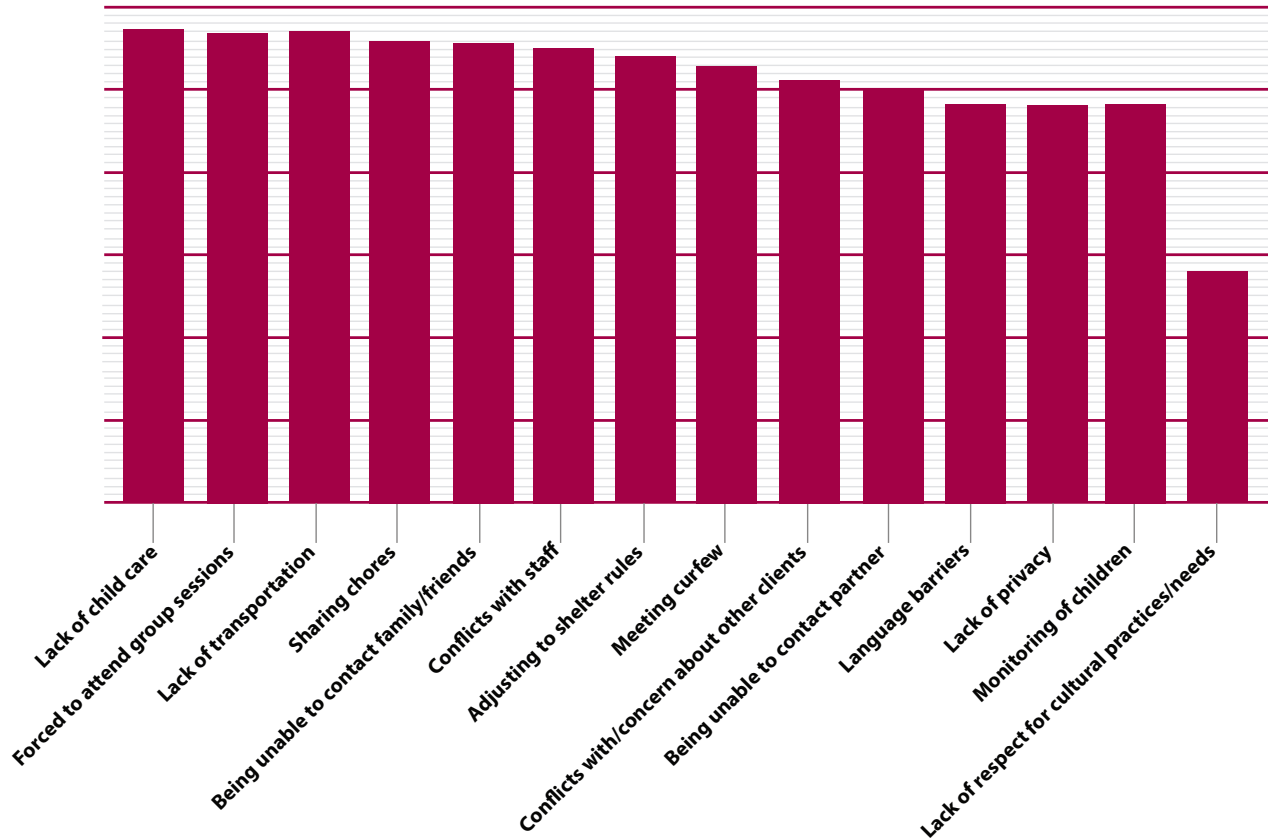
Family and friends remain the most commonly cited source of help for victims who don't access shelter. Just over half of the advocates' responses cited family and friends, followed very closely by faith-based organizations. Third came family advocacy centers; fourth were victim advocates at court.

Figure 14. Practical and legal issues are ranked highly by advocates



Asked to rate shelter services in their importance for residents, advocates differed in several ways from victims (Figure 11, victims’ survey, above) in their rankings. Both gave high rankings to legal and practical issues. However, the advocates rated “help with immigration issues” much higher than did victims, and placed “a roof over their head” much lower. Advocates were similar to victims in placing “physical protection” about halfway down the list.

Figure 15. Negative Experiences in Shelter



Dealing with children generated the most mentions as negative shelter experiences, according to advocates, primarily in the lack of child care. This lack was also widely mentioned in interviews, as advocates and shelter staff stressed the difficulty residents with children face in seeking schooling or work, or even attending classes at the shelter or in the community. This was often mentioned in connection with the lack of transportation, another common problem that seems especially acute in rural settings. It is interesting that “being forced to attend group sessions” and “being unable to contact their family and friends” ranked high on this list, given that trends noted by all shelter operators interviewed included a relaxation of shelter rules concerning attendance at counseling and concerning contacting family and friends, including the abuser.

Advocates' Profile

Years Working in the Domestic Violence Field

Average	9.4 years
Minimum	less than 1 year
Maximum	45 years

Victims Served in Average Month

Average	22
Minimum	0
Maximum	50

Work Location

Emergency Shelter	50%
Other	18%
Non-profit organization not shelter	14%
Healthcare facility	9%
Prosecutor's office	7%
Police department	2%
Homeless shelter	1%

The "other" category included:

- Legal Outreach Ofc of DV Shelter
- Police department and DV shelter
- First Response Crisis Unit
- DV/SA shelter
- Home visiting program
- DV shelter with a program
- A Domestic Violence Safe House
- First Things First
- DES -APS
- Community mental health facility
- Sstate agency
- APS-state

Work-Related Credentials *(Some listed multiple credentials)*

OJT in a social service field	42%
BA-level degree in a social service field	30%
Other credential/experience	23%
Master's or above in a social service field	17%
Certificate of training in a social service field	11%
Associate's-level degree in a social service field	11%
Professional accreditation in a social service field	4%

The "other" category included:

- Training through CSA Legal and ACADV Advocacy Training and Certified
- 16 yrs. exp. DV/Legal advocate
- PhD ABD
- JD
- Over 100 professional live trainings, hundreds of online E courses for professionals, many Webinar trainings for professionals, years of work experience
- On-the-job training and some college
- Licensed therapist
- Master's Degree in English with an emphasis in Women's Studies
- DV Survivor
- Some college in social work
- Other degree
- Associates degree in respite care
- Various certificates and trainings

Part III – Interviews with Advocates and Stakeholders

This section is based on confidential one-on-one interviews with 17 rural and small town shelter directors, program managers, advocates and other staff members, as well as with law enforcement officers and other local stakeholders. It also includes input from local DV stakeholders' meetings in three widely dispersed small towns. The interviews were conducted with the understanding that interviewees would not be named or otherwise identified. For convenience sake they are referred to as either "advocates" or "law enforcement officers." A copy of the interview questions is included in this report.

Most of the advocates and officers interviewed agreed that progress has been made in recent years serving rural DV victims, through both more victim-centered shelter operations and increasing outreach via community-based services. A number of advocates also spoke of a relaxation of screening criteria and shelter rules over the past several years. "We've relaxed a lot, following the trend of getting rid of most of the rules..." one said in a typical comment.... "[Residents] are adult people; they can run their own life as long as they're not harming each other." Several mentioned that they had experimented with a "no rules" approach, but that it had proved unpopular with both staff and residents.

Most also reported reasonably good relations with local law enforcement agencies. "Our relationship with law enforcement is good, in part because in a small community we know them and they know us," said a behavioral health service-provider. "We know what they do and they know what we do." In some areas, local and county officers regularly call advocates to DV scenes and bring victims to shelter. Several law enforcement officers interviewed said attitudes about DV have improved, contrary to clichéd images of small towns. As one sheriff put it: "We're not quite that much of a caveman down here."

On the other hand, other advocates indicated that there is considerable variation in the degree of training, empathy and cooperation from county, city and tribal departments. Several said an "old-boy network" among local and/or county law enforcement sometimes impeded their efforts to raise awareness of DV and DV services in their area, to promote officer training and – in at least one location – even impacted the full prosecution and punishment of some abusers.

Advocates and officers spoke frequently about the challenges of working with DV victims in small towns and rural areas. One recurring theme was the challenge of attracting and retaining quality staff as well as professionals in related fields. They also repeatedly noted the difficulty victims who left an abusive relationship had in avoiding encountering their abuser or his/her family members.

As one put it: "You go to Safeway and you're going to have a class reunion. You go to Walmart and see the same people again." Another said: "The fact that everybody knows everybody presents safety issues. It's not easy to change routines effectively. Your kids are in school. Everybody hears rumors Everybody knows your business."

A complicating factor is that, although advocates may advise them to move away and even offer assistance in doing so, many victims are reluctant to leave. "... [P]eople don't like to leave their area." one said. "They're willing to take that chance. That's why we work on a lot of safety planning, including if you run into your batterer." And the problem can reach beyond individuals: "I think a small town is harder on victims [because] families get mad at each other," an advocate said. "[They'll say] 'You were

rude to my cousin. They'll make threats. [They'll say] 'Your relative looked at my relative wrong.'"

Still, several advocates and stakeholders noted positive aspects of being located in a small town or rural area. One said her shelter regularly serves victims who seek out an isolated location "off the beaten path, away from the highways...where they might not be found." But, she added, isolation has its drawbacks even for these victims: "[Our isolation] is a benefit to some of them as they're passing through. As a place to stay and start their lives over, maybe not so much."

Several advocates said their rural/small town location translated into a greater level of support from the community in the form of donations of goods and services, and informal assistance from faith-based groups, civic clubs, law enforcement officers and others. One officer said, "I think it's better in the smaller communities because I know everybody – advocates, court, shelter, etc., and I can pick up the phone. In bigger cities you're talking to strangers," he said. "[Here], the same officers are dealing with the same people; we know the history of this family so we can do better follow-up."

Yet most advocates said many of their clients' needs went unmet because of the frequent lack of nearby resources and the difficulty of providing transportation for clients' jobs, schooling, medical appointments, counseling sessions, etc. Even when transportation is available, they said, it's time-consuming for both advocates and victims to navigate Arizona's vast rural expanses.

"We have a lot of mental health issues and substance abuse – huge contributors to DV," one informant said in a typical comment. "[But] we have no in-patient resources. Kids with mental health problems can go on for years because there's no treatment here." She continued a grim – and often repeated – litany of needs: "We really don't have lay legal advocacy to help victims; no pro-bono attorneys; Community Legal Services is inundated; [we have] limited shelter beds, and long distances to others. No public transportation."

Another challenge that looms large for a number of shelters and other agencies is serving Native American victims from nearby reservations. Native Americans constituted a quarter of the victims surveyed for this report, just ahead of Hispanics and second only to non-Hispanic Whites. According to several advocates, these clients are deeply connected to their families and kinship groups, and are thus especially reluctant to testify against their abuser or relocate away from him/her. They also must in some cases navigate both tribal and non-tribal justice systems. Further, confidentiality is very difficult to maintain in relatively small, tightly knit Native American communities.

"It's a different world in the tribal realm," one veteran tribal police officer said. "We all know each other. Everybody knows what's going on." He said his tribe has made progress in adopting a DV legal code and in other measures, but that tribal members and officers also are coping with changes in long-standing ways of handling issues on the reservation. "It used to be that elders could speak to families suffering domestic violence," he said. "But we're so displaced today, the language and traditions are starting to go, the elders are dying out." Adding to the challenges for law enforcement officers is the fact that they must be familiar with tribal law as well as state law. Finally, he said: "Indians won't talk to outsiders."

Transportation, housing, childcare, mental health services – and the funds to obtain them – these were the needs most often mentioned by rural advocates and other informants. But another commonly

expressed there were the challenges presented by a clientele that most advocates agreed included a large number of victims with multiple severe needs. They described a population of impoverished, unskilled, homeless or nearly homeless and traumatized victims who are isolated by distance and a paucity of local services, yet reluctant to relocate.

“When a DV victim comes in, we’re not only dealing with DV, but also with evictions, substance abuse, collection agencies, poor rental history, employment issues, garnishments,” one advocate said. “We have to decide which is the most pressing problem among these.” Another said: “Drug abuse is rampant. There’s not a lady I’ve talked to within the last three months who hasn’t had some sort of drug abuse or addiction. On top of it, job skills are almost non-existent. Some of them haven’t even had a job interview. Reading comprehension is almost non-existent; they can’t fill out an application.”

Most advocates agreed that the prevalence of such conditions reflects the emergence of an increasingly needy and unprepared victim population – compared to the past – but they’re not sure why. “Is it how they were raised?” one shelter operator asked. “[Ages] 18 through 35 contain a large population that just don’t see how to do things.”

Nor are some rural advocates convinced that the initiative commonly referred to as “rapid rehousing” would work for their clients. For one thing, some noted that congregate shelters have positive aspects: “Communal living has the advantage that you can see other women also fearful yet still moving forward,” one said. Secondly, most said their areas offered little in the way of affordable housing, especially for those “on a McDonald’s salary.” Thirdly, several advocates said they felt many of their clients were simply not able to qualify for independent living, and not ready to try it.

“Our women usually take four months to get a job,” another said. “You can’t fix somebody’s feelings and the way they see the world in four months. To add to that, maybe they don’t have credit and can’t sign a lease. We have a lot of victims who have an income, but they can’t pass a credit check to get into housing.” Her conclusion: “[Rapid rehousing] would benefit women who are actually ready to go. But I don’t think we have the money to support it. And most victims couldn’t do it.”

Part IV – Questions for Discussion

The following questions arise from the survey and interviews, and are meant to help stimulate discussions about key issues among public officials, practitioners, law enforcement officers, victims and other stakeholders. They are not meant to express opinions on these issues.

- Given the relatively low occupancy rates for some shelters, should they focus more on reaching out to victims and providing community-based services?
- Is there some way to establish regional networks for transporting victims among shelters and to and from service providers?
- Similarly, could a system be established in which professionals in behavioral health, substance abuse treatment and other areas “ride the circuit” among rural and small-town shelters?
- Are there a ways to incentivize behavioral health and substance abuse professionals to locate or remain in rural areas?
- Would rural and small-town law enforcement agencies benefit from – and be receptive to – education about DV provided via presentations from advocates and/or other officers?
- Other research indicates that DV is a serious problem in Native American communities. How can public officials and private practitioners work together to increase the number of trained advocates – ideally with Native American backgrounds – serving these communities?
- Victims’ and advocates’ comments indicate that some rural shelters still impose multiple and strict rules upon victims; should these be addressed as part of a more “victim-centered” approach to service provision?
- Can “rapid rehousing” work in rural areas with little affordable housing or public transportation?
- Is there a more prominent role to be played by faith-based organizations in helping victims and educating the public in rural and small-town Arizona?
- Given the importance of prevention, are rural and small-town agencies doing all they can to educate children and teenagers about dating violence? Similarly, how can new or existing resources be used to counsel children and teenagers who witness DV in an effort to “break the cycle?”
- Neither rural victims and advocates nor shelter operators cited immigration issues as an area of major concern. Given Arizona’s history of undocumented immigration, should this result be further probed to determine whether a large population of undocumented victims is going unserved?

Rankings Review:

A comparison of the top 15 needs for rural victims:

Rural Victims' Survey Ranking
Other*
Help in finding housing
Counseling for me
Education about Domestic Violence
Help in finding a job
Help with safety planning
Counseling for my partner
Physical protection from my partner
Help ending an abusive relationship
Help with child care
Substance abuse treatment for my partner
Help with child custody or divorce
Help getting a protection order
Substance abuse treatment for myself
Help with immigration issues

Rural Advocates' Survey Ranking
Education about Domestic Violence
Counseling for the victim
Help in finding housing
Help with child care
Help in finding a job
Help with transportation
Mental health services for the victim
Help with divorce or custody issues
Physical protection from an abuser
Help ending an abusive relationship
Help with safety planning
Help getting a protection order
Mental health services for the abuser
Help getting government benefits
Other**

* Other needs (edited) expressed by victims:

- Manage counseling for past stuff and better communication
- Attorney to get back property missing, money gone, etc.
- Help with single (abused) women (no kids) finding housing
- Transportation needs
- Transportation
- Food, clothing, transportation, school for me and kids
- Possibly changing my name legally and identifying info
- Information on narcissistic abuse and personal traits that I have that make me vulnerable
- Cash assistance until I find a job
- Looking for work for myself and my son
- Find agencies for financial assistance and medical
- Health insurance
- N/A besides money, etc.
- Housing #1 away from my Indian reservation
- Going to further my education
- I'd love for my ex-husband to be put behind bars
- My shelter helped me with my needs
- Money- How to stretch the money to support myself and 2 kids
- Utilities

**Other needs (edited) as expressed by advocates:

- Licensed Therapists
- Qualified counselors
- Police and process server training
- Training in Self Worth
- Family shelter where kids are welcome to come with
- Legal Help from Attorneys
- Financial programs that assist the clients in becoming independent from abusers and allowing them to have a permanent safe place to live long term with their children....our area is in need of WAY more programs for teens/children to ensure that they are not self-blaming and shaming....Lastly, additional monies are needed to allow us to hire staff members to do outreach on the Native American reservations.

SELECTED SOURCES

Averill, Jennifer, et.al. (2007) "Frightened in Isolation: Unique Considerations for Research of Sexual Assault and Interpersonal Violence in Rural Areas," *Journal of Forensic Nursing*, 3:1

Black, Michele C., et.al. (2011) The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report, National Center for Injury Prevention and Control, Centers For Disease Control and Prevention

Bunch, Shelia and Brenda Eastman (2004) "Worker and Victim Issues Unique to Rural Domestic Violence," *Family Violence & Sexual Assault Bulletin*, 20:4

Catalano, Shannan (2012) *Intimate partner Violence, 1993-2010*, U.S. Bureau of Justice Statistics Special Report

Dutton, Mary Ann, et.al. (2002) "National Evaluation of the Rural Domestic Violence and Child Victimization Enforcement Grant Program" Final Report: Volume I Executive Summary

Eastman, Brenda, et.al. (2007) "Exploring the Perceptions of Domestic Violence Service Providers in Rural Localities," *Violence Against Women*, 13:7

Farmer, Amy and Jill Tiefenthaler (2003) "Explaining the Recent Decline in Domestic Violence," *Contemporary Economic Policy*, 21:2

Grossman, Susan, et.al. (2005) "Rural Versus Urban Victims of Violence: The Interplay of Race and Region," *Journal of Family Violence*, 20:2

Helfrich, Christine, et.al. (2008) "Mental Health Disorders and Functioning of Women in Domestic Violence Shelters," *Journal of Interpersonal Violence*, 23:437

Kuhle, S. (1979) "Rural Perspective on Domestic Violence," National Institute of Justice, NCJ No. 66387

Kuhle, S.J. (1980) "Domestic Violence in Rural America - Problems and Possible Solutions," National Institute of Justice

Kulkarni, Shanti, et.al. (2012) "Back to Basics: Essential Qualities of Services for Survivors of Intimate Partner Violence," *Violence Against Women*, 18:1

Lanier, Christina and Michael Maume (2009) "Intimate Partner Violence and Social Isolation Across the Rural/Urban Divide," *Violence Against Women*, 15:11

Logan, T.K., et.al (2001) "Rural, Urban Influenced, and Urban Differences Among Domestic Violence Arrestees," *Journal of Interpersonal Violence*, 16:3

Logan, TK, et.al. (2005) "Protective Orders in Rural and Urban Areas: A Multiple Perspective Study," *Violence Against Women*, 11:7

National Coalition Against Domestic Violence (1991) "National Coalition Against Domestic Violence Rural Task Force Resource Packet: Reflections on Rural Realities," Second Edition

Orchowsky, S (1998) "Unique Nature of Domestic Violence in Rural Areas," *Forum* (Justice Research and Statistics Association), 16:2

Rollins, Chiquita, et.al. (2012) "Housing Instability Is As Strong a Predictor of Poor Health Outcomes as Level of Danger in An Abusive Relationship," *Journal of Interpersonal Violence*, 27:4

Schafer, Joseph and Matthew Giblin (2010) "Policing Intimate Partner Violence in Rural Areas and Small Towns: Policies, Practices, and Perceptions," *Women & Criminal Justice*, 20:4

Schow, Diana (2008) "The Culture of Domestic Violence Advocacy: Values of Quality/Behaviors of Control," *Women and Health*, 43:4

Tan, Cheribeth, et.al. (1995) "The Role of Social Support in the Lives of Women Exiting Domestic Violence Shelters," *Journal of Interpersonal Violence*, 10:4

Van Hightower, Nikki R. and Joe Gorton (2002) "Case Study of Community-Based Responses to Rural Woman Battering," *Violence Against Women*, 8:7

Websdale, N. (1998) "For Batter or for Worse" (From "Rural Woman Battering and the Justice System: An Ethnography"), Sage Publications

APPENDIX 1: Methodology

- A review of material in academic journals and official public documents focusing on the needs and experiences of all DV victims as well as those living in rural areas and small towns. The journal articles were primarily selected from PubMed, PsychInfo and the National Criminal Justice Reference Service. Also consulted was a 2014 Morrison Institute report, *Serving Valley Victims of Domestic Violence*, which used the same approach and instruments to survey victims and advocates in Maricopa County.
- A questionnaire completed by DV victims living outside of the Phoenix or Tucson metropolitan areas. This 21-question, confidential paper survey (prepared in English and Spanish) was completed by a convenience sample of 344 victims. These victims were contacted through shelter staff, therapists, court advocates and other non-residential service providers. Nearly 60% of respondents report they have been in shelter at some point. All respondents sealed their completed survey in an envelope for return to the researchers. Data from the completed questionnaires were entered into the Qualtrics survey software system. A copy of the questionnaire is included in this report.
- A confidential online questionnaire completed by 103 shelter staff, advocates, therapists, attorneys and others working with rural Arizona DV victims. Participation in this 21-question survey, also conducted via the Qualtrics system, was supported by the Arizona Coalition to End Sexual and Domestic Violence, the Arizona Chapter of the National Association of Social Workers, and the Arizona Coalition for Victim Services. A copy of the questionnaire is included in this report.
- Attendance at local DV stakeholders' meetings in three small towns in eastern, southeastern and central Arizona.
- Interviews with 17 rural and small town shelter executive directors, program managers, advocates and other staff, as well as with law enforcement officers and other local stakeholders. These confidential, one-on-one interviews were recorded and transcribed. A copy of the interview questions is included in this report.

APPENDIX 2:

Letter inviting victims to take survey (English)



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

**Needs of Domestic Violence Victims in Rural Arizona
Request to Fill Out a Confidential Questionnaire**

Dear Participant,

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

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

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

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

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

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

Thank you very much for your help.

APPENDIX 3:

Letter inviting victims to take survey (Spanish)



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

Necesidades de las Víctimas de Violencia Doméstica del Arizona Rural Solicitud para Llenar un Cuestionario Confidencial

Estimado participante,

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

La meta de mi estudio es entender mejor las necesidades más importantes de las víctimas de violencia doméstica, tanto los que utilizan albergues de emergencia y los que no eligen asistir. Este paquete incluye un cuestionario confidencial que yo estoy pidiendo que complete.

El cuestionario es completamente voluntaria, y usted debe tener 18 años o más para participar. Está bien que decir no. La elección de no participar no afectará su situación legal o elegibilidad para los servicios. Incluso si usted está de acuerdo en participar, usted es libre de retirarse del estudio en cualquier momento. Si decide parar en cualquier momento, no habrá penalización.

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

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

Gracias por su ayuda,

APPENDIX 4: Survey Form (English)



DOMESTIC VIOLENCE VICTIM SURVEY

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

A. This section is for all domestic violence victims.

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

Personal Needs	Very needed	Somewhat needed	Least needed	
Physical protection from my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in ending a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in staying with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling for my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse treatment for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse treatment for my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help with child custody or divorce issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help getting a protection order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Practical Needs	Very needed	Somewhat needed	Least needed	
Education about domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in finding housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help with child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help with safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help with immigration issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other needs:				

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

<input type="checkbox"/> Faith-based organization	<input type="checkbox"/> Professional therapist
<input type="checkbox"/> Victim advocate at court	<input type="checkbox"/> Police department
<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Doctor, nurse, health provider
<input type="checkbox"/> Family Advocacy Center	<input type="checkbox"/> Prosecutor's office
<input type="checkbox"/> Domestic violence shelter	<input type="checkbox"/> Other: _____

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

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

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

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

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

<input type="checkbox"/> Family member's home	<input type="checkbox"/> The street
<input type="checkbox"/> Friend's home	<input type="checkbox"/> Domestic violence shelter
<input type="checkbox"/> Hotel	<input type="checkbox"/> My car
<input type="checkbox"/> Homeless shelter	<input type="checkbox"/> Other: _____

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

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

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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B. Please answer questions 8 through 13 ONLY if you have stayed in a domestic violence shelter, even briefly. If you have never stayed in a DV shelter, skip to question 14.

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

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

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

<input type="checkbox"/> Very helpful	<input type="checkbox"/> A little helpful
<input type="checkbox"/> Helpful	<input type="checkbox"/> Not helpful

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

Personal Services in Shelter	Very important	Somewhat important	Least important	
Physical protection from my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in ending a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help in staying with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling and emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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13. Based on your experience, how can domestic violence shelters provide better services?

C. Questions for all victims

14. Are you ...

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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15. What is your age? _____

16. How many children do you have living with you? _____

17. If your children received services, where did they receive them?

<input type="checkbox"/> At a domestic violence shelter	<input type="checkbox"/> From a private teacher or counselor
<input type="checkbox"/> At a community-based agency referred by a shelter	<input type="checkbox"/> My child or children DID NOT receive services
<input type="checkbox"/> At an agency NOT referred by a shelter	

18. How satisfied were you with those services?

Service	Very unsatisfied	Unsatisfied	Satisfied	Very satisfied
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:				

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

<input type="checkbox"/> Boyfriend/girlfriend	<input type="checkbox"/> Ex-husband/ex-wife
<input type="checkbox"/> Ex-boyfriend/ex-girlfriend	<input type="checkbox"/> Separated spouse
<input type="checkbox"/> Husband/wife	<input type="checkbox"/> Other: _____

20. Which best describes your race/ethnicity?

<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic/Latina/Latino	<input type="checkbox"/> Other: _____

21. What is your highest level of education?

<input type="checkbox"/> Less than high school diploma	<input type="checkbox"/> Associate's degree or vocational graduate
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> 4-year college degree
<input type="checkbox"/> Some college	<input type="checkbox"/> Advanced degree

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

Thank you for taking the survey. Your participation will help us serve victims and their children.

APPENDIX 5: Survey Form (Spanish)



Cuestionario Para la Víctima de Violencia Doméstica

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

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

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

Necesidades Personales	Muy Necesario	Algo Necesario	Menos Necesario	
La protección física de mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda a poner fin a una relación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda en permanecer con mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consejería para mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consejería para mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tratamiento de abuso de sustancias para mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tratamiento de abuso de sustancias para mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda con la custodia de los hijos o asuntos de divorcio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda para obtener una orden de protección	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Necesidades Prácticas	Muy Necesario	Algo Necesario	Menos Necesario	
Educación sobre violencia doméstica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda para encontrar vivienda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda para encontrar un trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda con el cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda con la planificación de seguridad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ayuda con asuntos de inmigración	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Otras necesidades:				

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

<input type="checkbox"/> Organización basada en la fe	<input type="checkbox"/> Terapeuta profesional
<input type="checkbox"/> Defensor de víctimas en la corte	<input type="checkbox"/> Departamento de Policía
<input type="checkbox"/> Albergue para desamparados	<input type="checkbox"/> Médico, Enfermera, proveedor de atención médica
<input type="checkbox"/> Centro de defensa para la familia	<input type="checkbox"/> Oficinas de la fiscalía
<input type="checkbox"/> Refugio de violencia doméstica	<input type="checkbox"/> Otro: _____

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

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

4. SI USTED NO SE FUE ¿cuál fue la forma principal que usted manejó el abuso? (Marque hastatres)

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

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

<input type="checkbox"/> Casa de un familiar	<input type="checkbox"/> En la calle
<input type="checkbox"/> Casa de un amigo	<input type="checkbox"/> Refugio de violencia doméstica
<input type="checkbox"/> Hotel	<input type="checkbox"/> Mi carro
<input type="checkbox"/> Albergue para desamparados	<input type="checkbox"/> Otro: _____

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

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

7. Mirando hacia el futuro, ¿Consideraría usted la posibilidad de entrar a un albergue de violencia doméstica para escapar de una relación abusiva?

<input type="checkbox"/> SI	<input type="checkbox"/> NO
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B. Por favor contestar las preguntas del 8 al 13 SOLO si se ha alojado en un albergue de violencia doméstica, aunque sea brevemente. Si nunca se alojado en un albergue de violencia doméstica pase a la pregunta 14.

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

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

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

<input type="checkbox"/> Muy útil	<input type="checkbox"/> Algo útil
<input type="checkbox"/> Util	<input type="checkbox"/> Nada útil

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

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

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

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

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

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

SI | NO

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

C. Informacion general (para todas las victimas)

14. Es usted ...

Masculino | Femenina

15. ¿Cual es su edad? _____

16. ¿Cuántos hijos tiene viviendo con usted? _____

17. ¿Si su(s) hijo(s) recibió/recibieron servicios, dónde los recibió/recibieron?

<input type="checkbox"/> En un albergue	<input type="checkbox"/> A partir de un profesor privado o un consejero
<input type="checkbox"/> A una agencia comunitaria referida por un albergue	<input type="checkbox"/> Mi(s) hijo(s) no ha(n) recibido servicios
<input type="checkbox"/> En una agencia no referido por un albergue	

18. Si su(s) hijo(s) recibió (recibieron) alguno de estos servicios, ¿qué tan satisfecho estuvo con esos servicios?

Servicio	Muy Insatisfecho	Insatisfecho	Satisfecho	Muy Satisfecho
Consejería Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consejería en Grupo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuidado de niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terapia de Juego	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoría	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tratamiento Médico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planificación de la Seguridad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro:				

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

<input type="checkbox"/> Novio/novia	<input type="checkbox"/> Ex-marido/ex-esposa
<input type="checkbox"/> Ex-novio/ex-novia	<input type="checkbox"/> Conyuge separado
<input type="checkbox"/> Esposo/esposa	<input type="checkbox"/> Otro: _____

20. ¿Cual mejor describe su raza/etnicidad?

<input type="checkbox"/> Blanco, No Hispano	<input type="checkbox"/> Indio Americano/Nativo de Alaska
<input type="checkbox"/> AfroAmericano/Negro	<input type="checkbox"/> Asiático / de las Islas del Pacífico
<input type="checkbox"/> Hispano/Latina/Latino	<input type="checkbox"/> Otro: _____

21. ¿Cual es el nivel mas alto de educacion que ha completado?

<input type="checkbox"/> Menos del diploma de escuela secundaria	<input type="checkbox"/> Diploma de Asociado o Titulo Vocacional
<input type="checkbox"/> Diploma de escuela secundaria o GED	<input type="checkbox"/> Titulo de Universidad de 4 años
<input type="checkbox"/> Algo de universidad	<input type="checkbox"/> Titulo avanzado

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

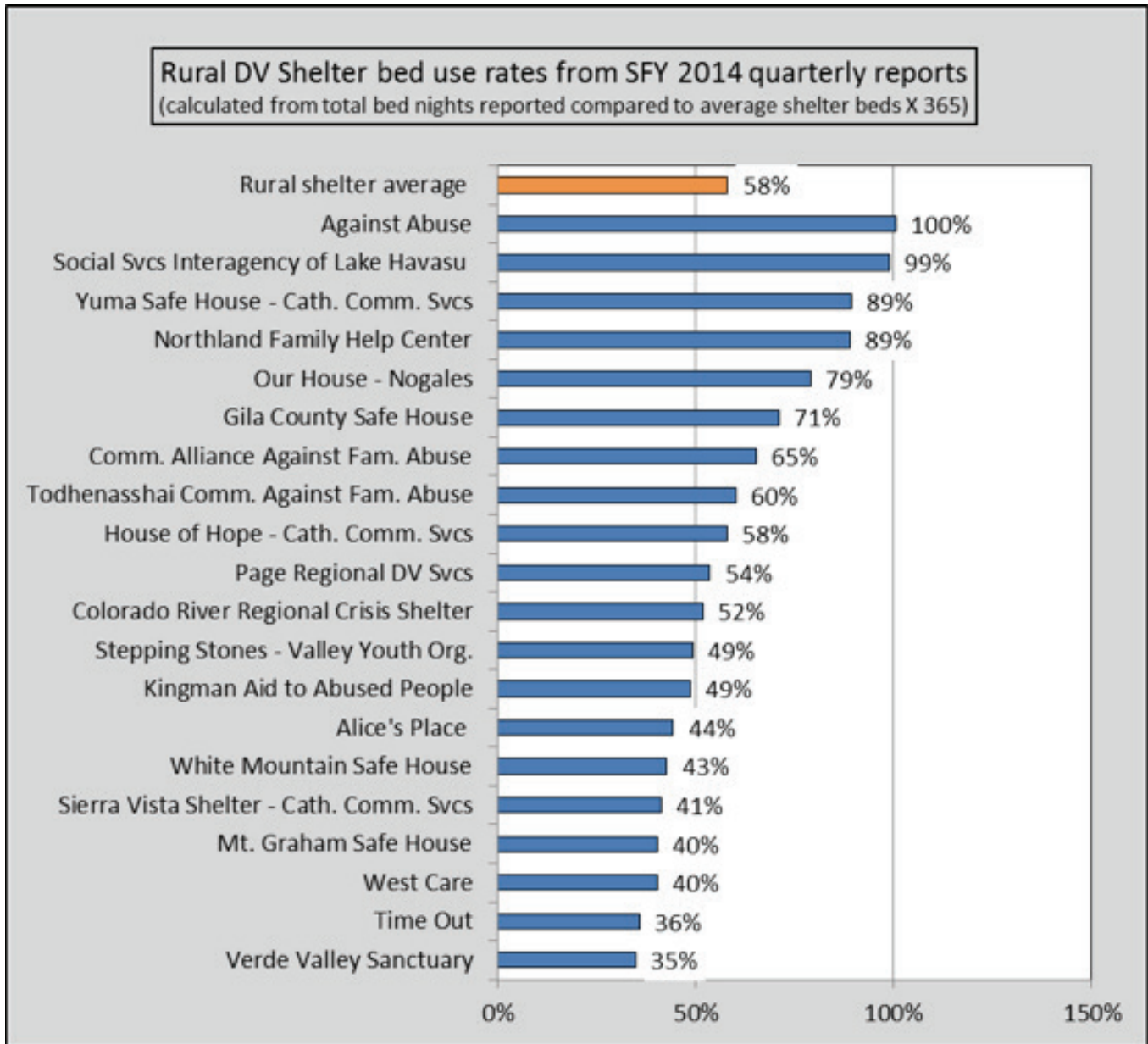
**Muchas gracias por su ayuda con este proyecto de investigación de violencia doméstica.
Su participación nos ayudará a servir mejor a otras víctimas y sus hijos.**

APPENDIX 6: Questions for shelter directors, program managers, staff

1. What is your title? How long have you held it? How long have you been working with DV victims? How long with this shelter/agency?
2. Are you a 501©(3)? Are you licensed by the state? Where does your funding come from? What is your annual budget?
3. What is your “coverage area?”
4. How many beds available now, emergency and transitional? How has this changed? Number of staff?
5. How, if at all, do you differentiate among your types of beds?
6. How close to capacity do you usually operate? Do you turn people away?
7. How, if at all, does this shelter differ significantly from other shelters? Does it serve a certain population or offer services that others do not?
8. How, if at all, have this shelter’s policies and approaches changed significantly from the past? If so, why?
9. Many people in small communities tend to know each other, share extended family members or at least encounter each other more often than metro residents; is that the case here? If so, does that have an impact on the incidence of DV and/or how victims cope?
10. What, if any, characteristics of this community – geographic, ethnic, economic, demographic, etc. – help shape the challenge of dealing with DV here?
11. What do you think of the “housing first” or “rapid re-housing” approach? Is there enough housing stock in the area for this to work? Do you think many of your clients could be successful in a “rapid re-housing” program that provided subsidies and services for only a limited time?
12. Many or most shelters provide both residential and community-based services. Does this one offer both? If both, which are your most heavily used services? Has there been a shift in the % of each offered here?
13. What percentage of your staff has professional credentials in the areas they work?
14. How important do you think such credentials for effective advocacy?
15. What percentage of your staff are volunteers?

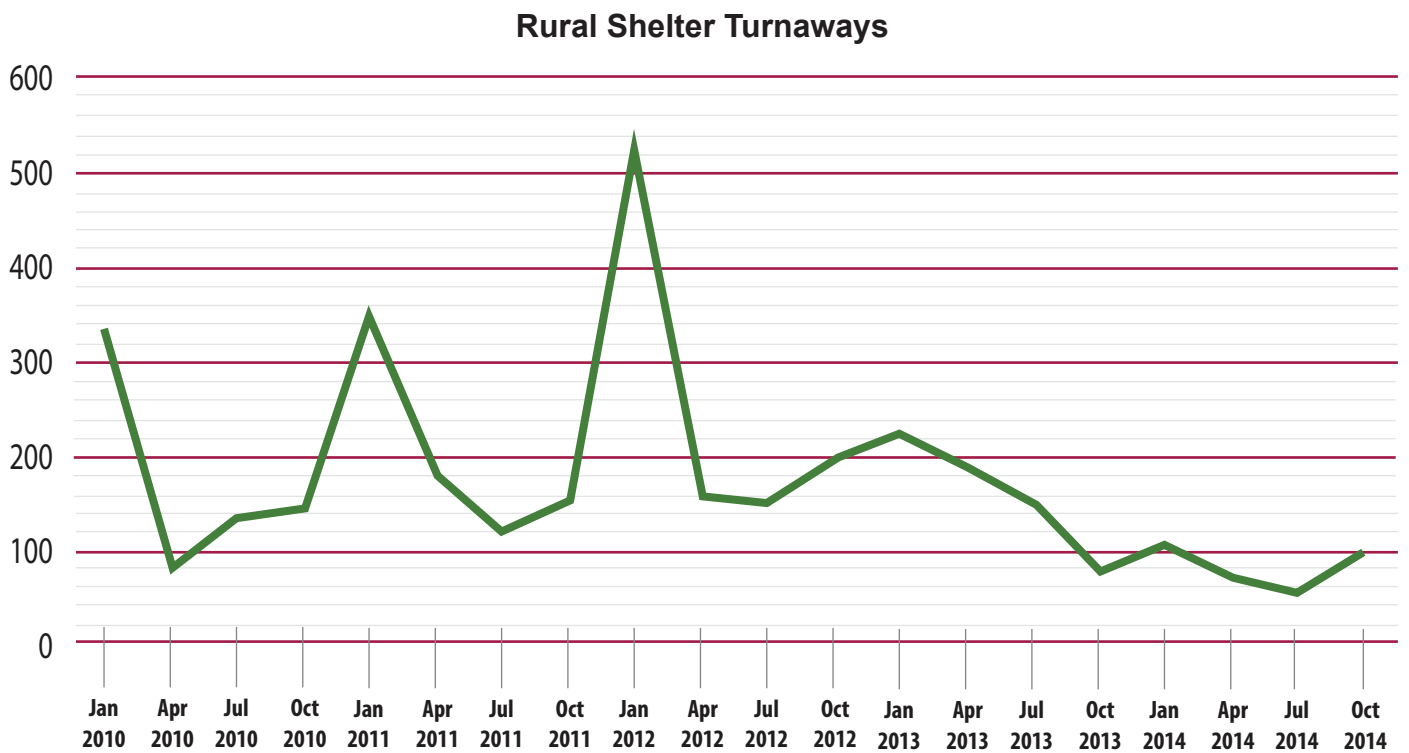
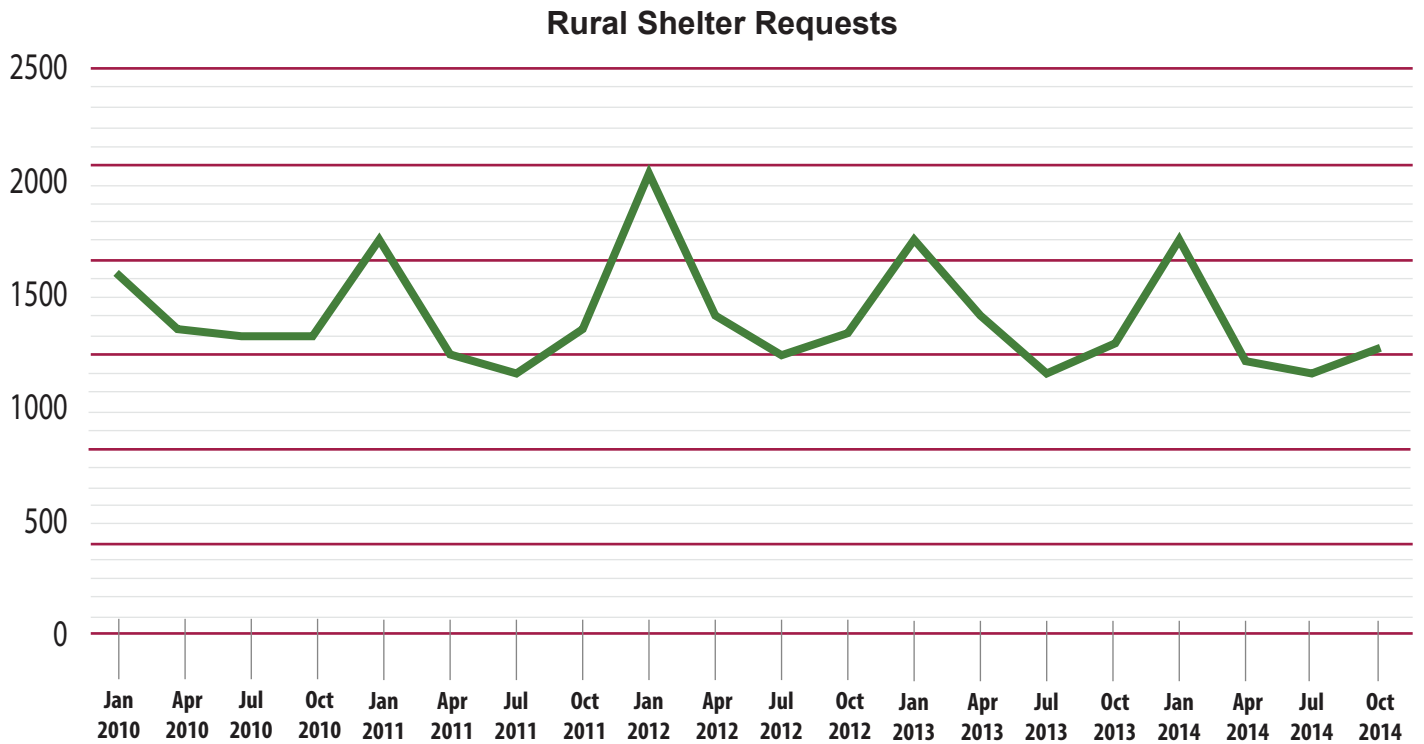
16. What is your staff turnover rate? Does it present a problem in providing services?
17. How are your relationships with the local law enforcement and court system?
18. Could you describe an “average” client, including SES, type of abuse and length of stay? Have there been significant changes in this “average” profile in recent months or years?
19. What are your major challenges in dealing with clients?
20. How often must you ask clients to exit early? What are the most common reasons?
21. How big of a problem is shelter-hopping?
22. What is your screening procedure? Is there a written policy? Has it recently changed?
23. Have you ever had a physically threatening stalker/abuser come to this shelter?
24. How confidential do you think your location really is?
25. What % of your current clients would you estimate are in immediate physical danger?
26. Could you estimate what % of your clients are, or recently have been homeless for any reason?
27. Do you see regular fluctuations in requests for shelter throughout the year?
28. During the past several years, have there been notable changes in your number of requests for service, new clients served or average length of stay?
29. How do you receive most of your clients?
30. What are the most common reasons for turning victims away? What are the most common reasons besides lack of space?
31. Do you feel you have the “right” number and types of beds needed for your community?
32. What three things does your shelter need most to do a better job serving victims in this area?
33. In general, do you think the mission of shelters is changing, or remaining largely the same? If the former, how is it changing? Do you support these changes? If the latter, do you think that this continuity best serves victims?
34. Are there any other comments you would like to make?

APPENDIX 7: Rural Shelter Occupancy Rates for FY2014



Source: DES

APPENDIX 8: Requests for service and turnaways at rural shelters, FY2010 - FY2014



Source: DES