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1990

AN EXAMINATION OF THE EFFICACY OF SHELTER
RESIDENCE IN EMPOWERING BATTERED WOMEN

Janette Bizzell, B.S.

An Abstract Presented to the Faculty of the Graduate
School of Lindenwood College in Partial
Fulfillment of the Requirements for the
Degree of Master of Arts

1990



Abstract

This study was an effort to provide a research basis from which to judge domestic violence shelter programs' effectiveness in empowering battered women. The instrument used to gather statistical information was the Survey for Residential Clients of Shelters for Women (SRCSW), a 20-item, self-report questionnaire, designed to measure empowerment at pretest and posttest intervals. The subjects were 25 battered women who were sheltered at The Women's Center, in St. Charles, Missouri, from 21 to 30 days. These women participated in an intensive, highly-structured program geared toward independent living, and empowerment, defined as the renewed ability to act in one's own best self-interest. Three hypotheses were formed regarding changes that were expected to occur to indicate that The Women's Center's domestic violence program empowers battered women. The fourth hypothesis was that the subjects' expressed-attitude changes from admission to discharge would be positively correlated with their expressed-intention changes. All four hypotheses were supported by the research. It is imperative that shelter services are empowering for they are seen as the only satisfactory solution for the problems faced by battered women and their children.

To be considered successful, a domestic violence intervention program should be able to demonstrate that cognitive-emotional changes occurred in the battered woman which enhanced her sense of personal power.

Janelle A. Savelli, M.A.

A Culminating Project Presented to the Faculty of the Graduate
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Fulfillment of the Requirements for the
Degree of Master of Arts

1998

AN EXAMINATION OF THE EFFICACY OF SHELTER
RESIDENCE IN EMPOWERING BATTERED WOMEN

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Table of Contents

Introduction	1
LITERATURE REVIEW	2
Battered Women	2
Women in Physically Abusive Relationships	3
Domestic Violence of Women, Partnering and Abuse	4
The Cycle of Violence	14
The Role of Community Organizations	20
The Role of Women's Shelters	21
The Role of the Battered Women's Movement	22
The Role of the National Domestic Violence Hotline	23
The Role of the National Children's Advocacy Center	24
The Role of the National Clearinghouse on Child Abuse and Neglect	25
The Role of the National Center for the Elder Abuse	26
The Role of the National Center for the Missing and Exploited Children	27
The Role of the National Center for the Protection of Child Abuse and Neglect	28
The Role of the National Center for the Prevention of Child Abuse and Neglect	29
The Role of the National Center for the Safety of Children	30
The Role of the National Center for the Safety of Children	31
The Role of the National Center for the Safety of Children	32
The Role of the National Center for the Safety of Children	33
The Role of the National Center for the Safety of Children	34
The Role of the National Center for the Safety of Children	35
The Role of the National Center for the Safety of Children	36
The Role of the National Center for the Safety of Children	37
The Role of the National Center for the Safety of Children	38
The Role of the National Center for the Safety of Children	39
The Role of the National Center for the Safety of Children	40
The Role of the National Center for the Safety of Children	41
The Role of the National Center for the Safety of Children	42
The Role of the National Center for the Safety of Children	43
The Role of the National Center for the Safety of Children	44
The Role of the National Center for the Safety of Children	45
The Role of the National Center for the Safety of Children	46
The Role of the National Center for the Safety of Children	47
The Role of the National Center for the Safety of Children	48
The Role of the National Center for the Safety of Children	49
The Role of the National Center for the Safety of Children	50
The Role of the National Center for the Safety of Children	51
The Role of the National Center for the Safety of Children	52
The Role of the National Center for the Safety of Children	53
The Role of the National Center for the Safety of Children	54
The Role of the National Center for the Safety of Children	55
The Role of the National Center for the Safety of Children	56
The Role of the National Center for the Safety of Children	57
The Role of the National Center for the Safety of Children	58
The Role of the National Center for the Safety of Children	59
The Role of the National Center for the Safety of Children	60
The Role of the National Center for the Safety of Children	61
The Role of the National Center for the Safety of Children	62
The Role of the National Center for the Safety of Children	63
The Role of the National Center for the Safety of Children	64
The Role of the National Center for the Safety of Children	65
The Role of the National Center for the Safety of Children	66
The Role of the National Center for the Safety of Children	67
The Role of the National Center for the Safety of Children	68
The Role of the National Center for the Safety of Children	69
The Role of the National Center for the Safety of Children	70
The Role of the National Center for the Safety of Children	71
The Role of the National Center for the Safety of Children	72
The Role of the National Center for the Safety of Children	73
The Role of the National Center for the Safety of Children	74
The Role of the National Center for the Safety of Children	75
The Role of the National Center for the Safety of Children	76
The Role of the National Center for the Safety of Children	77
The Role of the National Center for the Safety of Children	78
The Role of the National Center for the Safety of Children	79
The Role of the National Center for the Safety of Children	80
The Role of the National Center for the Safety of Children	81
The Role of the National Center for the Safety of Children	82
The Role of the National Center for the Safety of Children	83
The Role of the National Center for the Safety of Children	84
The Role of the National Center for the Safety of Children	85
The Role of the National Center for the Safety of Children	86
The Role of the National Center for the Safety of Children	87
The Role of the National Center for the Safety of Children	88
The Role of the National Center for the Safety of Children	89
The Role of the National Center for the Safety of Children	90
The Role of the National Center for the Safety of Children	91
The Role of the National Center for the Safety of Children	92
The Role of the National Center for the Safety of Children	93
The Role of the National Center for the Safety of Children	94
The Role of the National Center for the Safety of Children	95
The Role of the National Center for the Safety of Children	96
The Role of the National Center for the Safety of Children	97
The Role of the National Center for the Safety of Children	98
The Role of the National Center for the Safety of Children	99
The Role of the National Center for the Safety of Children	100

This effort is dedicated to women domestic violence survivors and their children whose spirit continues to inspire and sustain the nationwide shelter movement.

Table of Contents

Chapter	page
I: Introduction	1
II: Literature Review	6
Battered Women	6
Women in Physically Abusive Relationships	6
Societal Roots of Woman Battering and Abuse	9
The Cycle of Violence	16
The Role of Economic Dependence in the Plight of Battered Women	19
The Battered Woman Syndrome	25
Seligman's learned helplessness theory and the battered woman syndrome.	25
The relationship between battering and problem-solving skills.	28
Shelters for Battered Women	30
Shelter Programs: Refuges for Battered Women	30
Shelter intervention.	30
Shelter philosophy and emphasis.	31
Shelter living.	34
Counseling Services for Battered Women	35
A task-centered approach.	35
Goal plans.	37
Individual counseling.	38
Group counseling.	39
Shelter Services for Children	42
The Effectiveness of Shelter Programs	43
Statement of Purpose	48
Statement of Hypotheses	49
III: Method	50
Subjects	50
Interviewer	51
Instrument	51
Intervention	54
Procedure	55

IV: Results	57
Statistical Tests of Hypotheses	57
Total Empowerment, Expressed Attitudes and Intentions	58
Expressed Attitudes Versus Expressed Intentions	58
Survey for Residential Clients of Shelters for Women (SRCWS)	61
Expressed Attitudes	61
Self-esteem.	61
Satisfaction and control.	63
Ability to deal with personal problems.	63
Helplessness.	64
Guilt and shame.	64
Expressed Intentions	65
Response to immediate threat of domestic violence.	65
Response to long-term threat of domestic violence.	68
V: Discussion	72
References	81
Appendices	87
Vita-Auctoris	124

CHAPTER I
INTRODUCTION

According to the National Coalition Against Domestic Violence (1986) an estimated 1.5 million women in the United States are beaten or raped by their husbands, ex-husbands, or boyfriends. These estimates are based on domestic violence studies conducted by Clark, Fitzchaff,

List of Tables

	page
Table 1. Pretest and Posttest Means (and Standard Deviations) and t Ratios for Three Empowerment Variables	59
Table 2. Pretest and Posttest Individual Empowerment Scores, Means and Standard Deviations	60
Table 3. Frequency of Before and After Expressed Attitude Responses	62
Table 4. Frequency of Before and After Expressed Intention Responses	66

or the use of force or threat of the floor; having objects thrown at her or being punched, kicked, or pushed; being thrown with an object other than the hand; being forced to do something at work or socially; and being killed or raped.

Gelles and Straus (1988) have defined violence as "an act carried out with the intention, or unrecalled intention, of causing physical pain or injury to another person" (pp. 24-25).

"Battered" has been defined as "physical assault"

CHAPTER I

INTRODUCTION

According to the National Coalition Against Domestic Violence (1988) an estimated three to four million women in the United States are beaten in their homes by their husbands, ex-husbands, or lovers. These estimates are based on domestic violence studies conducted by Stark, Flitcraft, Zuckerman, Grey, Robison, and Frazer (1981) and Straus, Gelles, and Steinmetz (1980). Further, woman-battering occurs in all socioeconomic classes, educational levels, and racial groups in this country happens in both urban and rural areas (Martin, 1976).

Physical abuse has been defined by Gelles (1976) as the occurrence of any of the following behaviors: being slapped, hit, bit, pushed, shoved, or thrown against objects or the floor; having objects thrown at one's person; being punched, kicked, or choked; being struck with an object other than the hand; being forced to do something at knife or gunpoint; and being knifed or shot.

Gelles and Straus (1988) have defined violence as "an act carried out with the intention, or perceived intention of causing physical pain or injury to another person" (pp. 54-55).

"Battered" has been defined as "physical assault"

and "abuse" has been defined as "physical, sexual or emotional attacks, ranging from mild to lethal" by NiCarthy (1986, f. xxv).

Walker (1984) described an abusive relationship as having the following characteristics which differ considerably from typical male-female conflict:

excessive possessiveness and/or jealousy
 extreme verbal harassment and expressing
 comments of a derogatory nature with
 negative value judgments
 restriction of her [the battered woman's]
 activity through physical or psychological
 means
 nonverbal and verbal threats of future
 punishment and/or deprivation
 sexual assault whether or not married
 actual physical attack with or without
 injury. (p. 203)

As defined by Walker (1984), a battered woman "is a woman, 18 years or older who is or has been in an intimate relationship with a man who repeatedly subjects or subjected her to forceful physical and/or psychological abuse" (p. 203). A battered woman is often financially and emotionally dependent upon the man who abuses her, she may have low self-esteem, and may feel powerless to change her situation (Hoff, 1984). In addition, according to the American Psychological Association (1983):

she may feel partly responsible for the batterer's violence, she may believe that her children need a father, and she may fear reprisal from the batterer if she leaves. Often the woman does not reach out for help from family, friends, or the police because she is ashamed of her status as a battered woman and because she

has been isolated from these sources of assistance by the batterer. Even when the woman seeks help from others, they are usually reluctant to intervene and often encourage her to return home, thereby confirming her belief that the fault is hers or that relief is not available. (p. 2)

Thus, according to the Missouri Governor's Task Force on Domestic Violence (1988), "battered women become trapped in a complex cycle of violence that creates both economic and emotional dependence on men who are abusive" (p. 67).

More than ten years ago, formerly battered women, feminists, and concerned community women began to respond to the problem of woman-battering by opening shelters (Schechter, 1982). It was the formerly battered women's dream that no other women should endure, alone and unsupported, the brutality that they had survived (Schechter, Szymanski & Cahill, 1985). There are now nearly one thousand shelters and safe home projects across the United States, serving thousands of women and children each year (Gelles & Straus, 1988).

Shelter services are based on the belief that women and their children are entitled to a safe environment, free from violence and the threat of violence. Philosophically, shelters believe that women can and should have control over their own lives. Shelters provide a safe place, removed from

the cycle of violence, where battered women get support as they take the necessary steps toward self-determination (Schechter, 1982). Most shelters in the United States follow what Ferraro (1981) has termed the self-sufficiency ethic, in which their main goal is to empower women to stop the violence in their lives. To empower means to give ability to, enable, or permit (New World Dictionary of the American Language, 1984). For the purpose of this thesis, to be empowered means to have gained or regained the ability to act in one's own best interest.

Shelter services are usually concerned with helping battered women establish living arrangements away from their abuser and connecting them with community social service providers that will enable them to live independently. Many shelters offer crisis intervention, shelter, food and childcare for the women and children in crisis. In addition, other more comprehensive shelters offer a structured program which includes individual counseling, group counseling, parenting groups, support groups, advocacy, and drug and alcohol abuse counseling.

Empowerment of battered women is best brought about in specialized and comprehensive shelters where the unique problems of these women are fully addressed (Missouri Governor's Task Force on

Domestic Violence, 1988). These shelters are specifically designed to help battered women and their children end the violence and build new lives in order to assure future safety. It is vitally important that the battered woman's experience in a shelter setting is truly empowering because, according to Martin (1976), shelters are seen as "the only direct, immediate, and satisfactory solution" to the problems they face (p. 197).

Seldak (1988) asserts:

Unfortunately, evaluation of shelter programs is still relatively elementary. Although there have been numerous assessments of return rates [to abusers], there have been few efforts to document the cognitive-emotional changes that occur during shelter stays. Moreover, next to nothing is known about the processes by which shelters affect women's decisions....If, however, shelter programs are to be effective in benefiting all women...these questions must be addressed. (p. 336)

This study is an attempt to evaluate the effectiveness of one shelter program in empowering its women residents. In turn, it is hoped that this study will add to the body of knowledge about how shelters work to influence the lives of women who have been battered.

CHAPTER II

LITERATURE REVIEW

Battered Women

Women in Physically Abusive Relationships

No longer can the home be considered a sanctuary for women as it was once thought to be. Today the home is being exposed as a place where women are at physical and psychological risk. The reality of this problem was dramatically described in 1980 when Faith McNulty published The Burning Bed, the explosive story of Francine Hughes. Francine was a battered wife who, in a state of desperation, set fire to her husband's bed while he was sleeping. Francine described her life this way:

Mickey would sit around drinking and watching me and getting lustful feelings. Sex was one of the duties I had to carry out. I'd get up in the morning and think "I've got to do this..and Mickey will want sex; then I can do something else." There was no caring; no love. He would even want sex after he'd been doing awful things to me all day--been drunk, cursing me, calling me names, hitting me, making the kids cry. Afterward, I'd go into the bathroom. I'd want to scream, but I'd put a washcloth over my face and sob without a sound. I didn't want the kids to know their mother was in the bathroom wishing she was dead. (pp. 125-126)

According to McNulty (1980) and Jones (1980), Francine's life of violence began at 16 when she married James, her high school sweetheart, dropped

out of high school, and moved to Danville, Michigan. After bearing four children and suffering six years of beatings and psychological abuse, which continued despite efforts to obtain help, Francine divorced James in 1971. She moved back to her hometown of Jackson, Michigan. Six months later, James came to visit the children, argued bitterly with Francine, stormed out of the house and was immediately involved in a near-fatal car wreck that left him ostensibly in need of long-term care. Francine's guilty conscience caused her to reunite with James and to move back to Danville, to a home next door to his parents. James, now permanently unemployed, though physically mobile, began beating Francine again. In 1976, despite threats from James that if she left him he would track her down and kill her, Francine enrolled in business college so she could eventually become self-supporting.

On March 9, 1977 (McNulty, 1980; Jones, 1980), James tore up her school books and told her he would not allow her to return to school. The police were called, and in front of the police James told Francine he was going to kill her that very night. Thinking it was an idle threat, the police left. James forced Francine into sexual relations with him and then fell asleep. Feeling terrified and trapped (McNulty, 1980), Francine set the bedroom on fire,

escaped the burning house with her children and drove to the local police station to turn herself in.

Francine was trapped in an untenable situation because at that time there were perhaps only four shelters for battered women in the United States (Gelles & Straus, 1988). Shelter programs, which offer viable alternatives and options, act to forestall such disastrous consequences. Even today, however, very limited resources are available to aid women in these life-threatening situations. This is evidenced by these recommendations taken from a domestic violence task force report in Missouri:

Expand services of existing shelter programs by 50% to respond to some of the current unmet needs of battered women and their children....An expansion of 50% would allow Missouri to serve approximately one-tenth of the people needing comprehensive shelter services (Missouri Governor's Task Force on Domestic Violence, 1988, p. 73).

Persons active in the battered women's shelter movement have stated that:

The point at which a battered woman decides to escape this violence is different for each individual. The time will come when the woman realizes that she can no longer endure such physical or psychological abuse. This may be after the first assault or after years of repeated beatings. Whenever this point is reached, the battered woman feels angry, frightened, desperate, and terribly alone. Out of a position of powerlessness, she must find the strength to seek a solution in a society that is reluctant to face the

reality of violence in the home (Legal Services of Eastern Missouri, 1979, p. 6).

The battered woman is likely to seek help sooner if she has children who are being battered, if she has a job, or if there is intervention from outside sources (Goodstein & Page, 1981). In such an intervention, the woman's right to make up her own mind about leaving must be respected (Schechter, 1987). If adequate resources are available, such as refuge in a nearby shelter, she may eventually come to believe that leaving is the best alternative under the circumstances.

Societal Roots of Woman Battering and Abuse

Feminists believe that battering occurs because of a complex interplay of social and economic factors which sustain a climate of oppression and conflict where violence against women flourishes (Hoff, 1984). This view is shared by Dobash and Dobash (1979) who have made the following assertion:

The seeds of wife-beating lie in the subordination of females and in their subjection to male authority and control. This relationship between women and men has been institutionalized in the structure of the patriarchal family and is supported by the economic and political institutions and by a belief system, including a religious one, that makes such relationships seem natural, morally just and sacred. (pp. 33-34)

Davidson (1978) said subservience of women is implicit in this Old Testament passage: "I will

greatly magnify thy sorrow, and thy conception; in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee (Genesis 3:16)." Davidson also quotes from the Rules of Marriage, compiled between 1450 and 1481, by Friar Cherubino of Siena, who prescribed:

When you see your wife commit an offense, don't rush at her with insults and violent blows....Scold her sharply, bully and terrify her. And if this still doesn't work...take up a stick and beat her soundly, for it is better to punish the body and correct the soul than to damage the soul and spare the body....Then readily beat her, not in a rage but out of charity and concern for her soul so that the beating will redound to your merit and her good. (p. 99)

Historically, according to Davidson (1978), common law reflects the customs of the people of a nation, and it is most significant that American law is based on British common law that condoned wife beating. It wasn't until 1882 that Maryland succeeded in passing the first legislation against wife-beating and made it punishable by 40 lashes or a year in jail. Despite the legal recognition now by all 50 states of a woman's right to physical safety and the State's duty to stop and punish the abuser, in many jurisdictions the laws do not actually protect some women.

Leghorn (1979), speaking for feminists active in the shelter movement, said that men beat women

because our society implicitly sanctions the behavior. As an example, Leghorn quoted a Boston judge in family court as saying "Well, you know, you can't go around beating up your wife anymore, but if I were you, I would have done exactly the same thing" (p. 12). Leghorn (1979) said that in order to stop wife-beating "institutions that create and maintain man's superior power...must change" (p. 12). Hoff (1984) agreed and suggested that there is a link "between the personal trouble of individual battered women and the public issue of women's status" (p. 244).

Gelles (1974) studied the link between alcohol abuse and the incidence of wife-abuse and found that out of 44 families where violence occurred drinking was involved in 21 of the cases. Gelles stated that rather than alcohol being the cause of the abuse, conflicts over drinking can extend to arguments over other issues and can serve as a trigger for long-standing disputes. This finding was confirmed by Walker's (1984) study of 435 battered women who reported that 67% of their batterers often abused alcohol but only about "one-fifth of them abused alcohol during all four battering incidents" on which data were collected (p. 150). Walker (1984) added "An offender may become intoxicated to excuse or escalate the violence, or the altered state of

consciousness may cause poor judgment in dealing with the aggression" (p. 43). Walker (1984) emphasized that the exact relationship between alcohol and battering is not clear; however, "excessive drinking is often present in those relationships in which there is a fatality" (p. 49).

Gelles' (1974) finding that many subjects who had acted violently toward their spouse had witnessed violent behavior between their own parents as children and had themselves been beaten by their parents was verified by the data gathered in a national representative study of 2,143 persons living together in 1976. In their book, Behind Closed Doors, based on this study, Straus, Gelles, and Steinmetz (1980) reported that:

About one out of every four people who grew up in these most violent households use at least some physical force on their spouses in any one year...one out of ten of the husbands who grew up in violent families are wife beaters in the sense of serious assault. This is over three times the rate for husbands who did not grow up in such violent homes. (p. 122)

Walker (1984) concluded from her data that "Violence in childhood seems to beget more violence as adults" as battering "was present in two-thirds of the battered women's childhood homes, four-fifths of the batterer's homes, and one-quarter of nonbatterer's homes" (p. 149).

Instead of eradicating the beating of women our society had adopted a "blame the victim" stance. Bussert (1986) said that the myth must be challenged that says "the woman is beaten because she provokes the violence, or that she stays in a violent relationship because she has masochistic tendencies" (p. 39). She added:

If we believe a woman is masochistic simply because she has few inner resources to believe in herself, cannot find a job or afford an apartment or a house of her own, or easily resolve mixed feelings about marriage and divorce, then we make the common error of blaming her for the violence perpetrated against her. (p. 39)

Instead, Bussert (1986) suggested that we strive to understand what Schechter (1982) calls the "logic of battered women's behavior" (p. 232). "Such a situation-centered approach quite rightly takes into account the powerful physical, social and economic forces that profoundly affect individual women and keep them entrapped in abusive situations" said Bussert (p. 39).

Recently, in an interview by Mary Shu for Ms. magazine (April, 1989), on battered women and the Hedda Nussbaum-Joel Steinberg case, Schechter explained fully the logic of the battered woman's behavior. The battered woman's evasiveness, fearfulness, protectiveness of her partner, and, sometimes even drug use, are coping and survival

strategies designed to placate and appease her abusive partner and not evidence of her character, or lack of it, Schechter asserted. The battered woman stays not because she likes the abuse but because she is afraid to leave due to foreseeable economic difficulties and the batterer's threats of retribution. These threats often include losing her children and/or being murdered.

Encouraged by traditional socialization, Schechter said, at first a woman stays with her partner believing the abuse is due to stress or marital problems. As the violence escalates, the woman typically begins searching for reliable resources but finds that no one listens or takes her safety seriously, while others blame her for the abuse. Further, the abuser, in order to enforce trivial demands and to further undermine his partner's will to resist, begins to employ controlling and coercive tactics. As an example, Joel Steinberg systematically ate away at Hedda Nussbaum's self-esteem by making her list items each evening she wasn't doing right. Being deprived of adequate food and sleep, Nussbaum became Steinberg's brainwashed, drug-addicted captive, and a victim of his cocaine-induced paranoia.

Drug use exacerbates abusive relationships by keeping women dependent on their partners. Some

battered women, according to Schechter, tell of being encouraged or forced to use drugs to placate their partners, while others use tranquilizers, painkillers and alcohol to numb their senses because of the abuse. Schechter said that, typically, abuse exists in the relationship before drug use by the battered woman escalates.

Schechter asserted that it is unfair to judge any battered woman's character, or any other survivor's character, by implying weakness instead of recognizing and understanding the "terror, torture and brutality" survived (p. 63). When asked if battered women like Hedda Nussbaum should be held responsible for their "destiny" (p. 63), Schechter replied:

Of course women are responsible for their destiny, but I believe this is the wrong question to ask about Hedda Nussbaum right now especially because we have not heard her full story in her own words. There are circumstances which make it impossible for many women to have control over their lives and torture is one of them. We can't put the blame back on battered women and make fair judgments about their responsibility until we have a society where they are protected and men who abuse their wife and children are stopped. (p. 63)

The Cycle of Violence

While conducting research on battered women, Walker (1979) observed that although the amount of battering a woman receives from her partner is not constant, the pattern of occurrence of battering is not random. Rather, Walker found that battering tends to involve a relatively predictable three-stage cycle. She calls this the "cycle of violence."

According to Walker (1979), the first stage in the cycle of violence is a time when tension builds between a woman and her partner. The woman senses that her partner is becoming edgy in response to frustrations he is experiencing. Small episodes of violence such as pushing and shoving may occur, but they are quickly rationalized and then repressed in an effort to keep the peace. The woman may feel she has some control during this stage as she thinks her behavior can ward off her partner's violence. Ultimately, however, she finds her efforts are futile because there is no way she can control all the variables which influence the batterer's internal buildup of tension.

During the second stage of the cycle, tensions eventually build to an explosive level, and the result is a serious battering incident that is accompanied by extreme verbal abuse. Women typically

report "emotional trauma, uncontrollable tears, shock, fear, shame, listlessness, depression and anger" after the attack (Bussert, 1986, p. 49). If police intervention is to occur it most often happens in this stage. By the time this stage is over there is a physiological release of tension for the man who batters which serves as a reinforcement for the behavior (Walker, 1979, 1989).

The third stage of this cycle completes the woman's victimization, according to Walker (1984), for it serves as reinforcement to continue the relationship. The man, contrite and sorry that he lost control of his rage, may become loving and sensitive to the woman's every want and need. He now appears to be the man she fell in love with and the type of partner she expected. Walker (1989) has recently revised her stance on this "honeymoon stage" by saying "in some relationships there is only a period of no tension which serves as the reinforcer" (p. 697). Avoiding any serious discussion of the violence, they both work to convince themselves that the violence will never happen again; however, the tensions inevitably build again and the cycle repeats, further undermining the woman's belief in her ability to keep herself safe.

In their comprehensive study of domestic violence, involving interviews with 109 battered

women and 34,000 police reports from Glasgow and Edinburgh, Dobash and Dobash (1979) found that a man who batters is contrite and loving toward his partner only following the initial battering incidents that occur after they marry. Of their subjects only "thirty-five percent of the men apologized after the first attack, whereas only fourteen percent did so after the worst attack. Only...eight percent almost always expressed remorse" after every incident (p.117). Furthermore, Dobash and Dobash found that the men apologized because they were in conflict over society's directive not to hit a woman and their desire to control their wives by beating them, not because they were remorseful. Following their apologies their "remorseful" behavior quickly changed to blaming their wives for their violent actions" (p. 117).

Bussert (1986) explained battering behavior this way:

Today, counselors know that a man who has reached the breaking point has reached an internal deterioration of his own defenses because, as a man in this culture, he has not been given appropriate and acceptable ways to deal with his feelings. The violence, then, is due to an internal breakdown rather than the behavior of those around him. His wife is merely the occasion, not the cause, of his need to unleash pent-up energy. (p. 49)

Others in the shelter movement stress that control and power issues are most relevant in the battering relationship, rather than the batterer's psychodynamic issues and communication difficulties (Schechter, 1982).

The Role of Economic Dependence in the Plight of Battered Women

Economic dependence is the reason most often given by battered women for staying in an abusive relationship (Legal Services of Eastern Missouri, 1979). According to NiCarthy (1986), because women are socialized by the traditional belief that they and their children will be provided for by a man, many battered women are ill-equipped to support themselves financially. Some never were employed because they married soon after completion of their schooling while others married before they completed their education. Other battered women, though once employed, need additional training to re-enter the job market. NiCarthy (1986) said that "the fear of poverty or a greatly lowered standard of living" keeps women in an abusive situation, "hoping year after year it will change and that they won't have to risk making it in their own" (p. 11).

When a woman leaves her abuser, her economic standard of living most often takes a drastic drop. Weitzman (1985) reported a 73% drop in divorced

women's and their children's standard of living and a 42% increase for their divorced husbands. Women alone with dependent children have roughly a 50% chance of dropping below the poverty level when they divorce. Child support is often difficult to collect from fathers who are unwilling to pay and the only other alternative is welfare which does not offer enough money to provide for children's needs (Legal Services of Eastern Missouri, 1979).

In an effort to examine the relationship between economic dependence and the occurrence of minor and severe violence in cohabitating couples, Kalmuss and Straus (1982) used data from the previously-mentioned national representative sample of 2,143 adults which clearly showed that actions which carry a high risk of serious injury were associated with economic dependence. Economic dependence was reflected in the wife being unemployed, children under 5 years in the home, and the husband earning more than 75% of the family income. The results showed that objective (economic) dependence is statistically significantly related to acts of severe violence while subjective (perceived) dependence is not statistically significantly related to acts of severe violence. Thus, as long as a woman remains economically tied to the relationship she is almost as likely to be a

victim of violence than if she is high or low in subjective dependency. The complicated, unique situation of many battered women becomes poignantly clear as Kalmuss and Straus (1982) asserted:

Therapeutic, educational and support services designed to deal with wife abuse by building women's self-confidence, independence, and a belief that they can survive outside of marriage will not be successful unless supplemented by programs and policies that reduce women's objective dependency in marriage. (p. 285)

Since this study was of intact couples only, women who left abusive relationships were excluded.

Because there was no comparison study done with formerly battered women and their partners, these results cannot be generalized over the battered and battering population and stands only as a study of battered women who for either subjective or objective reasons decided to stay in an abusive relationship.

In an effort to provide empirical evidence for the role of both economic dependence and psychological commitment in the decision to leave an abusive relationship, researchers Strube and Barbour (1983) interviewed 98 battered women who had contacted a counseling unit through a county attorney's office. The women, all of whom were living with their batterer at intake, were interviewed again at follow-up (from 1 to 18 months

later) when their case was closed. The investigators found that being employed is significantly related to the decision to leave the abusive relationship. Of the 56 women who were employed at the time of the intake interview, 41 had left the relationship at follow-up, while only 20 of the 42 women who were unemployed at intake had chosen to do so. The women who had jobs and were in relationships a shorter time (an average of 5.15 years) were more likely to leave than those with no jobs and in relationships an average of 8.27 years. In total, 61 of the 98 women decided to separate from or divorce their abusers. The majority of the women who left had been with their partners a shorter amount of time, had jobs, or both. The researchers cautioned that economic dependence and commitment to the relationship do not seem to be the cause of the abuse. Rather, they thought that those factors "mediate the woman's tolerance for abuse" (p. 791).

Walker's (1984) survey of 435 battered women found that financial isolation was pertinent in keeping a woman in an abusive relationship. In this study over 50% of the women had been in both battering and nonbattering situations and answered identical questions regarding both relationships. The data showed that 27% of the battered women had

no access to cash when living with the batterer, as compared to 8% when living with the nonbatterer. Thirty-four percent of the women in battering relationships said they did not have access to a checking account, as compared with 26% in nonbattering relationships (p. 28). These figures, Walker said, supported her prediction that being in a battering relationship has a negative impact on a woman's financial independence.

It should not be surprising that for some vulnerable battered women staying in an abusive relationship is often a better alternative than economic deprivation (Schechter, 1982). In testimony given to the Missouri Governor's Task Force on Domestic Violence (1988) a victim expressed her quandry this way:

It is not an alternative for me to have a good paying job that would allow me to adequately provide for myself and my children without training, without experience, without transportation, without decent clothes, yet I am somehow supposed to magically do this. (p. 17)

Barbara Ehrenreich (1984) expanded on this predicament by pointing out that the fastest growing group among America's female poor are single mothers, raising and supporting children on their own. Many are new recruits to poverty, women who have been middle class until divorce, or desertion, severed their claim on a man's wage. They have

often been called the "hidden poor" of America's suburbs; often left with the house and furniture but with no means of subsistence other than welfare, minimum wage level jobs and a trickle of child support payments, if they are lucky. Ehrenreich emphasized that single mothers living at the edge of subsistence, whether they are welfare mothers or members of the suburban new poor, are affected by outdated public policy that pays them less than is required for a moderate standard of living.

Ehrenrich added that:

Women in the United States earn, on the average, just over \$10,000 a year, and according to the Bureau of Labor Statistics, it takes \$25,407 a year to maintain a family of four at an "intermediate" standard of living. (p. 173)

Still, many battered women, faced with serious financial and emotional responsibilities to themselves and to their children, either decide on their own to leave, or are forced to leave.

NiCarthy (1986) said:

Although many women do manage..., the reality is, it's a very hard life. Until a woman has done it and learned firsthand that it's still less painful than depending on a man who can't be depended on, she'll be too afraid to risk leaving. (p.11)

In an attempt to mitigate these circumstances, the Missouri Governor's Task Force on Domestic Violence (1988) recommended that vocational training

for women be increased to "help women become more self-sufficient, giving them more control over their economic situation" (p. 17). Martin (1976) declared that until innovative programs based on current social reality are instituted and fully implemented, battered women in the United States will continue to be held responsible both for their battering and for ending their battering without adequate economic resources (pp. 120-132). Battered women have too long borne the prejudice of a "blame the victim" stance which is often employed by a society unwilling to tackle deep and pervasive social problems (Schechter, 1982).

The Battered Woman Syndrome

Seligman's learned helplessness theory and the battered woman syndrome. Battered women who come to therapy are often given poor prognoses for change because, despite their stated desire to leave the battering relationship, they are often unable to do so (Follingstad, 1980). The concept of learned helplessness (Seligman, 1975) has been used by Walker (1979) to explain the emotional, cognitive and behavioral limitations which leave some battered women powerless to effect positive change.

In Seligman's (1975) research, originally designed to test pain-avoidance efficacy, one group of dogs were placed in restraints and given 64

five-second moderately painful shocks. Twenty-four hours later these same dogs were placed in a cage where escape from the shocks was possible. To the researcher's surprise, the dogs, after again receiving shocks, quit trying to escape after about 30 seconds and then lay down and began whining. Another group of dogs who did not first experience inescapable shocks quite rapidly learned how to escape by jumping over the barriers to safety. From this experiment came Seligman's theory of learned helplessness:

The expectation that an outcome is independent of responding (1) reduces the motivation to control the outcome; (2) interferes with learning that responding controls the outcome; and, if the outcome is traumatic, (3) produces fear for as long as the subject is uncertain of the uncontrollability of the outcome, then produces depression. (pp. 55-56)

Walker (1979) adapted Seligman's theory to fit the experience of the battered woman this way:

Repeated batterings diminish the woman's motivation to respond. She becomes passive. She does not believe her response will result in a favorable outcome, whether or not it might. Having generalized her helplessness [she] does not believe anything she does will alter any outcome. (pp. 49-50)

Like those laboratory animals, battered women when subjected to their partners' capricious acts of violence begin to lose faith in their ability to keep themselves safe or to escape. This response

is part of what Walker (1979, 1984) typifies as the "battered woman syndrome." According to Micklow (1988) this syndrome

refers to the unique psychological and behavioral reactions to common factors that are exhibited by a woman living in a violent relationship; the factors include fear, frustration, stress disorders, depression, economic and emotional dependence on the husband [or partner], hopes that the...relationship will improve, poor self-image, isolation, and learned helplessness. (p. 417)

The battered woman survives by employing "cognitive distortions such as minimization, denial, and dissociation or splitting the mind from the body during particularly bad times" said Walker (1989, p. 698).

Walker (1984) asserted that if a woman intends to escape an abusive relationship she must stop blaming herself, become angry rather than depressed, act instead of passively react and become more realistic about the possibility that the relationship will continue to worsen rather than improve.

Not all battered women are debilitated by the effects of learned helplessness. While data from Walker's research involving over 400 battered women found that "the probability that a woman will seek help increases over time," (from 14 percent to 50 percent at the time of the final incident), 50

percent did not seek help regardless of the severity of the violence (p. 150). However, Gelles and Straus (1988) reported that data from their two national family violence surveys (1976 and 1985) gave them no reason to believe that the majority of abused and battered women suffer from learned helplessness. According to Gelles and Straus (1988), rather than being compliant, passive, and submissive, most battered women "search for avenues of reconciliation, therapy and escape" (p. 143). This viewpoint is shared by Gondolf (1988) who has helped generate an emerging theory which perceives battered women as strong survivors rather than victims of learned helplessness.

The relationship between battering and problem-solving skills. In a study investigating problem-solving skills, Claerhout, Elder, and Janes (1982) had 14 battered women in a domestic violence shelter and 20 nonbattered women fill out an open-ended questionnaire about abuse situations and asked these subjects to "list all the things they could do" and then to choose among their responses "which ones would be best and state why" (p. 609). Their study revealed that nonbattered women generated significantly more total alternatives and effective alternatives than did battered women. Battered women were more likely to produce avoidant

or dependent responses.

Launius and Jensen (1987) compared the interpersonal problem-solving skills of 19 women who had been physically abused, 19 women who were receiving counseling but had not been abused, and 19 women in the control group who were not in counseling and had not been abused. While the Claerhout, Elder and Janes (1982) study involved distressed battered women and used only abuse episodes to test problem-solving skills, Launius and Jensen (1987) controlled for the effects of depression and anxiety and used a wider range of problem situations (three dealing with abuse and three dealing with general situations) and still received similar results. The results of their study not only confirmed the earlier study of Claerhout, Elder and Janes (1982), but also reinforced the logic of Walker's (1979) work in applying the learned helplessness theory to the battered woman's experience.

A case study by Follingstad (1980) also affirmed that battering lowers problem-solving skills and further illustrated that this deficit is not indigenous to the personality makeup of the battered woman. She administered the Minnesota Multiphasic Personality Inventory (MMPI) to her client, a 27 year old battered woman, both before

therapy and after therapy to illustrate the client's personal growth towards autonomy and empowerment.

Follingstad concluded that:

An important contribution of this study lies in the reconceptualization of the abused woman's extreme passivity and helplessness as the result of her situation rather than as the antecedent of it. This client possessed traits considered "typical" for battered women and suggestive of poor prognosis in therapy yet was able to move toward adaptive behavior and positive action. The vast changes in personality test data pre- and post-therapy suggest that while the client may have originally had difficulty in adaptive problem-solving, the abusive situation probably shaped her responses into the maladaptive passive, dependent style. (p. 303)

Follingstad (1980) suggested that based on this study and Seligman's (1975) learned helplessness theory, future victimization may be avoided by:

1. building competency skills to ensure the ability to develop future meaningful relationships;
2. developing the woman's ability to perceive causal relationships between her own behavior and outcomes of situations;
3. increasing self-esteem through a sense of developed competency and control based on successful experiences; and
4. providing a wide repertoire of coping responses to be used at times when usual responses are ineffective. (p. 30)

Shelters for Battered Women

Shelter Programs: Refuges for Battered Women

Shelter intervention. Comprehensive shelters for battered women offer safety and a structured program which feature practical, didactic advice and

assistance towards gaining police and legal protection, welfare services, jobs, and independent housing away from the abuser. Through the shelter, women are introduced to the social service network which can provide food stamps, subsidized housing, Aid to Families with Dependent Children, job training, job rehabilitation, and local low-cost childcare. The shelter residents are provided with information on legal services for poor women and legal remedies through adult abuse laws that are available in most states (Sedlak, 1988).

According to the Missouri Governor's Task Force on Domestic Violence (1988) the primary goal of comprehensive shelter services for battered women is to reduce the incidence and impact of domestic violence. The shelter staff promotes the individual woman's work towards "ending the violence, understanding the cycle of abuse", and efforts toward "resolving the practical problems of living that have resulted from the violence" (p. 67).

Shelter philosophy and emphasis. "The underlying philosophy for effective shelter services is that women are their own best experts" (Governor's Task Force on Domestic Violence, p. 67). This philosophy is thought to be effective in helping women believe in themselves enough to end further victimization. The emphasis in the shelter

movement is to redirect the woman from spending her energies in trying to rehabilitate her abuser toward reclaiming her sense of self-esteem, toward taking action instead of simply reacting, toward empowerment, rather than depression and self-hate (NiCarthy, 1986). Schechter (1982) further clarified the shelters' philosophy of self-help and empowerment as follows:

Self-help, closely related to definitions of "empowerment," is described as a process through which women, experts about their own lives, learn to know their strength. Empowerment combines ideas about internalizing personal and collective power and validating women's personal experiences as politically [caused] rather than self-caused or "crazy." In a feminist political context, empowerment signifies standing together as a community just as it means supportively enabling a person to take risks. Its premise is to turn individual defeats into victories by giving women tools to better control their lives and joining in collective struggle. (p. 109)

Hoff (1984) wrote "Many women come to shelters convinced that they are psychologically disturbed and in need of a therapist" (p. 248). Hoff said that they have internalized the message that the battering occurred because of something wrong with them. When battered women begin to feel strong and in control of their lives, they may find that a therapist is not needed and that other women can help them in ways they could not imagine. This discovery contrasts with their traditional

socialization whereby they looked at other women as competition in getting and holding a man. This discovery, says Hoff, occurs most often in shelters which actively encourage battered women to take charge of their lives. Seeing their counselor/advocate as responsible, independent and caring sometimes inspires these women not only to take steps to end their victimization but to become part of the effort to end all domestic violence. Hoff added, "A woman's positive experience of support while in crisis is the best preparation for such involvement" (p. 248).

Data from an Illinois Coalition Against Domestic Violence (ICADV) (1985) survey of Illinois domestic violence programs indicated that:

The most important contribution to personal empowerment seems to occur as domestic violence services assist battered women in gaining control over and satisfaction with their lives, and in reducing feelings of guilt, shame and helplessness caused by the abuse directed at them. (p. 8)

Thus empowered, the women come to deny the legitimacy of the use of violence in their lives and become determined to put an end to their victimization.

Shelter living. When battered women enter a shelter they begin to reap important benefits: they are away from an immediate threat of violence or danger; they have time to heal both physically and mentally (if shelter residence is for more than just a few days); they are better able to get a clear, unbiased picture of their situations and options, and they no longer feel alone and isolated (Harris, 1981).

Bowker and Maurer (1985) stated "Sheltering strikes at the heart of the batterer's isolation strategy by suddenly immersing his wife in communal living. This radical, if all too short, change in the social life of the battered wife sets the stage for a major reorientation of her approach to life" (p. 7). Once the battered woman learns she is not alone, that she has problems similar to other shelter residents, and that her situation is not hopeless, the woman's vast potential for personal growth and development is often unlocked.

Shelter living was aptly described by Bowker and Maurer (1985) this way:

Life in a shelter is not unlike living in a commune--a very special kind of commune in which nearly all the members have been the victim of repeated felonious assaults and most of them have suffered numerous instances of rape at the hand of their loved ones. Clients associate with one another 24 hours a day, in and out of sessions defined as therapeutic. They

constantly exchange experiences, and in doing so learn a great deal about the range of outrages that violent men are capable of perpetrating on their wives and also about what sometimes works to diminish the violence. (p. 7)

Powerful therapeutic relationships develop in shelter settings among the shelter residents and shelter staff which serve to further empower women. Bowker and Maurer (1985) explained the shelter workers importance as new role models as follows:

Most battered women entering a shelter probably have never met a woman who successfully ended the violence in her life and transcended her victimization in the new or modified life she built for herself (and her children in most cases). Exposure to staff members who have confidence that battering can be ended based on their own experiences, as well as to staff members whose professional expertise can be brought to bear on client requests for assistance, maximizes the change-enhancing impact of the shelter experience. (p. 7)

Counseling Services for Battered Women

A task-centered approach. According to Epstein (1980), "preoccupation with psychopathology is the surest way we know of to overlook the many activities that can be carried out to lighten a person's burden" (p. 93). She recommended a task-centered approach to crisis situations that focuses not on perjorative labeling of persons, but on their strengths, which can be used to end their victimization.

The task-centered approach has much to offer women who have just left a battering situation and who may be almost paralyzed by fear when faced with the overwhelming problems of developing and then maintaining a single-parent family lifestyle. This approach offers a step-by-step plan that makes the job of building a safe life for the family seem manageable. Its emphasis on client control of the direction of treatment empowers the battered women to structure their lives on their own terms. For these reasons, the task-centered approach has become the method of choice of many shelters (Missouri Governor's Task Force on Domestic Violence, 1988).

The shelter counselor uses the task-centered approach to assist the battered woman in exploring all her alternatives and their likely consequences. Further, the counselor encourages the battered woman to set goals and to be assertive in asking for what she needs to help her goals become reality (Epstein, 1980). This reduces the battered woman's feeling of being swept along in a situation over which she has no control. Goodstein and Page (1981) asserted that plans made for the battered woman by shelter workers without her consent may lead to feelings of frustration and alienation toward her source of help. This would mimic the arbitrary climate of her own personal situation at home and would be

detrimental to the woman's view of herself as an intelligent, capable person (Goodstein & Page, 1981).

Goal Plans. A written goal plan is an integral part of task-centered therapy and provides structure to the counseling experience. It is developed within the first two days of shelter residency. Goal plans usually reflect a woman's efforts towards ending the abuse, understanding the cycle of violence, learning about her legal options, helping herself and her children recover emotionally from the violence, and resolving practical problems in living which have resulted from her victimization. The goal plan guides both the woman receiving services and the shelter staff as they work together to achieve the agreed-upon goals. The goal plan guides the woman as she chooses daily tasks during her shelter stay (The Women's Center, 1986).

At The Women's Center, the residents share their daily plans and progress with one another in a goal group every weekday morning and in results group every weekday afternoon. The focus on goal accomplishment helps women feel successful as individuals and helps end the low self-esteem that has helped to keep them trapped in the past. (Deb Page-Adams, personal communication, December, 1988).

Individual counseling. The counseling done in shelters is often highly individualized in order to meet the particular needs of each woman and her family. Formal individual counseling sessions are held at least twice each week at The Women's Center. In these sessions, the battered woman and her counselor work together to alleviate specific target problems. Obtaining the needed resources to bring about change becomes a joint effort. Through shelter counseling, battered women come to realize that they can never "cause" or "stop" their partner's abusive behavior but they can attempt to keep themselves safe by doing safety planning and exploring their own experiences with the cycle of violence (D. Page-Adams, personal communication, December, 1988).

Specific components of individual counseling offered by comprehensive shelters to battered women, according to Missouri Governor's Task Force on Domestic Violence (1988), include:

1. A lethality assessment of the woman's individual domestic violence situation.
2. The provision of information regarding the cycle of violence, legal remedies, and community resources.
3. The provision of information about the impact of chemical dependency on domestic violence.
4. Assurance that no one deserves to be beaten and that building a life without violence is possible.
5. Reinforcement of the knowledge that reconciliation will not be successful

until the man who is abusive completes a specialized program.

6. Support and advocacy for the woman as she explores her victimization and as she grieves the potential loss of her primary relationship.

7. Support and advocacy for the woman as she resolves housing dilemmas, economic uncertainty, medical problems, and legal issues.

8. Training and practice opportunities in building self-esteem, decision-making, parenting, expressing emotions in healthy ways, stress management and assertion. (p. 68)

In addition to individual counseling sessions, informal counseling is made available each day through every staff person on duty.

Group counseling. According to The Women's Center (1985), support groups that help victims of domestic violence are held twice each week. These groups help women develop new skills for living in violence-free and chemical-free environments. Women learn that they are not alone and are not to blame for the violence they have survived. Counselors review the cycle of violence and information about the Missouri Adult Abuse Act which provides for an order of protection. Women can share their own experiences and receive support within the context of these confidential groups.

In the morning goal-planning group the women map out their daily plans of action. In this way, it is better assured that each day in the month-long program will be full of success for the woman. A

chemical education group is held once a week to explain the effect chemical abuse can have on relationships. In addition, shelter residents are encouraged to attend outside support groups such as Alcoholics Anonymous, Al-Anon, Adult Children of Alcoholics, Parents Without Partners, incest survivor's groups, assertion training groups, etc. (The Women's Center, 1985).

Women who come to the twice-weekly domestic violence survivors' support groups are from the community and the shelter and are either in current abusive relationships or have succeeded in severing their ties with their abuser. Their varied circumstances and sensitivities impact the group. According to Rounsaville, Lifton, and Bieber (1979), women who are first beginning to speak out may be afraid to come to group meetings because their partners may retaliate. They fear future beatings and endangering the safety of their children, family and friends. They realize that no protection is offered beyond advice to seek the help of the police. Martin (1976) pointed out that such fear immobilizes many women, ruling their actions, their decisions and their entire lives. For this reason, support groups are task-centered and action-oriented to keep such feelings from paralyzing group members in addressing their practical problems in living.

The facilitator guides the group forward to decisions, goals, and solutions rather than toward ruminations about the past, while at the same time validating the lessons that can be learned from the past (NiCarthy, 1986). Walker (1984) said "Listening to other women's descriptions of both the violent and the loving parts of their relationships helps put it all in perspective" (p. 128).

Formerly battered women members can help to prevent a "misery loves company" tone that hinders group progress toward goals. They also serve as role models. Bowker (1986) explained modeling and its effects this way:

The primary form of help I found being given in women's groups was modeling. In modeling, the group leader or group members tell about their experiences. The person whose problem is being discussed learns what she might do about it by hearing what others did when they had the same or similar problem. Through this process, she also gains confidence that the problem can be solved. After all, other women just like her worked it out, so she can, too. (p. 75-76)

Support and understanding from others, particularly formerly battered women, assist distressed battered women in regaining the ability to make positive life changes (Freeman, 1979). Thus they are able to more quickly see themselves as persons who can actively participate in ending the violence in their

lives.

Shelter Services for Children

While the battered women who are mothers are actively developing practical solutions to build a violence-free life, in comprehensive shelters the children are busy in their own recovery program. These programs usually involve group activities, play therapy, task-centered therapy, and tutoring. At The Women's Center the children learn that violent behavior is not acceptable and that they are not responsible for their parents' violence (The Women's Center, 1986). The child care specialist works with the children, according to each individual's level of understanding, to help them gain self-esteem, express feelings, make decisions for themselves, learn non-violent ways of resolving conflicts, and to gain an understanding of the effects of chemical dependency. Typical goals for younger children may be wanting to feel better, or understanding why he or she is staying at the shelter. Older children's goals, according to the Missouri Governor's Task Force on Domestic Violence (1988), may include work toward

- building self-esteem
- learning to identify, name, accept and express feelings

learning stress management skills
developing decision-making abilities
learning to resolve conflict without
violence [and]
understanding the family disease of
chemical dependency. (p. 69)

The Effectiveness of Shelter Programs

Historically, the effectiveness of shelters in assisting battered women has been measured by the proportion of the women they serve who establish independent living arrangements. Researchers claim that 45 to 50% of shelter residents do not return to their abusers following their shelter stay (Colorado Association of Aid to Battered Women, 1979; Snyder & Scheer, 1980; Walker, 1978). Aguirre (1985) and Doherty (1981) reported estimates as high as two-thirds to four-fifths not returning. Judging from these reports, it appears that shelters are successful in aiding most of the battered women they serve to break their ties with their abusive partners.

Sedlak (1988) reported that women who stay in a shelter several weeks, rather than several days, are less likely to return to their abusers and are less depressed (Sedlak, 1983; Zuckerman & Piaget, 1982). They also have higher scores on internal locus of control measures, and have more friends with people unconnected with their abusers (Sedlak, 1983).

Dalto (1983) found that women who form close

relationships with other shelter residents or who identify with a shelter role model are less likely to return to their abusers.

A shelter stay can alter a woman's relationship with her abuser and improve her chance for safety even if she decides to return to him (Sedlak, 1988). Seward (1980) and Vaughn (1979) claimed that the shelter stay may serve notice that the abuse would not be tolerated and might motivate the abuser to seek help. According to the Colorado Association for Battered Women (1979), 19% of the women served by shelter programs achieve nonviolence in their relationships.

To illustrate the effects of a shelter stay on new violence, Berk, Newton, and Berk (1986) interviewed 243 wife battery victims over an 18-month period and reinterviewed 155 of these women six weeks after shelter and/or police intervention. Using shelter records, the researchers determined which of the women had stayed at a shelter between the time of the first and second interviews. Of the 155, 57 women had used a shelter and stayed between one and 31 days. They hypothesized that:

Shelters may not be effective measures for everyone. When a shelter stay is seen by the dominant partner as flagrant disobedience, a shelter stay may actually increase the likelihood of violence. However, we also hypothesize that when a shelter stay is perceived by the potential

assailant as a step toward genuine independence, the likelihood of violence will decline. (p. 484)

Berk et al. (1986) concluded that the shelters appeared to have had a beneficial effect in reducing the likelihood of new violence. Eight out of 10 women experienced no new violence between leaving the shelter and being interviewed an average of 54 days afterwards. However, they found that the benefits of a shelter stay depended upon whether the women's action was perceived "as a genuine exploration of alternatives" or as just "disobedience" (p. 484). For women who were perceived as less serious about taking control of their lives, shelter residency either had no impact or may have served as a trigger for retaliation. This research found that five percent of the women were beaten after returning home. While Berk et al. (1986) point out that this is but one study and that it has several research limitations, the study shows that the outcome of shelter residency is not uniform for all victims of domestic violence.

Giles-Sims (1985) performed an evaluative study of 27 battered women and their children during shelter residency and reinterviewed 21 of these women six months after discharge. Her investigation found that the children of the battered women in her study were abused much less after shelter residency

than in the year preceding their shelter stay due mostly to the fact that their mothers were no longer living with abusive men. She stated, "This suggests that the focus of shelter programs on making women more independent financially and socially has significant impact for the children involved" (p. 210). She concluded that shelter intervention reduces both wife abuse and child abuse because of the following factors:

1. Violence is not allowed in the shelter studied...either against the children or other clients or staff.
2. Shelters help and encourage women to find independent sources of financial and social support.
3. Independent resources can provide women with a source of power they may not have had previously and makes it less likely they will return to abusive situations, or if they return they will do so with a basis for a more equal power relationship with the man.
4. In addition, shelter programs focus on a redefinition of violence within the family as simply not acceptable. (p. 209)

These factors, Giles-Sims asserts, deny legitimacy to violent behavior and serve to break the cycle of violence in families where there is physical abuse.

Research by Bowker and Maurer (1985), involving 1,000 battered women, further attested to the effectiveness of formal shelters for battered women. Data were obtained from 146 in-depth interviews with formerly battered women from Wisconsin, and 854 questionnaires sent in by women in response to an

advertisement in the March 9, 1982 issue of Woman's Day. Seventy-six percent of these women sought either formal or informal refuge, some more than once. The three major refuge contributors were relatives, friends and formal shelters. Only 13% of these women used formal shelters because they were scarce in 1979 when the majority of these women fled. The 130 women who used shelters, however, rated them highly effective in helping to decrease or end the violence. Forty-four percent rated them very effective, 12% rated them as somewhat effective, 16% as slightly effective, and 22% as not effective. Comparable effectiveness ratings for other professional groups were: 30% for lawyers, 27% for women's groups, 23% for district attorneys, 20% for social service or counseling agencies, 19% for the police, 12% for the clergy, and 8% for physicians and nurses (p.6). In freeing the women from the cycle of violence, Bowker and Maurer conclude that "shelters deliver more positive effects per unit cost than much more expensive and less satisfactory competitors in the field of services to violent families" (p. 7). They end their report with a plea for increasing the number of shelters because "existing facilities do not begin to meet the existing need for the sheltering of battered women" (p. 7).

Statement of Purpose

The purpose of this study was to determine whether battered women's residency and participation in The Women's Center's domestic violence shelter program in St. Charles, Missouri resulted in empowerment. Empowerment was defined as positive changes in a battered woman's attitudes towards herself and her life situation and in her determination to take action to keep herself safe from both immediate and future abuse. A questionnaire assessing these changes was administered to battered women upon their admission to The Women's Center and again at the time of their discharge.

Positive changes in both attitude and expressed intentions are considered part of "the transitions an abused woman makes in her journey from passive, yet hostile dependence and helplessness, to active choices, independence and goal setting" (Dalton & Kantner, 1983, p. 708). It was the assumption of this study that changes of a positive nature in the battered women participating in The Women's Center program would indicate that the program is effective in helping battered women grow in self-esteem and self-confidence, take action to end abuse and violence, and take charge of their lives.



Statement of Hypotheses

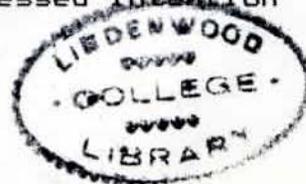
Four hypotheses were formulated for this study. The hypotheses concern a subject sample of battered women who would be participating in the residential shelter program of The Women's Center in St. Charles, Missouri. The hypotheses are in regard to changes that are expected to occur in the subjects' attitudes and intentions while in the shelter program and that were assessed through a self-report questionnaire. The hypotheses are as follows:

1. From the time of admission to the shelter program to the time of discharge the subjects' total empowerment scores will change in a positive direction, and the change will be significant.

2. From admission to discharge the subjects' expressed attitudes about themselves and their situation in life will change in a positive direction, and the change will be significant.

3. From admission to discharge the subjects' expressed intentions to take action to keep themselves safe from immediate and further abuse will change in a positive direction, and the change will be significant.

4. The subjects' expressed-attitude changes from admission to discharge will be significantly positively correlated with their expressed-intention changes.



CHAPTER III

METHOD

Subjects

Participants consisted of 25 battered women who completed at least 21 days of the 30-day domestic violence program in residence at The Women's Center, located in St. Charles, Missouri. The Women's Center is a comprehensive residential program for battered women, women who are recovering from chemical dependency, and the children of these women. The subjects selected were the first 25 battered women who consented to participate who were in an abusive relationship just prior to shelter residence and who were able to be interviewed both at admission and discharge. Recruitment was facilitated by a flyer that was placed in each woman's orientation folder (see Appendix A). A mutually convenient interview time was then established so that subjects could meet with the researcher. The subjects participated in a highly structured program geared toward empowerment and independent living.

Of these 25 women, two women were in the program for 21 days, while the remaining 23 women finished the entire 30-day program. Eighteen other women chose to participate; however, they were eliminated from the study because they did not

complete three weeks of residency or because they were not available for the discharge interview. Of 25 women subjects, 21 were white and four were black. The mean age of the subjects was 31 years; the median age was 29 years. The subjects brought 25 of their children with them to the shelter. Fourteen women were married, one was widowed, five were divorced, and five were single and never married. Seventeen of these women had a high school education or beyond, while eight never graduated from high school. Two of these women were employed at time of admission to The Women's Center, and 23 were unemployed.

Interviewer

The interviewer was the author of this study. The interviewer had master's level training in counseling psychology and had specialized training and understanding of domestic violence issues through ten years of involvement with The Women's Center as a volunteer and practicum student.

Instrument

The Illinois Coalition Against Domestic Violence (1985) operationalized the term

"empowerment" by stating:

Growth in personal empowerment occurs with growth in the following: positive self-esteem, sense of control over and satisfaction with one's life, feelings of capability to handle personal problems,

and ability to identify and use community resources. Additionally, personal empowerment grows when there is reduction in feelings of helplessness about the abuse and feelings of guilt and shame about the abuse. (p. 2)

The Survey for Residential Clients of Shelters for Women (SRCSW) is a 20-item self-report questionnaire designed to assess a battered woman's personal power by implementing this formula. Two forms of the survey were developed for this study. Form A was administered to each subject during her initial interview within two to four days after entering The Women's Center (see Appendix B). Form B was administered to each subject during her discharge interview (see Appendix C).

The survey has three parts. Part I consists of seven items that assess a battered woman's attitude toward herself and her life situation. The items in Part I are identical for Forms A and B. Part II has five items. For Form A the items assess the frequency with which a woman has taken certain protective actions in the past as an immediate response to having abuse directed at her. For Form B, the items assess what a woman thinks will be the frequency with which she takes certain protective actions in the future as an immediate response to having abuse directed at her. Part III has eight items. For Form A, the items assess the frequency

with which a woman has taken certain protective actions in the past to attempt to keep herself safe from further abuse. For Form B, the items assess what a woman thinks will be the frequency with which she takes certain protective actions in the future to attempt to keep herself safe from further abuse.

A four-point Likert scale was used in scoring responses from "frequently" to "never" for all items in both forms of the SRCSW. For Parts I, II, and III of the survey, the numerical values for each response category were as follows: "frequently," 4; "sometimes," 3; "rarely," 2; and "never," 1. For Part I, in the sixth and seventh questions, the values were weighted negatively. The survey was scored by summing the response values and disregarding all "other" scores. Summation scores were calculated for each of the three parts of the survey, and these were combined to obtain a total score for the survey. The total score indicated a battered woman's overall level of empowerment. The higher the score, the higher the level of empowerment.

The Survey for Residential Clients of Shelters for Women (SRCSW) was derived from the Empowerment Questionnaire which was originally formulated by the Illinois Coalition Against Domestic Violence (1984). (See Appendix D.) It was intended to be used as an

evaluative tool for their domestic violence programs statewide. For purposes of this study, changes were made in the Empowerment Questionnaire to facilitate the data gathering and to further clarify the intent of the questions. The Empowerment Questionnaire was used for only one year by the Illinois Coalition Against Domestic Violence. As a consequence, the reliability, the validity and the norms of the questionnaire were never established. However, due to its comprehensive design, much information was generated and can be reviewed (see Appendix E).

Intervention

The Women's Center's domestic violence shelter program is a 30-day intensive structured experience that involves interventions that are designed to empower battered women to end the violence in their lives, to understand the cycle of violence, and to build safe futures for themselves and their children. The philosophy of The Women's Center is that "battered women can end the abuse in their lives with adequate help, support, and resources," (The Women's Center, 1986, p. 4). In the context of a safe, supportive atmosphere, the women are encouraged to set their own goals, explore all of their options, and to be assertive in voicing their needs. Support for change is provided not by rescuing the battered woman, but by helping her to

discover her own strengths, encouraging her while making she is making difficult choices, and by reinforcing the message that everyone is entitled to a safe, secure life, free from the threat of violence. Counseling and advocacy is provided by the shelter staff toward resolving the battered woman's unique problems with housing, economic, medical, and legal issues. The program consists of crisis intervention, individual counseling, group experiences, and a children's program (see Appendix F).

Procedure

The subjects were recruited from the population of battered women who resided at The Women's Center for at least 21 days during a ten-month period, from March, 1989 through January, 1990. A flyer was placed in each woman's orientation folder that explained the purpose of and need for this research (see Appendix A).

The interviewer kept close contact with The Women's Center staff by telephone. Upon learning that a woman was admitted as a result of domestic violence, an interview appointment was arranged, normally after the 5:00 p.m. group. Each subject participated in an initial interview within two to four days after entering the program. The interviews were conducted at The Women's Center, in

private, with minimal interruptions. After explaining that the purpose of the research was to study the feelings and coping strategies of women who have been battered and that participation was voluntary, the woman was asked to sign the consent form, "Authorization for Disclosure of Confidential Information" (see Appendix G). If signed, she was asked to fill out Form A of the SRCSW.

The scheduling and execution of the discharge interview was predicated on the completion of 30 days of shelter residency. Discharge interviews took place not more than four days before leaving the shelter, while the majority occurred less than two days before discharge. The women were asked to fill out Form B. After this was done, the interviewer thanked the participant for her contribution and expressed her best wishes for the woman's success in her new life away from the shelter.

CHAPTER IV

RESULTS

There were 20 questions on the Survey for Residential Clients of Shelters for Women (SRCSW) designed to elicit information on expressed attitudes and intentions of women who have been abused or battered. Two of the questions involved an "other" answer which were disregarded for purposes of statistical analysis. From these data, conclusions were drawn regarding each subject's level of empowerment before and after participation in The Women's Center's shelter program for battered women. After a section on the statistical analysis of the overall outcome of the study, the 18 questions are introduced and the responses stated.

Statistical Tests of Hypotheses

Correlated t tests were used to measure and compare The Women's Center's domestic violence program's effectiveness in empowering battered women. For all t tests performed, a significance level of .001 was used. A Pearson Product-Moment Correlation Coefficient statistical test was used to determine if the improved expressed attitudes and intentions of these subjects were positively related.

Total Empowerment, Expressed Attitudes and Intentions

Correlated t tests showed a statistically significant increase of total empowerment scores, $t(24) = -11.739$, $p < .001$, a statistically significant increase of expressed attitude scores, $t(24) = -11.765$, $p < .001$, and a statistically significant increase of expressed intention scores, $t(24) = -9.170$, $p < .001$.

Expressed Attitudes Versus Expressed Intentions

The pretest-to-posttest change scores on expressed attitudes were significantly and directly correlated with the corresponding change score on expressed intentions, $r(23) = .407$, $p < .05$. Thus, the improved attitudes of the abused and battered women served by The Women's Center were positively related to their improved intentions scores.

Table 1 shows the pretest and posttest means, standard deviations, and t ratios for three empowerment variables tested in this study. These statistics reflect positive changes in a battered woman's attitudes towards herself and her life situation, and her increased intentions to keep herself safe from abuse.

Table 2 shows the corresponding pretest and posttest individual scores on each of the three

Table 1
Pretest and Posttest Means (and Standard Deviations)
and *t* Ratios for Three Empowerment Variables

Variable	Pre- test	Post- test	Difference	<i>t</i>
Total Empowerment	28.32	51.80	-23.48 (10.00)	-11.739 ^a
Expressed Attitudes	5.00	14.36	- 9.36 (3.98)	-11.765 ^a
Expressed Intentions	23.32	37.44	-14.12 (7.70)	- 9.170 ^a

^a All *p*'s < .001.

Table 2

Pretest and Posttest Individual Empowerment Scores,
Means and Standard Deviations

Subject	Pretest			Posttest		
	TE	EA	EI	TE	EA	EI
1	30	3	27	43	14	29
2	21	0	21	57	14	43
3	34	15	19	55	18	37
4	44	14	30	56	16	40
5	18	3	15	58	18	40
6	28	9	19	53	17	36
7	25	3	22	52	13	39
8	21	4	17	56	18	38
9	20	3	17	54	15	39
10	35	6	29	55	16	39
11	26	1	25	33	9	24
12	20	3	17	49	15	34
13	35	6	29	57	13	44
14	35	10	25	50	12	38
15	27	4	23	52	15	37
16	25	6	19	47	12	35
17	28	5	23	43	14	29
18	38	10	28	48	13	35
19	31	2	29	58	17	41
20	18	3	15	41	11	30
21	39	8	31	55	17	38
22	30	1	29	55	11	44
23	19	-3	22	55	12	43
24	47	6	41	56	14	42
25	14	3	11	57	15	42
Total	708	125	583	1295	359	936
Mean	28.32	5.00	23.32	51.80	14.36	37.44
S.D.	8.57	4.18	6.65	6.27	2.43	5.12

Note. TE=Total Empowerment, EA=Expressed Attitudes,
EI=Expressed Intentions.

empowerment variables plus means and standard deviations.

Survey for Residential Clients of
Shelters for Woman (SRCWS)

Expressed Attitudes

The expressed attitudes of the 25 battered women surveyed are documented in Table 3. Questions one through seven sought to determine the subjects' personal empowerment by exploring the expressed attitudes of the battered women before and after participating in The Women's Center's domestic violence program. This component of empowerment is concerned with positive changes in attitude towards self-esteem, satisfaction and control, ability to deal with personal problems, and the reduction of the negative attitudes of helplessness, guilt, and shame.

Self-esteem. According to Table 3, most of the women reported at admission to The Women's Center that they liked themselves frequently or sometimes, while more than three-quarters of the women reported that they frequently or sometimes felt that they were worthwhile persons. More than one-third of the women reported that they rarely or never liked themselves; just under one-quarter of the women reported that they rarely or never felt worthwhile.

Table 3

Frequency of Before and After Expressed AttitudeResponses

	Frequent (%)	Some- times (%)	Rarely (%)	Never (%)
<u>Self-esteem</u>				
1. Likes self				
Before	5 (20)	11 (44)	8 (32)	1 (4)
After	20 (80)	5 (20)		
2. Worthwhile				
Before	7 (28)	12 (48)	4 (16)	2 (8)
After	22 (88)	3 (12)		
<u>Satisfaction and Control</u>				
3. Satisfied				
Before	1 (4)	3 (12)	8 (32)	13 (52)
After	7 (28)	15 (60)	1 (4)	2 (8)
4. In control				
Before		5 (20)	13 (52)	7 (28)
After	16 (64)	9 (36)		
<u>Deal with Personal Problems</u>				
5. Deal with problems				
Before	1 (4)	12 (48)	9 (36)	3 (12)
After	19 (76)	6 (24)		
<u>Helplessness</u>				
6. Helpless				
Before	15 (60)	8 (32)	1 (4)	1 (4)
After	1 (4)	5 (20)	11 (44)	8 (32)
<u>Guilt and Shame</u>				
7. Guilty and ashamed				
Before	15 (60)	5 (20)	3 (12)	2 (8)
After	2 (8)	1 (4)	10 (40)	12 (48)

n = 25

There is growth in self-esteem reflected at discharge from The Women's Center (see Table 3). At completion of the program four-fifths of the women reported that they frequently or sometimes liked themselves while all of the women either felt frequently worthwhile or sometimes worthwhile. Of special note is the increase in those who reported they frequently liked themselves and frequently felt worthwhile.

Satisfaction and control. At admission to The Women's Center more than four-fifths of the women reported feeling rarely or never satisfied with their lives. The rest were sometimes satisfied or frequently satisfied (see Table 3). The figures were reversed at discharge with more than four-fifths of the respondents feeling frequently or sometimes satisfied while the rest of the women reported feeling rarely or never satisfied with their lives.

At admission, none of the women reported feeling frequently in control of their lives, but one-fifth of the respondents reported feeling in control sometimes. At discharge, all of the respondents reported that they felt either frequently or sometimes in control.

Ability to deal with personal problems. In Table 3, battered women reported an increase in

their ability to deal with their personal problems after having received domestic violence services at The Women's Center. More than one-half of the respondents reported at admission that they frequently or sometimes felt able to deal with their problems. Others reported that they felt rarely or never able to deal with their problems.

At discharge from The Women's Center, the figures are reversed. None of the women felt rarely or never able to deal with their problems at the time of discharge (see Table 3).

Helplessness. The majority of the respondents felt helpless about the abuse directed at them upon entering the shelter (see Table 3). There was a reduction in feelings of helplessness towards the violence reported at discharge from The Women's Center (see Table 3). More than three-fourths of the women reported that they felt helpless rarely or never at discharge. One quarter of the women reported that they felt helpless sometimes while one woman reported that she felt helpless frequently.

Guilt and shame. At admission, four-fifths of the battered women reported that they felt guilty and ashamed about the abuse directed at them either frequently or sometimes (see Table 3). One-fifth of the women reported that they felt guilty or ashamed rarely or never.

The Women's Center's domestic violence program contributes to the reduction in feelings of guilt and shame, as reflected in the surveys completed at discharge. The figures were reversed again at discharge. Less than one-fifth of the respondents felt guilty and ashamed frequently or sometimes. Four-fifths of the women felt guilty and ashamed either rarely or never.

Expressed Intentions

The expressed intentions of the 25 battered women surveyed are documented in Table 4. The next eleven questions deal with the second component of empowerment, the battered woman's expressed intentions to act if she is confronted with violence in the future (see Table 4). Following the formula to make empowerment operational, the specific focus is on the ability to identify and utilize community resources.

Response to immediate threat of domestic violence.

1. Call relatives or friends for assistance.

According to Table 4, at admission to The Women's Center, under one-half of the respondents reported that they had frequently or sometimes called relatives or friends for assistance while the majority reported that they had rarely or never called them. At discharge, almost three-quarters of

Table 4

Frequency of Before and After Expressed IntentionResponses

	Frequent (%)	Some- times (%)	Rarely (%)	Never (%)
Immediate Threat				
1. Relatives or friends				
Before	6 (24)	4 (16)	6 (24)	9 (36)
After	14 (56)	4 (16)	4 (16)	3 (12)
2. Police				
Before	3 (12)	5 (20)	6 (24)	11 (44)
After	18 (72)	2 (8)	5 (20)	
3. Leave				
Before	10 (40)	9 (36)	4 (16)	2 (8)
After	23 (92)	2 (8)		
4. Domestic violence program				
Before	5 (20)	5 (20)	4 (16)	11 (44)
After	21 (84)	3 (12)		1 (4)
Long-term threat				
1. Relatives or friends				
Before	5 (20)	4 (16)	5 (20)	1 (4)
After	16 (64)	4 (16)	2 (8)	3 (12)
2. Religious representative				
Before	1 (4)	1 (4)	4 (16)	19 (76)
After	7 (28)	10 (40)	5 (20)	3 (12)
3. Counseling				
Before	6 (24)	3 (12)	4 (16)	12 (48)
After	21 (84)	3 (12)	1 (4)	
4. Joint counseling				
Before		3 (12)	2 (8)	20 (80)
After	6 (24)	3 (12)	5 (20)	11 (44)
5. Legal action				
Before	4 (16)	4 (16)	7 (28)	10 (40)
After	18 (72)	3 (12)	3 (12)	1 (4)
6. Domestic violence program				
Before	3 (16)	5 (16)	5 (20)	12 (48)
After	21 (84)	3 (12)		1 (4)
7. Separate more than week				
Before	7 (28)	10 (40)	4 (16)	4 (16)
After	25 (100)			

n = 25

the women intended to frequently or sometimes call their friends or relatives for help. The rest of the women reported that they intended to rarely or never call friends or relatives for help.

2. Call the police for help.

In Table 4, at admission, almost one-third of the women reported that they had either frequently or sometimes called the police for help. More than two-thirds of the respondents reported that they had rarely or never called the police for help. At discharge, the figures were reversed. Four-fifths of the women intended to call the police for help either frequently or sometimes. The rest of the women intended to rarely call the police.

3. Leave the site where abuse was happening.

At admission, more than three-fourths of the respondents reported that they had left frequently or sometimes. The remaining respondents reported that they had left the site where the abuse was happening either rarely or never (see Table 4).

At discharge, all of the women reported that they intended to leave the site where the abuse was happening either frequently or sometimes.

4. Call your local domestic violence program for help.

According to Table 4, at admission two-fifths of the respondents reported that they had frequently

or sometimes called their local domestic violence program for help. Three-fifths of the women reported that they had rarely or never called.

At discharge, the major change was an increase in the number of women who reported that they intended to frequently call their local domestic violence program for help. More than four-fifths of the women intended to call frequently or sometimes while the rest, less than one-fifth of the respondents, intended to call sometimes or never.

Response to long-term threat of domestic violence.

1. Ask friends or relatives for help.

According to Table 4, at admission to The Women's Center, less than one-half of the respondents reported that they had asked friends or relatives for help frequently or sometimes in attempting to stop further incidents of domestic violence. The majority reported that they had rarely or never asked for help from their friends or relatives.

At discharge, the figures are reversed. Four-fifths of the respondents intended to ask for help from friends or relatives frequently or sometimes. One-fifth of the women reported that they intended to rarely or never ask them for help.

2. Discuss the problem with a religious representative. The women reported that few of the

At admission to The Women's Center, few of the women either frequently or sometimes discussed their situation with a religious representative (see Table 4). Most of the women either rarely or never discussed the matter with a religious representative.

At discharge, there was an increase in those who intended to discuss the situation with a religious representative. More than two-thirds of the respondents intended to frequently or sometimes discuss their situation with a religious representative while the other respondents intended to rarely or never do this.

3. Obtain counseling for yourself. or never sought

At admission, less than one-third of the respondents reported that they had either frequently or sometimes obtained counseling for themselves while the majority had either rarely or never received counseling (see Table 4). At discharge, all of the women except one intended to obtain counseling for themselves either frequently or sometimes.

4. Participate in joint counseling with the abusive person. The women reported that few of the

frequently or sometimes while more than two-thirds

In Table 4, at admission to The Women's Center, the majority of the women reported that they had rarely or never participated in joint counseling with the abusive person. At discharge, over one-third of the women reported that they intended to frequently or sometimes participate in joint counseling with the abusive person. The majority of the women still intended to rarely or never participate in joint counseling.

5. Seek legal action against the abusive person.

According to Table 4, at admission, almost one-third of the women reported that they had frequently or sometimes sought legal action against the abusive person while more than two-thirds of the women reported that they had rarely or never sought legal action. At discharge, more than four-fifths of the respondents reported that they intended to frequently or sometimes seek legal action. The rest of the women intended to seek legal action either rarely or never.

6. Seek help from your local domestic violence program.

At admission, less than one-third of the respondents reported that they had sought help from their local domestic violence program either frequently or sometimes while more than two-thirds

had either rarely or never sought help from their local program. At discharge, every woman except one reported that they intended to seek help from their local domestic violence program frequently or sometimes.

7. Separate from abuser more than a week.

At admission to The Women's Center, the majority of the women reported that they had separated from their abuser for more than a week frequently or sometimes. The other women reported that they had rarely or never separated from their abuser for more than a week. It is noteworthy that at discharge from The Women's Center the women were unanimous in their intention to separate frequently from their abuser for more than one week if domestic violence were to occur again.

CHAPTER V

DISCUSSION

The purpose of this study was to determine whether battered women's residency and participation in The Women's Center's domestic violence shelter program resulted in empowerment. Empowerment was defined as positive changes in a battered woman's attitudes towards herself and her life situation and in her determination to take action to keep herself safe from both immediate and future abuse.

Four hypotheses were formed regarding changes that were expected to occur to indicate empowerment. The first three hypotheses were that from the time of admission to the shelter program to the time of discharge, (a) the subjects' total empowerment scores, (b) expressed attitudes, and (c) expressed intentions would change in a positive direction, and the change would be significant. The fourth hypothesis was that the subjects' expressed-attitude changes from admission to discharge would be positively correlated with their expressed-intention changes. All four hypotheses were supported by the research. The results were specifically addressed in the previous chapter.

The formula used to determine empowerment (Illinois Coalition Against Domestic Violence, 1985) was:

Growth in personal empowerment occurs with growth in the following: positive self-esteem, sense of control over and satisfaction with one's life, feelings of capability to handle personal problems, and ability to identify and use community resources. Additionally, personal empowerment grows when there is a reduction in feelings of helplessness about the abuse and feelings of guilt and shame about the abuse. (p. 2)

This formula was incorporated in the design of the Survey for Residential Clients of Shelters for Women (SRCSW) which was the instrument used in this investigation to obtain statistical data.

Many domestic violence shelter programs have no research basis to support their claims of effectiveness. This study can be seen as an effort towards providing an effective evaluation tool for such research. Since shelters are seen as "the only direct, immediate, and satisfactory solution to the problems battered women face," (Martin, 1976, p. 297), it is important to ensure that shelter experiences are truly empowering.

The need for more concise evaluation studies of shelter programs was made clear when Sedlak (1988) stated that methods to evaluate shelter programs remain "relatively elementary," with few efforts made to "document the cognitive-emotional changes that occur during shelter stays" (p. 336). As a result of this study, the cognitive-emotional changes of 25 battered women have been documented

and are displayed in Tables 3 and 4 of the previous chapter.

The fourth hypothesis not only yielded information about the overall process of empowerment, but also confirmed the wisdom of the task-centered approach in assisting battered women. This approach increased and expanded the battered women's problem-solving capabilities which were stunted during their victimization. Statistical analysis proved that certain emotional changes were significantly positively correlated with the cognitive intentions to take certain steps to gain protection from violence. Follingstad (1980) emphasized "that careful skills development and changes in faulty beliefs are prerequisites to accomplishing behavioral goals in order to produce change in the battered woman's environment" (p. 295). This study showed that residence and participation in The Women's Center's domestic violence program facilitated these changes.

According to The Women's Center (1989) the task-centered approach is most effective in overcoming obstacles faced by battered women because:

- it has a step-by-step focus that makes the overwhelming job of building a new, safe life for the family seem manageable.
- it is positive and empowering in its ability to help people who are receiving

help feel successful through completing tasks toward their goals.

-it does not apply a psychological label on victims. Instead it helps them see themselves as strong individuals who can participate in ending the victimization.

-it is based on a philosophical awareness that sometimes bad things happen to good people. This will help reinforce the vital message that the abuse should not have happened and the victim is not bad because it did.

-it focuses on present realities, helps to gradually build healthy behaviors, and offers new experiences daily in handling problems within the context of new situations.

-it encourages brief intervention in order to help people more quickly begin seeing themselves as healthy and effective individuals. (p. 15)

While 92% of the subjects frequently felt helpless about the abuse directed at them at admission, the data indicated that they had maintained a measure of self-esteem and problem-solving capabilities as Gondolf (1988) and Gelles and Straus (1988) asserted. It can be assumed from the research that this reservoir of strength was utilized to work the task-centered program. Walker (1989) emphasized that "learned helplessness can be prevented by psychologically strengthening the potential victim or reversed by empowerment through additional competence training and skill-building activity" (p. 697). This study suggests that as battered women, working from a position of safety and emotional support, gain increased opportunity and positive experience in

problem-solving, the feelings of shame, guilt, and helplessness no longer interfere with their growth towards autonomy and independence. Thus, these findings validate the Illinois Coalition Against Domestic Violence's (1985) assertion that domestic violence programs make their most important contribution to personal empowerment by assisting battered women "in gaining control over and satisfaction with their lives, and in reducing feelings of guilt, shame and helplessness caused by the abuse directed at them" (p. 8).

This study confirmed Giles-Sims' (1985) research finding that battered women's experiences in domestic violence shelters serve to deny legitimacy to violent behavior. At admission to The Women's Center, the majority of the subjects reported that (with the exception of leaving the site where the violence was occurring) they often did not take the preventive measures listed on the survey when confronted with violence. At discharge, the majority of the subjects intended to take all the prescribed measures either frequently or sometimes, except joint counseling, to keep themselves safe. It appears that the women believed their action had a higher probability of stopping the abuse and that they believed themselves to be no longer helpless. The data on the reduction of

helplessness confirm this, with only one woman of the 25 studied feeling helpless frequently after receiving services.

The majority of the battered women did not intend to participate often in joint counseling with their abuser. This confirms the wisdom of the respondents for feminists assert that joint counseling is often detrimental to the woman in an abusive relationship (Bogard, 1984).

Research into domestic violence against women began a decade and a half ago (Gelles & Straus, 1988); however, research evaluating the various shelter programs remains at the exploratory level, according to Sedlak (1988). She cited the need for "systematic evaluation research" to discover "what treatment program works with what type of client and under what conditions" (p. 352). This study should be considered exploratory because it has definite limitations which center around subject variability, program variability, and instrumentation. It is hoped that, despite these limitations, this study will be considered a step towards "systematic evaluation research."

Many of the limitations of this study center on the choice of the subjects. Caution must be used when attempting to generalize these results across the entire battered woman shelter program population

due to the small sample size and the non-randomized method of sample selection. Abused women who are willing to participate in research and enter a domestic violence shelter residence program may be different from women who choose not to be or cannot be involved in such an undertaking.

Because The Women's Center's domestic violence program is highly-structured and comprehensive, its impact on the lives of the battered women sheltered there may be more substantial than other shelter programs. Often, due to lack of funding, some shelters offer only food, shelter, and peer group support. Other programs offer shelter for only three to four days. It would be a mistake to assume that all shelter programs offer the same benefits available at The Women's Center. The amount of program structure needed to empower battered women could be another possible area of research that is suggested by this study.

The instrument used in this investigation, the Survey for Residential Clients of Shelters for Women (SRCSW), is important because it focuses on intentions to keep one's self safe from violence--the stated goal of shelter programs. While the SRCSW indicates changes that may occur in the battered woman's cognitive-emotional processes and problem-solving skills, a more comprehensive

instrument is needed to document the battered woman's progress towards gaining housing, paid employment, Aid to Dependent Children, and so forth. An instrument addressing these challenges would be advantageous towards recognizing task-centered work and could be cited as further evidence of the program's efficacy in empowering battered women.

The SRCSW is limited in its present form because it addresses only the battered woman's intentions to keep herself safe from further incidents of domestic violence. The battered woman's intention to take action to defend herself, chosen while in the safety of the shelter, may be vastly different from the action she actually takes when confronted with either an immediate or long-term threat. Although circumstances may prevent direct action, the results of this investigation show that the battered woman is aware of her options and alternatives. A follow-up study is needed to assess the long-term effects of shelter residency.

The joint counseling option should be deleted from the SRCSW because of the inadvisability of couples counseling for battered women. This option does not belong in an instrument evaluating the empowerment of battered women.

This study determined that The Women's Center's domestic violence shelter program resulted in empowerment for their battered women residents. The study further demonstrated that it was the synergistic interaction of The Women's Center's services and the battered woman's survival skills that resulted in empowerment. According to the American Heritage Dictionary (1982) synergism is defined as "the action of two or more substances, organs, or organisms to achieve an effect of which each is individually incapable" (p. 704). This research suggests that the process of empowerment, as facilitated at The Women's Center, is a "Gestalt," whereby "the whole is greater than the sum of its parts" (Wittig & Williams, 1984, p. 172). This description accurately portrays the battered woman's journey from suffering toward a new life based on the renewed ability to act in her own best self-interest.

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APPENDICES

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 5

Appendix 6

Appendix 7

Appendix 8

Appendix 9

Appendix 10



TO PARTICIPATE

IN A

RESEARCH

STUDY

THIS RESEARCH IS INTERESTED IN FINDING OUT WHAT THE FEELINGS AND COPING STRATEGIES ARE OF WOMEN WHO HAVE BEEN BATTERED.

PARTICIPATION IN THIS STUDY INVOLVES COMPLETING A QUESTIONNAIRE AT THE BEGINNING OF YOUR VISIT AT THE WOMEN'S

AND AGAIN PRIOR TO YOUR

Appendix A Recruitment Flyer

DEPARTURE. THE QUESTIONNAIRE WILL TAKE ABOUT FIVE MINUTES TO COMPLETE.

—The study is being conducted by JENNIFER BROWN, who was born and raised in the women's center since 1988. She is currently a graduate student. Currently, she is a graduate student in counseling psychology at Eastern Michigan University. She is conducting this research for her master's thesis.

—The project has been approved by the women's center.

—The results of this study will be useful to the women's center and other organizations.

—If you would like to participate in this study, or have any questions, please contact any of the women's center staff during our hours and leave a message.

—Participation will be voluntary. All information that is provided will be treated confidentially.



...TO PARTICIPATE
IN A
RESEARCH
STUDY

THIS RESEARCH IS INTERESTED IN FINDING OUT WHAT THE FEELINGS AND COPING STRATEGIES ARE OF WOMEN WHO HAVE BEEN BATTERED.

PARTICIPATION IN THIS STUDY INVOLVES COMPLETING A QUESTIONNAIRE AT THE BEGINNING OF YOUR STAY AT THE WOMEN'S CENTER AND AGAIN PRIOR TO YOUR DEPARTURE. THE QUESTIONNAIRE WILL TAKE ABOUT FIVE MINUTES TO COMPLETE.

--THIS PROJECT WILL BE COORDINATED BY JANETTE BIZZELL. SHE HAS BEEN INVOLVED WITH THE WOMEN'S CENTER SINCE 1980, FIRST AS A VOLUNTEER, THEN AS A PRACTICUM STUDENT. CURRENTLY, SHE IS A CANDIDATE FOR A MASTER'S DEGREE IN COUNSELING PSYCHOLOGY AT LINDENWOOD COLLEGE. SHE IS CONDUCTING THIS RESEARCH FOR HER MASTER'S THESIS.

--THIS PROJECT HAS BEEN APPROVED BY THE WOMEN'S CENTER.

--THE RESULTS OF THIS STUDY WILL BE USEFUL TO THE WOMEN'S CENTER AND OTHER SHELTERS FOR WOMEN.

IMPORTANT: IF YOU WOULD LIKE TO PARTICIPATE IN THIS STUDY, OR HAVE FURTHER QUESTIONS, PLEASE CONTACT AVA AT THE WOMEN'S CENTER, OR CALL JANETTE AT 946-2688 AND LEAVE A MESSAGE.

--PARTICIPANTS WILL REMAIN ANONYMOUS. ALL INFORMATION THAT IS PROVIDED WILL BE TREATED CONFIDENTIALLY.

SURVEY FOR RESIDENTIAL CLIENTS OF SHELTERS FOR WOMEN
FORM A

P.O.S.# _____

I. Please indicate how often the following statements best describe your feelings. (Place an "X" in the appropriate box.)

1. I like myself
2. I feel that I am a worthwhile person
3. I am satisfied with my present life and life-style
4. I feel in control of my life
5. I feel able to deal with my personal problems
6. I feel helpless about the abuse/violence directed at me
7. I feel guilty and ashamed about the abuse directed at me

FREQUENTLY	SOMETIMES	RARELY	NEVER

II. In general, how often have you taken the following immediate actions when abuse was directed at you? (Place an "X" in the appropriate box.)

1. Called relatives or friends for assistance
2. Called the police for help
3. Left the site where abuse was happening
4. Called your local domestic violence program for help
5. Other (specify) _____

FREQUENTLY	SOMETIMES	RARELY	NEVER

III. In general, how often have you done the following to attempt to keep yourself safe from further abuse? (Place an "X" in the appropriate box.)

1. Asked friends and relatives for help
2. Discussed the problem with a religious representative
3. Obtained counseling for yourself
4. Participated in joint counseling with the abusive person
5. Sought legal action against the abusive person
6. Sought help from your local domestic violence program
7. Separated from abuser more than a week
8. Other (specify) _____

FREQUENTLY	SOMETIMES	RARELY	NEVER

SURVEY FOR RESIDENTIAL CLIENTS OF SHELTERS FOR WOMEN
FORM B

P.O.S.# _____

I. Please indicate how often the following statements best describe your feelings. (Place an "X" in the appropriate box.)

1. I like myself
2. I feel that I am a worthwhile person
3. I am satisfied with my present life and life-style
4. I feel in control of my life
5. I feel able to deal with my personal problems
6. I feel helpless about the abuse/violence directed at me
7. I feel guilty and ashamed about the abuse directed at me

FREQUENTLY	SOMETIMES	RARELY	NEVER

II. In general, how often do you think you will take the following immediate actions when abuse is directed at you? (Place an "X" in the appropriate box.)

1. Call relatives or friends for assistance
2. Call the police for help
3. Leave the site where abuse is happening
4. Call your local domestic violence program for help
5. Other (specify) _____

FREQUENTLY	SOMETIMES	RARELY	NEVER

III. In general, how often do you think you will do the following to attempt to keep yourself safe from further abuse? (Place an "X" in the appropriate box.)

1. Ask friends and relatives for help
2. Discuss the problem with a religious representative
3. Obtain counseling for yourself
4. Participate in joint counseling with the abusive person
5. Seek legal action against the abusive person
6. Seek help from your local domestic violence program
7. Separate from abuser more than a week
8. Other (specify) _____

FREQUENTLY	SOMETIMES	RARELY	NEVER



Empowerment Questionnaire

 Date _____
 (Month/Day/Year)

Client ID # _____ 1 Residential Client 2 Walk-In Client

- 1 When completed
- | | |
|--|--|
| 1 Pre-Service | 4 Termination of Service |
| 2 Departure from Shelter (Residential Client Only) | 5 Follow-up (3 months after termination) |
| 3 After 3 Months of Service | |

- 2 Please indicate how often the following statements best describe your feelings
 (Circle one number for each statement.)

	FREQUENTLY	SOMETIMES	RARELY	NEVER
1 I like myself	1	2	3	4
2 I feel that I am a worthwhile person	1	2	3	4
3 I am satisfied with my present life and life-style	1	2	3	4
4 I feel in control of my life	1	2	3	4
5 I feel able to deal with my personal problems	1	2	3	4
6 I feel helpless about the abuse/violence directed at me	1	2	3	4
7 I feel guilty and ashamed about the abuse directed at me	1	2	3	4

- 3 How often do/would you take the following immediate actions when abuse is directed at you?
 (Circle one number for each statement.)

	FREQUENTLY	SOMETIMES	RARELY	NEVER
1 Call relatives or friends for assistance	1	2	3	4
2 Call the police for help	1	2	3	4
3 Leave the site where abuse is happening	1	2	3	4
4 Call your local domestic violence program for help	1	2	3	4
5 Other (specify) _____	1	2	3	4

- 4 How often do/would you do the following in order to prevent the abuse from happening again?
 (Circle one number for each statement.)

	FREQUENTLY	SOMETIMES	RARELY	NEVER
1 Ask friends or relatives for help	1	2	3	4
2 Discuss the problem with a religious representative	1	2	3	4
3 Obtain counseling for yourself	1	2	3	4
4 Participate in joint counseling with the abusive person	1	2	3	4
5 Seek legal action against the abusive person	1	2	3	4
6 Seek help from your local domestic violence program	1	2	3	4
7 Separate from abuser more than a week	1	2	3	4
8 Other (specify) _____	1	2	3	4

Answer the following questions only if you are completing this form After 3 Months of Service, at Termination of Service, or at Follow-up.

- 5 Have you experienced abuse since you began receiving services from your local domestic violence program?
 1 No 2 Yes

If yes, does the abuse occur:

- 1 As frequently as before
- 2 Less frequently than before
- 3 More frequently than before

- 6 Is there a change in your living arrangements with abuser?
 1 No 2 Yes

If yes:

- 1 I am no longer living with the abuser
- 2 I am now living with the abuser

ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE
 STATISTICAL SUMMARY AND ANALYSIS

ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE
 Empowerment Questionnaire
 Statistical Summary and Analysis
 April 1, 1997 - March 31, 1998

E. Empowerment Questionnaire

The Empowerment Questionnaire is completed by the client at least at three separate intervals:

- 1. Pre baseline
- 2. Separation from abuser
- 3. After 3 months of service
- 4. Termination of service
- 5. Follow-up 3 months after termination

The Empowerment Questionnaire and Termination of Service separate services are completed in which case only one form is completed.

The Empowerment Questionnaire was completed at baseline and at separation and follow-up in cases with continuous contact services provided. Cases that have been terminated at any time are included in the overall report.

Appendix E

Statistical Summary and Analysis

Empowerment Questionnaire

Illinois Coalition

Against Domestic Violence

- 1. Client score on personal empowerment scale 1,000*
- 2. No likelihood of violence in the client's current relationship as reported (over 1,000)

There were 6,433 Empowerment Questionnaires completed:

- 1. 111 at pre-baseline
- 2. 111 at separation from abuser
- 3. 6,211 at 3 months of service

The number of questionnaires completed at each service interval by client type:

	Baseline	Follow-up	Termination
Pre baseline	111	0	0
Separation from abuser	111	0	0
After 3 months of service	0	111	0

*The scoring is reverse to the Empowerment PDI.

Evaluation Report: Part VI
June, 1985

ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE
Empowerment Questionnaire
Statistical Summary and Analysis
(July 1, 1984 - March 31, 1985)

A. General Information

The Empowerment Questionnaire is completed by the client at each of five service intervals:

- . Pre Service
- . Departure from Shelter
- . After 3 Months of Service
- . Termination of Service
- . Follow-up (3 months after termination)

The Departure from Shelter and Termination of Service intervals may occur simultaneously, in which case only one form is completed.

Too few Empowerment Questionnaires were completed at Termination of Service and Follow-up to make valid comparisons across service intervals. Therefore, only these service intervals are included in the summary report.

- . Pre-Service
- . Departure from Shelter
- . After 3 Months of Service

It is important to note that comparisons between the After 3 Months of Service interval and the other service intervals are less reliable because of the relatively small number of questionnaires completed After 3 Months of Service (6%).

The Empowerment Questionnaire is designed to indicate achievement of the following client goals specified in the ICADV Evaluation Plan:

- . Client grows in personal empowerment (Ques. 2,3,4)*
- . The likelihood of violence in the client's domestic relationship is reduced (Ques. 5,6)*

There were 4,455 Empowerment Questionnaires completed:

- . 53% at Pre-Service
- . 29% at Departure from Shelter
- . 6% After 3 Months of Service

The number of Questionnaires completed at each service interval by client type:

	<u>Residential</u>		<u>Walk-In</u>		<u>Unknown</u>	
Pre Service	1,321	56%	813	35%	214	9%
Departure From Shelter	1,109	86%	51	4%	132	10%
After 3 Months of Service	124	43%	144	50%	21	7%

*Also indicated by responses on the Departure Form.

ICADV
 Empowerment Questionnaire
 Statistical Summary and Analysis:
 page 2

B. Client Growth in Personal Empowerment

For purposes of the ICADV Evaluation Plan, growth in personal empowerment for abused women occurs with growth in the following:

- . Positive self-esteem
- . Sense of control over and satisfaction with one's life
- . Feelings of capability to handle personal problems
- . Ability to identify and utilize community resources.

Additionally, personal empowerment grows when there is a reduction in the following:

- . Feelings of helplessness about the abuse
- . Feelings of guilt and shame about the abuse

1. Self-Esteem

The majority of abused women did not approach domestic violence services feeling that they rarely or never like themselves or feel worthwhile. Eighty-eight percent (88%) reported at Pre-Service that they like themselves frequently (40%) or sometimes (48%). Eighty-five percent (85%) reported that they frequently (44%) or sometimes (41%) feel that they are worthwhile persons. Only 10% reported that they rarely (9%) or never (1%) like themselves; thirteen percent (13%) reported that they rarely (10%) or never (3%) feel worthwhile.

There is growth in self-esteem reflected at Departure From Shelter as indicated by an increase to 93% for those who reported frequently (53%) or sometimes (40%) liking themselves, and a decrease to 5% for those who reported rarely (4%) or never (1%) liking themselves. The number of women who feel worthwhile at Departure From Shelter increases to 94%, with 55% frequently feeling worthwhile and 39% sometimes feeling worthwhile. The number is reduced by over half to 6% for those who reported rarely (4%) or never (2%) feeling worthwhile. Of special note are the 13% increase in those who reported frequently liking themselves, and the 11% increase in those who reported frequently feeling worthwhile.

The less reliable After 3 Months of Service comparisons also indicate a growth in self-esteem since Pre-Service. There is an increase to 93% for those who reported frequently (50%) or sometimes (43%) liking themselves, and a decrease to 7% for those who reported rarely (6%) or never (1%) liking themselves. The number who feel worthwhile After 3 Months of Service increases to 92%, with 54% frequently and 38% sometimes feeling worthwhile. The number who rarely (6%) or never (1%) feel worthwhile is reduced to 7%.

ICADV
Empowerment Questionnaire
Statistical Summary and Analysis
page 3

2. Satisfaction and Control

At pre-service, the majority of victims (66%) reported feeling rarely (39%) or never (27%) satisfied with their lives. Twenty-six percent (26%) are sometimes satisfied and only 6% are frequently satisfied with their lives.

The figures are nearly reversed at Departure from Shelter. Seventy-one percent (71%) of the respondents reported feeling frequently (25%) or sometimes (46%) satisfied and 36% reported rarely (28%) or never (8%) feeling satisfied with their lives.

Change from Pre-Service in feelings of satisfaction is also reflected After 3 Months of Service. Sixty-four percent (64%) reported feeling frequently (23%) or sometimes (41%) satisfied and 36% reported feeling rarely (28%) or never (8%) satisfied.

There is also change from Pre-Service in feelings of being in control of one's life. At Pre-Service, 52% of the respondents reported feeling frequently (14%) or sometimes (38%) in control. Nearly half (45%) reported feeling rarely (29%) or never (16%) in control.

At Departure from Shelter, the percentage jumps by 30% to 82% for those who feel frequently (39%) or sometimes (43%) in control and drops to 15% for those who feel rarely (11%) or never (4%) in control. Of particular note is the 25% increase of those who feel frequently in control, and the 12% decrease of those who feel that they are never in control.

Major changes are also reflected After 3 Months of Service. Seventy-five percent (75%) reported feeling frequently (31%) or sometimes (44%) in control and 24% reported feeling rarely (18%) or never (6%) in control.

3. Ability to Deal With Personal Problems

Battered women reported an increase in their ability to deal with their personal problems after having received domestic violence services, even though the majority (72%) reported at Pre-Service that they frequently (19%) or sometimes (53%) feel able to deal with their problems. Twenty-six percent (26%) of the Pre-Service respondents felt rarely (20%) or never (6%) able to deal with their problems.

At Departure from Shelter, the percentage increases (+15%) to 87% for those who frequently (39%) or sometimes (48%) feel able to deal, and decreases (-13%) to 13% for those who feel rarely (10%) or never (3%) able to deal with their problems.

ICADV
 Empowerment Questionnaire
 Statistical Summary and Analysis
 page 4

Questionnaires completed After 3 Months of Service reflect similar changes. Eighty-six percent (86%) reported feeling frequently (34%) or sometimes (52%) able to deal, and 13% reported feeling rarely (10%) or never (3%) able to deal with their problems.

4. Helplessness

The majority of domestic violence victims served by ICADV programs feel helpless about the abuse directed at them. Eighty-three percent (83%) of the Pre-Service respondents reported feeling frequently (51%) and sometimes (32%) helpless about the abuse. Only 14% reported feeling rarely (8%) or never (6%) helpless.

There is a reduction in feelings of helplessness reported at Departure from Shelter. Seventy percent (70%) of the respondents, a reduction of 13%, reported feeling helpless frequently (23%) or sometimes (37%). Of particular note is the 28% reduction in the number of those who frequently feel helpless about the abuse. Thirty-six percent (36%), an increase of 22%, reported feeling helpless rarely (20%) or never (16%).

There is also a reduction in feelings of helplessness After 3 Months of Service. Fifty-four percent (54%), a reduction of 29%, report feeling helpless about the abuse frequently (22%) or sometimes (32%). Of particular note here, also, is the 29% reduction in the percentage of those who frequently feel helpless about the abuse. Forty-two percent (42%), an increase of 28%, of the After 3 Months of Service respondents reported feeling helpless rarely (22%) or never (20%).

5. Guilt and Shame

At Pre-Service, the majority of battered women reported feeling guilty and ashamed about the abuse directed at them. Sixty-nine percent (69%) reported feeling guilty and ashamed frequently (39%) or sometimes (30%). Twenty-seven percent (27%) reported having these feelings rarely (11%) or never (16%).

Domestic violence services contribute to the reduction in feelings of guilt and shame, as reflected in the questionnaires completed at Departure from Shelter and After 3 Months of Service. At Departure from Shelter, 52% of the respondents, a 17% reduction, felt guilty and ashamed frequently (22%) or sometimes (30%). Forty-five percent (45%), an 18% increase, felt guilty and ashamed rarely (18%) or never (27%).

After 3 Months of Service, 49% of the respondents, a 20% reduction, felt guilty and ashamed frequently (21%) or sometimes (28%). Forty-eight percent (48%), a 21% increase, had these feelings rarely (17%) or never (31%).

ICADV
 Empowerment Questionnaire
 Statistical Summary and Analysis
 page 5

6. Ability to Identify and Utilize Community Resources

Information on this aspect of the empowerment goal is gathered only on the Empowerment Questionnaire (questions 3,4) at this time. As was mentioned in Section I of this Report, additional information will be gathered regarding client identification and utilization of community resources by adding a related question to the Departure Form, and by implementing the Community Networking Report Form.

However, even the information gathered on the Empowerment Questionnaire does not provide the data necessary to show comparisons across service intervals. Reformulation of the questions (3,4) is necessary. As worded, the questions are appropriate only for the Pre-Service and Follow-Up service intervals. They are inappropriate for all other intervals because of the past tense wording, i.e., "How often have you..." At service intervals other than Pre-Service and Follow-Up, the questions should read "How often would you..."

An additional problem with these questions is that as worded, the distinction between the "immediate incident" focus of question 3 and the "long range problem" focus of question 4, may not be obvious enough to the client completing the form. Question 3 might better be worded, "What immediate action do you take when confronted with violent situations?"

Two aspects of the data from questions 3 and 4 are informative for purposes of this report. First, the choices victims have made prior to seeking domestic violence program services are important to note. Secondly, even though the question is poorly worded and will not reveal the likelihood of clients utilizing these resources in the future, some changes do occur at Departure From Shelter and After 3 Months of service which probably result from some clients answering the questions and including action taken while receiving services. The percent of change is not reliable however, because it is also probable that many clients treated the questions the same way they did at Pre-Service.

Question #3: Response to Incidents of Domestic Violence

At Pre-Service, the majority of clients reported taking each of the suggested actions at least once when confronted with situations of abuse. Specific percentages are as follows:

a. Called relatives or friends for assistance

Frequently	33%	Rarely	19%
Sometimes	28%	Never	17%

ICADV
 Empowerment Questionnaire
 Statistical Summary and Analysis
 page 6

b. Called the police for help

Frequently	12%	Rarely	27%
Sometimes	25%	Never	32%

c. Left the site where the violence was occurring

Frequently	31%	Rarely	18%
Sometimes	34%	Never	13%

d. Called the local domestic violence program for help

Frequently	6%	Rarely	25%
Sometimes	19%	Never	42%

At Departure from Shelter and After 3 Months of service, the major change is an increase in the number of clients who reported that they called the domestic violence program for help (d).

<u>Depart Shelter</u>		<u>After 3 Months of Service</u>	
Frequently	16%	Frequently	13%
Sometimes	25%	Sometimes	30%
Rarely	27%	Rarely	10%
Never	22%	Never	15%

There is a slight increase in those who reported leaving the site and calling the police. Again, most of the changes probably result from some clients including actions taken while receiving services, not necessarily a likelihood of future action.

Question #4: Response to Long-term Problem of Domestic Violence

At Pre-Service, clients reported having taken the following actions in dealing with the long-term problem of domestic abuse:

a. Asked friends or relatives for help

Frequently	29%	Rarely	19%
Sometimes	33%	Never	16%

b. Discussed with religious representative

Frequently	11%	Rarely	15%
Sometimes	16%	Never	53%

ICADV
Empowerment Questionnaire
Statistical Summary and Analysis
page 7

c. Obtained counseling for self

Frequently	14%	Rarely	16%
Sometimes	21%	Never	43%

d. Joint counseling with abuser

Frequently	4%	Rarely	13%
Sometimes	18%	Never	66%

e. Sought legal action

Frequently	7%	Rarely	18%
Sometimes	18%	Never	50%

f. Sought help from domestic violence program

Frequently	6%	Rarely	22%
Sometimes	16%	Never	46%

g. Separated for more than a week

Frequently	17%	Rarely	17%
Sometimes	23%	Never	33%

At Departure from Shelter and After 3 Months of Service changes occur in four (4) areas which again probably reflect some clients including actions taken during service, while others did not (e.g. 20% never for f).

c. Obtained counseling for self

<u>Depart Shelter</u>		<u>After 3 Months of Service</u>	
Frequently	23%	Frequently	27%
Sometimes	29%	Sometimes	35%
Rarely	17%	Rarely	19%
Never	25%	Never	11%

e. Sought legal action

<u>Depart Shelter</u>		<u>After 3 Months of Service</u>	
Frequently	14%	Frequently	14%
Sometimes	23%	Sometimes	24%
Rarely	18%	Rarely	21%
Never	37%	Never	28%

ICADV
Empowerment Questionnaire
Statistical Summary and Analysis
page 8

f. Sought help from domestic violence program

<u>Depart Shelter</u>		<u>After 3 Months of Service</u>	
Frequently	17%	Frequently	19%
Sometimes	27%	Sometimes	36%
Rarely	23%	Rarely	25%
Never	23%	Never	9%

g. Separated for more than a week

<u>Depart Shelter</u>		<u>After 3 Months of Service</u>	
Frequently	28%	Frequently	29%
Sometimes	28%	Sometimes	24%
Rarely	16%	Rarely	14%
Never	16%	Never	16%

SUMMARY: EMPOWERMENT

The data suggests that battered women seeking services from ICADV programs have managed to maintain some level of positive self-esteem and problem-solving capability through the abuse they have suffered. This reservoir of self-respect is a strength abused women bring to the intervention stage which must be drawn upon and nourished as they reconstruct their lives.

It is also evident from the data that the primary damage to personal power experienced by battered women served by ICADV programs relates to the loss of control over and satisfaction with their lives, and the guilt, shame and helplessness caused by the abuse.

The data also indicates that domestic violence programs make an important contribution to the empowerment of battered women in the areas of building self-esteem, improving problem-solving capabilities and increasing the utilization of resources. However, the most important contribution to personal empowerment seems to occur as domestic violence services assist battered women in gaining control over and satisfaction with their lives, and in reducing feelings of guilt, shame and helplessness caused by the abuse directed at them.

The frequency with which battered women turned to friends and relatives for assistance indicates the need for education and information which helps friends and relatives respond in a helpful manner.

ICADV
Empowerment Questionnaire
Statistical Summary and Analysis
page 9

C. Reduction in the Likelihood of Violence

Reduction in the likelihood of violence in the client's domestic relationship is indicated by responses on the Departure Form and by responses to questions 5 and 6 on the Empowerment Questionnaire which indicate:

- . whether abuse has occurred since receiving services,
- . the frequency of such abuse, if it did occur,
- . whether the client is living with the abuser.

For purposes of the ICADV Evaluation Plan it is assumed that if the client no longer resides with the abuser, the likelihood of violence is reduced.

The data regarding occurrence and frequency of the violence is probably more reliable at the After 3 Months of Service and Follow-up intervals, since it is expected that most clients will not have direct contact with the abuser while in the shelter.

1. Occurrence and Frequency of Abuse

It is evident from responses to question #5 that there is a reduction in both the occurrence and frequency of abuse experienced by clients after receiving domestic violence services. After 3 Months of Service, 52% reported having experienced no abuse. Of those who did experience abuse, the majority, 62%, reported that the violence occurred less frequently than before.

Where abuse is still occurring, the decrease in frequency may be accounted for by some or all of the following factors:

- . Reduced accessibility to the victim because of shelter/ emergency shelter services or some other safe living arrangement and/or the victim has obtained an Order of Protection barring the abuser from the household.
- . The victim has better protection from the criminal justice system because of the Illinois Domestic Violence Act and the criminal justice advocacy, networking and linkage conducted by domestic violence programs.
- . The victim has a greater understanding of domestic violence and her rights and options; her feelings of guilt and shame have reduced; and she feels freer to take steps to prevent a reoccurrence of the violence.

ICADV
 Empowerment Questionnaire
 Statistical Summary and Analysis
 page 10

- . The abuser may have come to realize that there are serious consequences to his behavior, such as arrest, loss of his family, etc. and he may, therefore, exercise more control over his violence.

2. Change In Living Arrangements With Abuser

As also reported on the Departure Form, there is a very significant reduction in the likelihood of violence in most ICADV clients' domestic relationships as indicated by the large number of respondents who reported no longer living with the abuser.

On the Departure Form, 73% of the respondents reported that they no longer plan to live with the abuser. After 3 Months of Service, 65% reported a change in living arrangements, with 83% reporting no longer living with the abuser.

(The following table content is extremely faint and largely illegible. It appears to be a statistical summary table with multiple columns and rows, possibly representing percentages and counts for various categories.)

Evaluation Report: Part VI
June, 1985

EMPOWERMENT STATISTICAL REPORT FOR STATE
FOR 07/01/84 - 03/31/85

Total Responses (T): 4,453

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential	1,321	56.3	1,189	65.8	124	42.9	27	35.5	16	24.7	97	24.9
Multi-In	813	34.6	51	3.9	144	49.8	41	53.9	42	70.8	52	13.3
Unknown	214	9.1	132	18.2	21	7.3	8	18.5	2	3.3	241	61.8
Total	2,348		1,292		289		76		60		390	

Question #2: Please indicate how often the following statements best describe your feelings.

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

1. I like myself.

Frequently	941	48.1	690	53.4	143	49.5	33	43.4	28	33.3	178	45.6
Sometimes	1,138	48.5	522	48.4	123	42.6	26	34.2	16	24.7	178	43.4
Rarely	288	8.9	46	3.4	17	5.9	4	5.3	1	1.7	18	4.4
Never	25	1.1	11	0.9	2	0.7	1	1.3	0	0.0	4	1.0
Unknown	36	1.5	23	1.8	4	1.4	12	15.8	23	38.3	28	5.1

2. I feel that I am a worthwhile person.

Frequently	1,839	44.3	788	54.8	157	54.3	42	55.3	24	48.8	194	58.3
Sometimes	965	41.1	489	37.8	111	38.4	14	21.1	13	21.7	146	37.4
Rarely	245	18.4	46	3.4	16	5.5	5	6.4	8	8.8	22	5.6
Never	42	2.4	26	2.8	2	0.7	1	1.3	0	0.0	3	0.8
Unknown	37	1.6	23	1.8	3	1.0	12	15.8	23	38.3	23	5.9

3. I am satisfied with my present life and life-style.

Frequently	149	6.3	324	25.1	65	22.5	25	32.9	12	28.8	44	11.8
Sometimes	685	25.8	595	44.1	118	40.8	23	30.3	16	24.7	128	32.8
Rarely	913	38.9	232	18.0	82	28.4	11	14.5	4	6.7	122	31.3
Never	431	24.9	185	8.1	22	7.4	5	6.4	5	8.3	47	17.2
Unknown	58	2.1	36	2.8	2	0.7	12	15.8	23	38.3	27	6.9

4. I feel in control of my life.

Frequently	334	14.2	584	39.8	98	31.1	29	38.2	18	38.8	99	25.4
Sometimes	892	38.8	559	43.3	128	44.3	23	30.3	12	28.8	151	38.7
Rarely	487	29.3	138	10.7	51	17.4	18	13.2	5	8.3	84	22.1
Never	384	16.4	54	4.2	14	5.5	2	2.4	2	3.3	29	7.4
Unknown	49	2.1	37	2.9	4	1.4	12	15.8	23	38.3	25	6.4

* All percentages are based on the number of respondents. Percentages may not equal 100% due to rounding.

6/26/85

04/26/85

PAGE 2

ICADV Empowerment Questionnaire for STATE FOR 07/01/84 - 03/31/85

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

5. I feel able to deal with my personal problems.

Frequently	439	18.7	588	39.3	98	33.9	38	39.5	17	28.3	115	29.3
Sometimes	1,233	52.5	617	47.8	158	51.9	23	30.3	14	23.3	177	45.4
Rarely	464	19.8	92	7.1	29	18.8	8	18.5	4	6.7	39	18.8
Never	148	6.3	29	2.2	9	3.1	1	1.3	1	1.7	23	5.9
Unknown	64	2.7	46	3.6	3	1.8	14	18.4	24	48.8	36	9.2

6. I feel helpless about the abuse/violence directed at me.

Frequently	1,288	51.1	299	23.1	63	21.8	11	14.5	8	13.3	159	48.8
Sometimes	755	32.2	476	36.8	93	32.2	16	21.1	18	16.7	115	29.5
Rarely	175	7.5	261	28.2	64	22.1	13	17.1	5	8.3	51	13.1
Never	141	6.8	282	15.6	59	26.4	18	23.7	11	18.3	36	9.2
Unknown	77	3.3	54	4.2	18	3.5	18	23.7	26	43.3	29	7.4

7. I feel guilty and ashamed about the abuse directed at me.

Frequently	917	39.1	281	21.7	61	21.1	8	18.5	6	18.8	123	31.5
Sometimes	783	29.9	382	29.6	81	28.8	17	22.4	11	18.3	185	26.9
Rarely	257	18.9	234	18.1	68	16.6	14	18.4	4	6.7	46	11.8
Never	384	16.4	348	26.9	89	38.8	28	26.3	12	28.8	84	21.5
Unknown	87	3.7	47	3.6	18	3.5	17	22.4	27	45.8	32	8.2

Question 83: How often do/world you take the following immediate actions when abuse is directed at you?

1. Call relatives or friends for assistance.

Frequently	771	32.8	391	38.3	63	21.8	13	17.1	12	28.8	184	26.7
Sometimes	657	28.8	435	35.2	85	29.4	13	17.1	9	15.8	118	38.3
Rarely	439	18.7	218	16.3	65	22.5	14	18.4	3	5.8	74	19.8
Never	398	17.8	184	14.2	68	13.8	8	18.5	2	3.3	62	15.9
Unknown	83	3.5	52	4.8	36	12.5	28	36.8	34	56.7	32	8.2

2. Call the police for help.

Frequently	281	12.8	197	15.2	41	14.2	4	5.3	5	8.3	55	14.1
Sometimes	590	25.1	342	26.5	58	28.1	12	15.8	7	11.7	98	25.1
Rarely	633	27.8	354	27.4	81	28.8	14	18.4	9	15.8	188	25.6
Never	744	31.7	324	25.1	72	24.9	4	5.3	5	8.3	181	25.9
Unknown	188	8.3	75	5.8	37	12.8	4	5.3	5	8.3	36	9.2

04/26/85

PAGE 3

EMPLOYMENT STATISTICAL REPORT FOR STATE FOR 07/01/84 - 03/31/85

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

3. Leave the site where abuse is happening.

Frequently	717	30.5	478	34.4	74	26.3	12	15.8	13	21.7	123	31.5
Sometimes	788	33.6	449	34.3	98	33.9	18	23.7	7	11.7	136	34.9
Rarely	414	17.7	193	14.9	42	14.5	11	14.5	5	8.3	52	13.3
Never	313	13.3	88	6.8	33	11.4	2	2.6	1	1.7	45	11.5
Unknown	114	4.9	72	5.6	48	13.8	33	43.4	34	56.7	34	8.7

4. Call your local domestic violence program for help.

Frequently	128	5.5	285	15.9	38	13.1	5	6.6	6	10.8	42	10.8
Sometimes	448	18.7	327	25.3	94	32.5	14	18.4	18	16.7	89	22.8
Rarely	575	24.5	344	26.6	85	29.4	19	25.8	7	11.7	181	25.9
Never	974	41.6	287	22.2	29	10.8	8	10.5	3	5.8	182	26.2
Unknown	229	9.8	129	10.8	43	14.9	38	39.5	34	56.7	56	14.4

5. Other responses.

Frequently	74	3.2	31	2.4	11	3.8	0	0.0	0	0.0	14	3.6
Sometimes	54	2.3	34	2.6	9	3.1	1	1.3	2	3.3	8	2.1
Rarely	37	1.6	39	3.0	4	1.4	0	0.0	0	0.0	4	1.0
Never	85	3.6	29	2.2	3	1.8	3	3.9	8	8.8	18	2.6
Unknown	2,898	89.4	1,159	89.7	262	98.7	72	94.7	58	96.7	254	98.8

Question 84: How often do/would you do the following in order to prevent the abuse from happening again?

1. Ask friends or relatives for help.

Frequently	488	29.8	391	30.3	58	29.1	14	18.4	9	15.8	185	26.9
Sometimes	778	33.1	446	34.5	185	34.3	17	22.4	15	25.8	121	31.8
Rarely	437	18.6	231	17.9	53	18.3	13	17.1	4	6.7	88	29.5
Never	363	15.5	163	12.6	48	16.4	7	9.2	1	1.7	54	13.8
Unknown	98	3.8	41	4.7	25	8.7	25	32.9	31	51.7	38	7.7

2. Discuss the problem with a religious representative.

Frequently	255	18.9	155	12.8	29	18.8	6	7.9	4	6.7	44	11.3
Sometimes	388	16.2	268	20.7	31	17.6	14	18.4	7	11.7	48	17.4
Rarely	354	15.1	288	16.1	53	18.3	7	9.2	9	15.8	45	16.7
Never	1,247	53.1	577	44.7	128	44.3	24	31.6	8	13.3	188	46.2
Unknown	112	4.8	84	6.5	28	9.7	25	32.9	32	53.3	33	8.5

06/26/85
 DEPARTMENT STATISTICAL REPORT FOR STATE FOR 07/01/84 - 03/31/85

PAGE 4

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
3. Obtain counseling for yourself.												
Frequently	331	14.1	298	23.1	78	27.8	18	13.2	9	15.8	47	17.2
Sometimes	381	21.3	373	28.9	181	34.9	18	13.2	9	15.8	183	26.4
Rarely	384	16.4	223	17.3	54	18.7	18	13.2	9	15.8	55	14.1
Never	1,884	42.8	317	24.5	33	11.4	18	13.2	9	15.8	131	33.4
Unknown	124	5.3	81	6.3	23	8.8	18	13.2	9	15.8	34	8.7
4. Participate in joint counseling with the abusive person.												
Frequently	182	4.3	114	8.8	18	3.5	3	3.9	1	1.7	28	7.2
Sometimes	231	9.8	172	13.3	37	12.8	8	18.5	4	6.7	47	12.1
Rarely	388	12.8	145	12.8	59	28.4	8	18.5	4	6.7	43	11.8
Never	1,548	45.9	713	55.2	152	52.6	31	48.8	18	38.8	227	58.2
Unknown	147	7.1	128	9.9	31	18.7	26	34.2	33	55.8	45	11.5
5. Seek legal action against the abusive person.												
Frequently	148	6.8	183	14.2	41	14.2	7	9.2	9	15.8	46	11.8
Sometimes	422	18.8	298	23.1	69	23.9	7	9.2	7	11.7	84	21.5
Rarely	422	18.8	237	18.3	68	28.8	13	17.1	6	18.8	68	15.4
Never	1,143	49.5	473	36.6	82	28.4	21	27.6	8	13.3	158	48.5
Unknown	181	7.7	181	7.8	37	12.8	28	36.8	38	58.8	42	18.8
6. Seek help from your local domestic violence program.												
Frequently	143	6.1	213	16.5	55	19.8	7	9.2	8	13.3	48	12.3
Sometimes	378	15.8	354	27.4	183	35.6	14	18.4	15	25.8	98	25.1
Rarely	513	21.8	297	23.8	73	25.3	17	22.4	5	8.3	72	18.5
Never	1,885	46.2	382	23.4	27	9.3	18	13.2	2	3.3	122	31.3
Unknown	237	18.1	126	9.8	31	18.7	28	36.8	38	58.8	58	12.8
7. Separate from abuser for more than a week.												
Frequently	389	17.8	357	27.6	84	29.1	18	13.2	13	21.7	94	24.1
Sometimes	541	23.8	345	28.3	69	23.9	16	21.1	7	11.7	184	26.7
Rarely	389	16.6	288	16.1	39	13.5	11	14.5	5	8.3	47	12.1
Never	778	32.8	289	16.2	46	15.9	7	9.2	3	5.8	88	22.6
Unknown	249	18.6	153	11.8	51	17.6	32	42.1	32	53.3	57	14.6
8. Other responses.												
Frequently	47	2.9	43	3.3	12	4.2	1	1.3	1	1.7	13	3.3
Sometimes	54	2.3	35	4.3	8	2.8	8	8.8	8	8.8	13	3.3
Rarely	52	2.2	34	2.6	5	1.7	1	1.3	1	1.7	7	1.8
Never	87	3.7	35	2.7	3	1.8	1	1.3	1	1.7	8	2.1
Unknown	2,888	88.9	1,125	87.1	261	98.3	73	96.1	58	96.7	349	89.5

06/26/85

PAGE 5

EMPOWERMENT STATISTICAL REPORT FOR STATE FOR 07/01/84 - 03/31/85

Responses by Service Interval	Preservice		Departure		After 3 Mos		Termination		Follow-Up		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

Question 85: Have you experienced abuse since you began receiving services from your local domestic violence program?

No	N.A.	N.A.	142	52.2	53	79.6	27	58.8	N.A.
Yes	N.A.	N.A.	130	47.8	19	26.4	20	49.1	N.A.

If yes, does the abuse occur:

As frequently?	N.A.	N.A.	24	18.4	2	10.5	5	17.8	N.A.
Less frequently?	N.A.	N.A.	81	62.3	17	89.4	20	71.4	N.A.
More frequently?	N.A.	N.A.	18	13.8	8	8.8	3	10.7	N.A.
Frequency not noted	N.A.	N.A.	7	5.4	8	8.8	8	8.8	N.A.

Question 86: Is there a change in your living arrangement with abuser?

No	N.A.	N.A.	95	34.6	24	33.8	16	28.8	N.A.
Yes	N.A.	N.A.	179	65.3	47	66.2	41	71.9	N.A.

If yes:

No longer living with abuser.	N.A.	N.A.	148	82.7	37	78.7	37	99.2	N.A.
Now living with abuser.	N.A.	N.A.	28	15.4	10	21.2	3	7.3	N.A.
Arrangement not noted	N.A.	N.A.	3	1.6	8	8.8	1	2.4	N.A.

The Women's Center

Summary of Domestic Violence Program

I. Philosophy

- A. Women who are victims of domestic violence face unique problems as a result of their abuse that can best be addressed in a specialized and comprehensive program. Children from violent homes bear both physical and emotional scars. The Domestic Violence Program at The Women's Center involves interventions that are designed to end the abuse and to help women re-build non-violent lifestyles. Components of this program are: Crisis Intervention, Emergency Shelter Services, Counseling Support Services, and Community Education.
- B. The staff and volunteers believe that victims of domestic violence often have become trapped in a cycle of violence. This cycle creates both economic and emotional dependency on partners who abuse. Victims of domestic violence frequently feel responsible for and embarrassed by their victimization. Throughout the helping process, we help women and their children understand that they are not alone and that they are not to blame. We encourage women to fully explore the role that violence has played in their lives and in the lives of their children.
- C. Our philosophy is that battered women can end the abuse in their lives with adequate help, support, and resources. We encourage women to set their own goals and to be assertive in voicing what they need from us to help their goals become reality. We believe that women are their own best experts. This philosophy helps women believe in themselves enough to end further victimization.
- D. The Women's Center program is based on the knowledge that all members in a violent family are effected by the crime. We help women refer abusive partners to RAVEN for help to end the violent behavior. We provide comprehensive children's programming to help end the continuation of domestic violence in the next generation. The Women's Center helps women re-build lives that have been shattered by family violence. We help victims become survivors.

II. Domestic Violence Program Components

A. Crisis Intervention

A 24-hour crisis hotline is maintained to provide crisis intervention to victims of domestic violence. The hotline is staffed at all times by staff persons or trained volunteers. Women calling the hotline are provided various forms of assistance depending on their needs and including: information and referral, crisis counseling, and admission to the emergency shelter service. Each call to the hotline is recorded by the responding staff person or volunteer. Every women calling The Women's Center is assured of complete confidentiality.

B. Emergency Shelter Services

Many women need services beyond the hotline. Emergency shelter is available for up to 30 days for women who are victims of domestic violence and their children. The emergency shelter provides a safe and supportive environment for women and children to get the help that they need in order to end abuse. Emergency shelter is available 24-hours a day, every day of the year. The emergency shelter is supervised at all times by staff persons or trained volunteers. In addition, there is always a counselor "on-call" to help respond to crisis situations and to help make admission decisions. Every woman seeking shelter services through The Women's Center is assured of complete confidentiality.

C. Support Services

1. In addition to the safety of the shelter, victims of domestic violence need intensive counseling support in order to end the abuse. During a woman's stay at the shelter, formal individual counseling sessions are available to her at least twice a week. The Women's Center also provides several on-going group counseling sessions to victims of domestic violence each week. These are listed below along with group activities designed to strengthen women's self-esteem.

Monday-Friday	9:00- 9:30am	Goal Group
Monday	9:30-10:30am	Support Group
Tuesday	9:30-10:30am	Chemicals & The Family
Wednesday	9:30-10:30am	Parenting
Thursday	9:30-10:30am	Women & Wellness
Mon, Weds, Fri	3:30- 4:30pm	Exercise
Monday-Friday	4:30- 5:00pm	Results Group

2. Support services are also available to the children of women receiving shelter services. The Children's Program involves group activities, play therapy, counseling, and tutoring. These components help children express their feelings about the family violence they have experienced. The program is designed to help children understand that they are not alone in their experiences and they are not to blame for the violence. The Children's Program serves children of all ages from 9:00-10:30am and from 3:30-5:00pm. Additionally, children three years of age and older have specialized services from 10:30am-noon and from 2:30-3:30pm each weekday.

D. Community Education

Presentations and training sessions are available to community groups who serve victims of domestic violence. Specialized training has been developed in the past for nurses, doctors, law enforcement officers, attorneys, counselors, and clergy. Interested groups who contact the Center are referred to the Domestic Violence Counselor or the Director for further information.

III. Admitting Procedures

- A. Victims of domestic violence seeking shelter are given as much information about the program as possible during their initial calls to the hotline. When battered women decide to leave the abusive home situation and come to the shelter, they are given directions and asked about the availability of transportation. Often law enforcement officers who have responded to the domestic disturbance will assist with transportation to the shelter if there are no other options.
- B. At the time of admission, The Women's Center staff will offer support to the victim as they orient her to our program and help her get settled. Throughout the admission process, staff persons will help the woman and her children understand that they are safe here and that they have taken the first step toward violence-free lives.
- C. Staff will open a client file for the new family with the following forms:
 - 1) Intake Forms
 - 2) Client Confidentiality Form
 - 3) Medical Screening Form
 An opening entry is recorded in the progress notes section of the file including relevant information about recent violence and resulting problems. Thereafter, a brief entry will be recorded in the progress notes section at least once a day. The information from the forms and the progress notes are used to provide coordinated and comprehensive services to battered women and their children.
- D. In cases where victims of domestic violence call the hotline seeking shelter and the beds in the Center are already full, we will try to help the caller find other shelter services by working with agencies in our referral network.

IV. Goal Plans

- A. During the first two day of shelter services, the counselor assists the woman in developing a written goal plan. Goal plans generally reflect a woman's work toward understanding the cycle of violence, learning about her legal options, helping her children recover emotionally from the violence, and resolving practical problems in living which have resulted from her victimization. The goal plan guides both the woman receiving services and Center staff as we work together to help her achieve her goals.
- B. Each day the progress that a woman makes in achieving her goals is recorded in her file. Women also share their daily progress with one another in Results Group. The focus on goal accomplishment helps women feel successful as individuals and helps and the low self-esteem that has kept them trapped in the past.

V. Counseling

- A. The counseling component of The Women's Center program is highly individualized in order to meet the particular needs of each client and her family. Formal individual counseling sessions are held at least twice each week. Although the professional staff have training in a wide range of modalities, for the most part the Task-Centered Approach is used. This approach involves a set of procedures for alleviating specific target problems as they are perceived by the client. A problem-solving process is established between the client and the counselor in order to alleviate the specific target problems. Goals and tasks are set which are specific and tangible. Then the client and the counselor work together to obtain the resources necessary to achieve her goals. The step-by-step focus of the Task-Centered Approach is especially helpful for victims of domestic violence since it makes the overwhelming job of beginning a new life seem manageable. Further, the approach does not apply a psychological label on victims of domestic violence but rather helps them experience themselves as people who can end their own victimization.
- B. Specific components of individual counseling offered by The Women's Center for victims of domestic violence includes:
1. exploration of the woman's experience with domestic violence including childhood victimization if applicable
 2. the provision of necessary educational information concerning the cycle of violence, legal remedies, and community resources for victims and perpetrators
 3. the assurance that no one deserves to be beaten and that building a violence-free life is possible
 4. gentle confrontation, as necessary, regarding victims' unrealistic expectations that reconciliations without help for the perpetrator will work.
 5. support for the victim as she talks about the victimization she has survived and as she grieves
 6. support and advocacy for the victim as she resolves legal issues, housing dilemmas, economic uncertainty, and medical problems
 7. training and practice opportunities in building self-esteem, decision-making, and expressing anger in healthy ways
 8. stress management and assertion training
 9. planning for the use of leisure time in ways that will not lead to loneliness
- C. Counseling Groups and Community Activities are offered each weekday on various topics to help women learn new skills and end the violence. Printed materials and work sheets are provided for each group experience.

VI. Children's Program

- A. The Children's Program at The Women's Center is designed to provide structured services to children from violent family systems. The program was developed with the knowledge that common problems of these children include: low self-esteem; the inability to make choices due to fear; the inability to express feelings; and the tendency to resolve all conflicts through violence.
- B. The goals of the Children's Program are:
- 1) to raise self-esteem
 - 2) to learn to identify, name, accept, and express feelings
 - 3) to develop decision-making skills and
 - 4) to practice non-violent ways of resolving conflicts.
- The program makes it possible for children to receive help at the same time that their mothers are recovering from their victimization.
- C. Structure, consistency in routine, and the setting of limits provide a secure base for the children and simultaneously provide parental modeling for the women. Group activities, play therapy, counseling, and tutoring help children resolve feelings about family violence. A list of some activities used by the Children's Counselor is included here according to the problem area addressed.

VII. Referral Procedures

- A. During each family's stay at the shelter, referrals are made to organizations and agencies in the area where she will reside in order to assure comprehensive and continuous services. Complete referral resources are maintained at The Women's Center through the referral roldex and several referral directories. Referral resources may include services in the following areas: health care, psychological services, self-esteem groups, financial assistance, vocational training, legal services, compensation programs, housing programs, and child care.
- B. There are many instances when women need to reveal specific information about help they are receiving from the Center in order to receive services from other agencies. Because of our strict confidentiality procedures, the counselor must get a signed release of information form from the woman in order to facilitate the referral process.
- C. When making a referral, the counselor generally initiates action with the agency she is referring to, provides necessary information on the victim's needs, and establishes the way in which the two agencies will work together on the woman's behalf.

- D. The Women's Center will assist victims of domestic violence in applying for Victims Compensation through the Missouri Division of Workmen's Compensation. To be eligible for compensation for medical expenses and lost wages due to injuries sustained as a result of the crime, battered women must have chosen to separate from the person who was abusive and to prosecute that person. Claims for Victims Compensation are determined on an individual basis by the Division of Workmen's Compensation. We will provide information about the Victims Compensation program to battered women who are eligible. When a woman chooses to apply for compensation, the counselor will facilitate the process by contacting Ms. Connie Souden at the Division of Workmen's Compensation (751-4231).

VIII. Miscellaneous Procedures

- A. Confidentiality - No information regarding women or children receiving services through The Women's Center is released to anyone outside of the agency without the written authorization of the woman herself. If calls come in for women, the response will be that The Women's Center does not release information about women who have been served, are being served, or will be served. In cases where the person on duty believes that a caller really needs to reach the client, the counselor "on-call" will be notified and will obtain a release of information as necessary.
- B. Emergency Procedures - Emergency fire routes and tornado procedures are posted in each room of the shelter. Fire drills are held on a monthly basis without notification of the staff or the clients.
- C. Substance Use - The use of alcohol and unprescribed drugs is not allowed at The Women's Center. There are many instances in which victims of domestic violence are also chemically dependent. Because of our dual programming, The Women's Center is uniquely capable of assessing a chemical dependency problem and helping women make arrangements for treatment. We will continue to help women who are victims of domestic violence during treatment and will encourage them to return to our program when they complete treatment.
- D. Transportation - Transportation is primarily the responsibility of women themselves. The Women's Center can offer bus fare to help women get to job interviews, jobs, social service agencies, etc. The counselor often provides transportation and accompanies women to court. In the event of a medical emergency, an emergency vehicle is called for transportation to the hospital. Current bus routes and schedules are posted in the Group Counseling Room to assist women with transportation needs.

- E. Medication - To protect the children, all medications brought to The Women's Center by women are locked in a medicine box. The medicine box is kept in a locked file cabinet. The staff person on duty keeps the keys for the file cabinet and the medicine box in her possession at all times. If women inadvertently leave medication at the Center when they discharge, it will be destroyed if not reclaimed within 30 days of their departure.
- F. Clients Ineligible for Readmission - It is the general philosophy of the Center that women be allowed to return for services at a future point in time after an initial discharge when circumstances warrant readmission. The Women's Center reserves the right not to re-admit a woman if any of the following circumstances apply:
- 1) the woman created a situation which jeopardized the safety and security of the residents and the staff of the Center
 - 2) the woman needed constant staff supervision in order to care for herself and her children.
 - 3) the woman displayed blatant disregard for the program and/or policies of the Center.
- Other services offered by The Women's Center are still available to women ineligible for readmission. These include crisis intervention, support services, and information/referral.

IX. Staffing of the Shelter

- A. The Center has paid staff members or trained volunteers on the premises at all times.
- B. The Director or the Counselor is "on-call" for other staff members and volunteers at all times. Staff and volunteers are encouraged to notify the "on-call" person with questions as they arise.
- C. Weekly staff meetings are mandatory for paid staff and open to volunteers who wish to attend. Staff meetings are held to discuss case management issues, to provide on-going training to staff, and to enhance staff/volunteer relations. The overall goal is to continually monitor the quality of services to victims of domestic violence.
- D. Staffing patterns are as follows:
- | | | |
|-----------------|-----------|----------------------|
| Monday-Friday | 9am- 5pm | Director, Counselors |
| Monday-Friday | 5pm-10pm | Trained Volunteers |
| Monday-Friday | 10pm- 9am | Resident Manager |
| Saturday | 9am- 5pm | Trained Volunteers |
| Saturday-Monday | 5pm- 9am | Resident Manager |
- Any changes in the above schedule are arranged at least 24-hours in advance in order to assure continuous staffing of The Women's Center.

X. Volunteer Program

- A. Volunteer recruitment and training is an essential part of The Women's Center program. Volunteers are recruited from throughout the Center's service area through special printed flyers and public speaking engagements. Interested individuals are screened thoroughly and then trained by the Counselor and the Director.
- B. Volunteer training meets the requirements of the Missouri Coalition Against Domestic Violence as proposed in their Program Standards. Initial volunteer training includes information on Policies and Procedures, Domestic Violence, Legal Remedies, Psychological Reactions of Victims of Violence, Sexual Assault, Communication Skills, and the Community Referral Network. Monthly in-service training sessions are held to provide continuing education on helping victims of domestic violence.
- C. The Director and the Counselor supervise the volunteers and assign tasks which are compatible with their desires, abilities, skills, and training. No volunteers are asked to perform duties beyond their qualifications.

XI. Discharge and Follow-up Services

- A. The Domestic Violence Program at The Women's Center is structured as a 30-day program in order to allow adequate time to provide families the help, support, and resources necessary to end victimization and to rebuild their lives. Occasionally a family's length of stay in the program may be extended beyond 30-day in cases where contingencies exist that warrant such a decision.
- B. Throughout each family's stay at the shelter, the focus has been on building a lifestyle without violence for the future. These plans are consolidated during discharge planning and always include arrangements for Safety Planning, Safe Housing, and Support Services as necessary.
- C. At the time of discharge, the Counselor makes an entry in the progress notes indicating a family's plans for the immediate future, emotional status, and needs for additional services as applicable. A discharge summary form is completed and placed in the client file. Each woman is encouraged to complete an exit evaluation form to help us continually improve our domestic violence program.
- D. Follow-up services are offered to every woman who has received shelter services in order to assess the family's well-being and to determine if further Support Services are needed. Follow-up is done at 30, 90, and 180 days following discharge with the woman's permission. The follow-up contacts are made either by phone or by mail depending on the woman's preference at the time of discharge.

THE WOMEN'S CENTER - ACTIVITIES SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00 - 7:30	Wake up/ Prepare for Day	Wake up/ Prepare for Day	Wake up/ Prepare for Day	Wake up/ Prepare for Day	Wake up/ Prepare for Day	Wake up/ Prepare for Day	Wake up/ Prepare for Day
7:30 - 8:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
8:00 - 8:30							
8:30 - 9:00	Breakfast Clean up Prepare for Groups	Breakfast Clean up Prepare for Groups	Breakfast Clean up Prepare for Groups	Breakfast Clean up Prepare for Groups	Breakfast Clean up Prepare for Groups	Breakfast	Breakfast
9:00 - 9:30	Goal Group	Goal Group	Goal Group	Goal Group	Goal Group		
9:30 - 10:00	Support Group	Chemical Education Family Issues	Parenting Skill Building	Women and Wellness	Chemical Education Individual Issues	Goal Work	Church or Spirituality Group
10:00 - 10:30							
10:30 - 11:00	Goal Work or Individual Session	Goal Work or Individual Session	Goal Work or Individual Session	Goal Work or Individual Session	Goal Work or Individual Session	House Project	Free Time or Pre-arranged Visiting
11:00 - 11:30							
11:30 - 12:00							
12:00 - 12:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 - 1:00							
1:00 - 1:30	Quiet/ Meditation Time	Quiet/ Meditation Time	Quiet/ Meditation Time	Quiet/ Meditation Time	Quiet/ Meditation Time	Quiet/ Meditation Time	Quiet/ Meditation Time
1:30 - 2:00							
2:00 - 2:30	Goal Work or Individual Session	Goal Work or Individual Session	Goal Work or Individual Session	Goal Work	Goal Work or Individual Session	Goal Work or Pre-arranged Visiting	Free Time or Pre-arranged Visiting
2:30 - 3:00							
3:00 - 3:30				Relapse Prevention Group			
3:30 - 4:00	Results Group	Results Group	Results Group		Results Group	Results Group	Recreation Group
4:00 - 4:30	Exercise Group	Community Meeting	Exercise Group	Community Meeting	Art Therapy Group		
4:30 - 5:00							
5:00 - 5:30	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30 - 6:00							
6:00 - 6:30	Dinner Clean up	Dinner Clean up	Dinner Clean up	Dinner Clean up	Dinner Clean up	Dinner Clean up	Dinner Clean up
6:30 - 7:00	Positive Parenting Free Time	Positive Parenting Free Time	Positive Parenting Free Time	Positive Parenting Free Time	Positive Parenting Free Time	Positive Parenting Free Time	Pos. Parenting Free Time
7:00 - 7:30	Support Group	Support Group	Out of Women's Center Self Help Groups				
7:30 - 8:00							
8:00 - 8:30							

Appendix G
Authorization for Disclosure
of Confidential Information

I, _____
of _____
do hereby authorize _____
to disclose the information contained in _____
to _____

Appendix G

Authorization for Disclosure
of Confidential Information

This consent to disclosure may be revoked by me at any time except to the extent that action has already been taken in reliance on it.

This consent is given expressly against payment of any fee.

Specify date, event, or condition upon which it will expire.

No rights concerning confidentiality have been explained to me. I understand them and agree to release the above specified information to the organization or individual named above.

Signature of subject _____ Date _____

Signature of sponsor _____ Date _____

Authorization for Disclosure
of Confidential Information

General Consent Form

I, _____
name of resident/client

authorize _____ THE WOMEN'S CENTER
name of program to disclose information

to disclose to _____ JANETTE BIZZELL/LINDENWOOD COLLEGE
name of organization or individual(s) to which

_____ disclosure is to be made

The following identifying information from my records (specify how much and what kind of information is to be disclosed):

_____ ONLY RESULTS OF COMPLETED SURVEYS AND RELEVANT DEMOGRAPHIC DATA _____

The purpose or need for such disclosure is _____
_____ TO STUDY THE FEELINGS AND COPING STRATEGIES _____
_____ OF WOMEN WHO HAVE BEEN BATTERED. _____

This consent to disclose may be revoked by me at any time except to the extent that action has already been taken in reliance on it.

This consent (unless expressly revoked earlier) expires upon _____
(specify date, event, or condition upon which it will expire)

My rights concerning confidentiality have been explained to me. I understand them and agree to release the above specified information to the organization or individual(s) named above.

Signature of client _____ Date _____

Signature of worker _____ Date _____

VITA-ACTORIS

Author: Janette Bizzell

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1986-1990: M.A., Counseling Psychology

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Charles, MO
Active since 1980 as either
volunteer, practicum student,
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5/86 - 12/86: Life Crisis Service,
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hotline)

10/87 - Present: Christian
Psychological and Family Services, St.
Louis, MO Counselor-in-training
(individual, marital and
family counseling)