

Through the Eyes of Survivors:
An Exploration of the San Diego Family Justice Center

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CHAPTER I

Introduction

Intimate partner violence is an important social phenomenon that shapes and is shaped by our society. Over 4 million physical and sexual assaults are committed by males against their female intimate partners each year (Tjaden & Thoennes, 2000). It is estimated that somewhere in the realm of a quarter of the women in the United States will directly experience intimate partner violence, and even more women's lives will be affected indirectly (C. M. Sullivan & Bybee, 1999; Tjaden & Thoennes, 2000). Intimate partner violence affects its survivors in many ways. As awareness of intimate partner violence and its consequences increases, services for survivors are expanding and relevant laws are being reformed (Riger et al., 2002).

A new way of approaching services for survivors of intimate partner violence is emerging in the model of a "one-stop-shop" for domestic violence services. President George W. Bush described the need for "one-stop-shops" in the United States, by saying:

Imagine what it would be like if you were an abused person trying to find help, and you went from one place to another. With laws and police and all the rules and regulations of a free society, it must be confusing and disheartening. The victim has been so traumatized, and then she has to tell her story over and over again, which repeats the trauma. There's a better way to help people who need help in our society (Bush, 2003, p. 1342-1343).

President Bush went on to describe the success of the San Diego Family Justice Center (FJC), and how it inspired him to create the President's Family Justice Center Initiative (PFJCI). Family Justice Centers are now being formed around the country through the PFJCI using the "one-stop-shop" model offering coordinated services for survivors of intimate partner violence (SDFJC, n.d.). The FJC model has been described as a unique program that is unmatched in its ability to make a survivor's search for help easier by providing all of the services needed in one location (Department of Justice, 2005).

The San Diego FJC opened in 2002. This pioneer program was designed to bridge the gaps in services for survivors of intimate partner violence by housing several organizations in one building (SDFJC, n.d.). It was the first program in the United States to bring together such a comprehensive collection of services in the same place (SDFJC, n.d.). The San Diego FJC strives to make the entire process of seeking help easier for the survivors of intimate partner violence in the San Diego community.

This new model is a great improvement over what was previously available. In order to fully understand the benefits of such a model, it is helpful to consider how it developed. Historically, intimate partner violence was viewed by the criminal justice system as a private conflict within the family that should be handled outside of the courts (Berliner, 2003; Flemming, 2003; Riger et al., 2002). In the 1980s there was a shift in the criminal justice system toward considering domestic violence a serious crime, and there have been corresponding improvements made to the legal process over the past two decades (Berliner, 2003; Ford, 2003). The legal reforms of the 1980s grew out of the

battered women's movements of the 1970s (Riger et al., 2002). The 1970s also saw the beginning of advocacy and shelter services (Riger et al., 2002).

The use of advocates to support survivors continues to expand, and advocates are now available from immediately after an assault through all stages of the legal process (Bell & Goodman, 2001). Several challenges to effective service delivery arose with the improvements made to advocacy services for survivors. A survivor may have a different advocate at each stage of the legal process, and may have to tell her story repeatedly to each new person. Many advocacy programs do not have sufficient resources to provide comprehensive individualized assistance to each survivor in need (Bell & Goodman, 2001). This is unfortunate because survivors who are able to access advocacy are likely to benefit from the support the relationship provides. Miller (2003) asserts that a survivor can gain a sense of empowerment by forming a relationship with someone in the legal system, and that this relationship provides the survivor not only with needed information and a sense of control, but can also be used to protect the woman against future violence.

The extensive efforts toward service improvement at both the legal and community levels led to an abundance of available services. Many of these services, although much improved, are disconnected with each agency operating independently (Hart, 1995). Survivors often do not know what resources are available to them in the legal system or the community, and may fear that there will not be anyone to assist them with obtaining these resources (LaViolette & Barnett, 2000; Miller, 2003; Weisz, Tolman, & Bennett, 1998). The apprehension and ambivalence about not knowing what they will face can lead survivors to have a variety of different feelings and motivations related to leaving the perpetrator and involving the legal system.

The FJC model is a solution for all of the confusion and frustration related to disjointed services. In order for the FJCs to serve as advocates for survivors it is important to understand as much as possible about the experiences of the survivors themselves within these programs. Davis and Srinivasan (1995) argue that it is essential to speak directly with survivors of intimate partner violence in order to gain an understanding of their needs and experiences. The present study will examine the experiences of survivors of intimate partner violence within a "one-stop-shop" for domestic violence. Specifically, the purpose of this study will be to evaluate the San Diego FJC program from the perspective of staff and survivors of intimate partner violence. Semi-structured interviews will be used to qualitatively evaluate the experiences of survivors who have utilized the San Diego FJC program. Particular consideration will be given to whether and how survivors felt empowered by their experience, any relevant cultural factors, and how readiness for change affects service utilization.

The San Diego FJC has completed several focus groups and found that survivors who have been through the program found it helpful (G. Strack, personal communication, March 2005). This study aims to go beyond the scope of these focus groups by considering what makes the San Diego FJC program work and what challenges the program may face. The information gathered in this study will be of considerable use to the new FJC sites throughout the country that are in the process of organizing their programs.

Definition of Terms

Abuse. “Intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent serious bodily injury to himself or herself, or another” (“California Penal Code,” 2006).

Acculturation. “The adjustment process that takes place as an individual adapts to a new culture” (Kasturirangan, Krishnan, & Riger, 2004, p.323).

Advocacy. Helping survivors formulate safety plans; educating survivors about how to obtain needed resources from the community and the legal system; explaining, helping survivors prepare for, and escorting them through different stages of the legal process; and giving survivors emotional support in addition to whatever previously mentioned assistance is being provided (Bell & Goodman, 2001).

Battering. “A pattern of behaviors, only some of which may be criminal, but all of which are designed to intimidate and control the victim” (Frederick, 2000, <http://www.bwjp.org/documents/frederickshistory.htm>). Battering may be comprised of physical, sexual and psychological abuse, as well as destruction of property or pets for the purposes of creating “fear, oppression, and control” (LaViolette & Barnett, 2000, p.9).

Cohabitant. “Two [biologically] unrelated adult persons living together for a substantial period of time, resulting in some permanency of relationship. Factors that may determine whether persons are cohabiting include, but are not limited to, (1) sexual relations between parties while sharing the same living quarters, (2) sharing of income or expenses, (3) joint use or ownership of property, (4) whether the parties hold themselves out as husband and wife, (5) the continuity of the relationship, and (6) the length of the relationship” (“California Penal Code,” 2006).

Consciousness Raising. A process of change used in the stages of change model to refer to a survivor “seeking new information and gaining a better understanding about the abuse” (Burke, Denison, Gielen, McDonell, & O'Campo, 2004, p.127).

Coordinated Community Response. Multiple community agencies or portions of the criminal and civil justice systems working collaboratively to provide services to survivors of intimate partner violence (Hart, 1995).

Culture. A set of traditions, values, social norms, and behaviors based on a common heritage that are passed from one generation to the next (Kasturirangan et al., 2004).

Decisional Balance. A construct used in the stages of change model to help explain how people change. It is “the process of weighing the importance of pros and cons regarding behavior change” (Burke et al., 2004, p.123).

Domestic Violence. “Abuse committed against an adult or minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship” (“California Penal Code,” 2006).

Empowerment. The process of returning to a survivor her ability to choose what course of action to take, giving her a voice, and returning her free will that was seized by her abuser. This is often accomplished through the survivor having a role in the legal process (McDermott & Garofalo, 2004).

Environmental Reevaluation. A process of change used in the stages of change model. It “involves assessing how the abusive behavior affects one’s environment” (Burke et al., 2004, p.127).

Evidence-Based Prosecution. Also known as no-drop prosecution, this term refers to a legal policy adopted in many states since the 1980s that directs prosecutors to not dismiss criminal domestic violence charges based exclusively upon the request of the survivor. This policy allows prosecutors to proceed with a criminal case without the participation of the survivor using other evidence to prove the case (Flemming, 2003).

Helping Relationships. A process of change in the stages of change model that refers to relationships that help survivors make a change, which may be relationships with friends, family, or institutions that come into contact with survivors (Burke et al., 2004).

Intimate Partner Violence. "Violence between heterosexual adults who are living together or who have previously lived together in a conjugal relationship" (Buzawa & Buzawa, 1996, p.9). For the purposes of the current study, violence between intimate partners who have never cohabitated will be included under this term. Intimate partner violence will also be used synonymously with battering in this paper. Although intimate partner violence occurs in relationships between same-sex partners, and is perpetrated by females against males, the present study focuses on male violence against female partners.

Mandatory Arrest. A legal policy regarding domestic violence adopted by many states since the 1980s that "require[s] police to detain a perpetrator when there is probable cause that an assault or battery has occurred or if a restraining order is violated, regardless of a victim's consent or protestations" (Mills, 1998, p. 307).

One-Stop-Shop. A program that provides multiple services in one location.

Perpetrator. For the purposes of this paper perpetrator refers to males who commit acts of intimate partner violence against their female partners.

Psychological Abuse. Includes acts such as "making threats, taking all the money, calling her [the victim] names, ridiculing" (LaViolette & Barnett, 2000, p.9).

Self-Efficacy. A construct used in the stages of change model to help explain how people change. It "refers to an individual's confidence in his or her ability to make the behavior change" (Burke et al., 2004, p.123).

Self-Liberation. A process of change in the stages of change model that refers to when a survivor decides to make a change and commits to doing so (Burke et al., 2004).

Self-Reevaluation. A process of change used in the stages of change model to refer to "one's emotional and cognitive reappraisal of ...one's relationship" (Burke et al., 2004, p.127).

Social Liberation. A process of change in the stages of change model that involves "one's increasing awareness, availability, and acceptance of an alternative, problem-free lifestyle" (Burke et al., 2004, p.128).

Stimulus Control. A process of change in the stages of change model that involves "controlling of situations and other causes that trigger the problem behavior" (Burke et al., 2004, p.129). Examples of stimulus control include when a survivor recognizes her partner's escalating behavior and acts in a way that helps avoid an abusive episode, or after she has left acts in a way that keeps the perpetrator out of her life.

Survivor. A term often used for a victim of crime. The term "survivor" will be used in this paper to refer to women who have experienced intimate partner violence. The term "survivor" is used to empower the woman who has survived an abusive relationship, rather than view her as a helpless victim.

CHAPTER II

Literature Review

Intimate partner violence is now seen as more than merely a problem within the family; it is seen as a problem within society at large. Between 2 and 4 million women in the United States experience intimate partner violence each year, and between 21% and 34% of women in this country will experience intimate partner violence at some point in their lives (C. M. Sullivan & Bybee, 1999; Tjaden & Thoennes, 2000). It is estimated that 4.8 million incidents of intimate partner violence occur each year (Tjaden & Thoennes, 2000). A third of the women murdered in the United States each year are killed by an intimate partner (National Coalition Against Domestic Violence [NCADV], n.d.a). Nearly a third of all women abused by an intimate partner will be abused again if they do not receive some sort of intervention (Buzawa & Buzawa, 1996).

The United States has made changes at all levels of government over the past quarter of a century that reflect the recognition that interpersonal violence is an important social problem (Bell & Goodman, 2001). These changes include reforms at the community and criminal justice system levels that have their roots in the feminist movement of the 1960s (Hart, 1995; Riger et al., 2002). Legal reforms have been guided by two primary goals: controlling violent offenders while holding them accountable, and keeping survivors safe (Flemming, 2003; Ford, 2003; McDermott & Garofalo, 2004). The reforms made to the legal process will inevitably have an impact on survivors of

intimate partner violence that is important to consider, whether that impact be positive, negative, or a combination of both.

This literature review will address (a) the impact of intimate partner violence on survivors, (b) theoretical and conceptual frameworks of intimate partner violence, (c) the role culture plays in intimate partner violence and how it influences help-seeking, (d) the historical context of community and legal reforms, (e) the legal reforms themselves and their implications for survivors, and (f) the development and improvement of services for survivors and the programs providing them. The current study will review the literature with consideration of what makes a domestic violence program work well. Additionally, it will shed light on how FJCs developed and on the many challenges that face these “one-stop-shops” in providing effective assistance to survivors.

Impact of Intimate Partner Violence on Survivors

Exploring the impact of intimate partner violence on its survivors promotes an understanding of the women who seek FJC services. Intimate partner violence occurs across all races and ethnicities (American Bar Association Commission on Domestic Violence, n.d.). Physical injury, emotional and psychological consequences, homelessness, victim blame, social isolation, insufficient resources, and difficulty leaving the relationship are among the many ways intimate partner violence affects its survivors (Flemming, 2003; Johnson & Ferraro, 2000; LaViolette & Barnett, 2000; Riger et al., 2002; C. M. Sullivan & Bybee, 1999; Walker, 1989).

The physical consequences of abuse can be both short and long term, and include physical injuries that are a direct result of the abuse; sexually transmitted diseases; complications with pregnancy; and heart, gastrointestinal, or central nervous system

difficulties (National Center for Injury Prevention and Control [NCIPC], n.d.; Plichta, 2004; Rice, n.d.; Tjaden & Thoennes, 2000). The National Institute of Justice and the Centers for Disease Control and Prevention sponsored a large scale survey of intimate partner violence in the United States known as the National Violence Against Women (NVAW) Survey (Tjaden & Thoennes, 2000). The NVAW consisted of interviews with 8,000 women and 8,000 men. According to this survey, approximately 40% of women who were physically abused by intimate partners received physical injuries as a result of their last assault (Tjaden & Thoennes, 2000). Intimate partner violence is the cause of nearly 1 million doctor visits a year and nearly half a million visits to the emergency room, and results in annual medical costs of approximately 4 billion dollars (Frasier, Slatt, Kowlowitz, & Glowa, 2001; NCADV, n.d.a; Plichta, 2004).

Sequelae of Intimate Partner Violence

Posttraumatic Stress Disorder (PTSD), low self-esteem, depression, anxiety, suicidal behavior, fears of intimacy, substance abuse, guilt and learned helplessness are among the possible psychological sequelae of intimate partner violence (Gorde, Helfrich, & Finlayson, 2004; Johnson & Ferraro, 2000; LaViolette & Barnett, 2000; NCIPC, n.d.; Walker, 1984, 1989). PTSD includes symptoms such as re-experiencing the traumatic event, avoiding things that are associated with it, and increased levels of arousal which are often experienced as hypervigilance to stimuli that resemble the trauma (American Psychiatric Association, 2000). Battered Woman's Syndrome (BWS) is a term coined by Lenore Walker based upon the results of a study of 400 survivors done at the Battered Women Research Center in Colorado (Walker, 1984). Walker explains that BWS is a

type of PTSD reaction specific to survivors of intimate partner violence and attempts to capture the multiple psychological consequences of intimate partner violence.

Depression is seen by many as the most common emotional consequence of being abused (LaViolette & Barnett, 2000; Rice, n.d.). Coker and her colleagues (2002) analyzed the NVAW Survey data and found a significant association between depression and intimate partner violence victimization. A quarter of Caucasian women and half of African American women who attempt suicide are experiencing intimate partner violence at the time of their attempt (Rice, n.d.). Warshaw & Barnes (2003, April) reviewed the research on mental health consequences of intimate partner violence in survivors accessing services, depression rates varied from 17% to 72% and PTSD rates varied from 33% to 88%. Zlotnick and colleagues (2006) studied the psychosocial functioning of a community sample of women, survivors who initially reported experiencing intimate partner violence were more likely to show symptoms of depression, lower self-esteem, and lower life satisfaction at the five-year follow-up than women who had not initially experienced intimate partner violence. These findings held true regardless of the severity of abuse the survivors reported or whether or not they had left the relationship.

Walker (1984; 1989), in her description of learned helplessness as it applies to survivors, explained that survivors of intimate partner violence are no longer able to see themselves as capable of escaping the situation. Additionally, women who have been abused tend to be more afraid than women who have not, and fear can be sufficient motivation to keep them from leaving an abusive situation (Coulter, Kuehnle, Byers, & Alfonso, 1999). The NVAW Survey found that women who were separated from their husbands were four times more likely than women living with their husbands to report

intimate partner violence (Tjaden & Thoennes, 2000). When a woman leaves an abusive relationship she is at great risk, because leaving is often the precipitant to retaliatory violence by the abuser (Keilitz, Hannaford, & Efke, 1997; Walker, 1989).

It is important to remember that despite any mental health or emotional difficulties that survivors encounter as a result of their abuse, they are survivors of the abuse who have developed skills that allow them to stay alive, such as learning to predict and respond when abuse is imminent (Walker, 1989). In a study of resilience with 50 ethnically diverse survivors who had accessed shelter services, resilience was found to be inversely related to levels of health problems and psychological distress (Humphreys, 2003). Participants who showed more resilience also reported better health and psychological functioning. The participants in Humphreys' study represent survivors who experienced severe abuse, and results may therefore not apply to survivors of intimate partner violence as a whole.

Lempert (1996) conducted a qualitative study with 32 survivors accessing support group services also looked at skills survivors developed as a result of their abuse, in this case survival strategies. Survivors in this study indicated that passive behavior and keeping the abuse private are active choices made by the survivors to avoid angering their abusers. Survivors reported that as the abuse became more severe new strategies such as reaching out for information were necessary. Generalizability of Lempert's study results may be limited by the sample's high education levels, with two-thirds having completed at least two years of college.

Theoretical and Conceptual Frameworks of Intimate Partner Violence

Two theories related to intimate partner violence will be considered: feminist

gender role theory, and family violence theory. This will be followed by a discussion of the emerging conceptual framework of stages of change, and its implications for service providers. Both the feminist gender role theory and the stages of change conceptual framework offer explanations about the dynamics involved in making the decision to leave an abusive relationship. Family violence theory tends to focus on reasons for abuse.

The feminist theoretical framework of intimate partner violence is at the root of many of the domestic violence community and legal reforms, and takes gender into account as a key component. Family violence theories focus on the family unit, independent of gender, in their exploration of intimate partner violence. Intimate partner violence often occurs in the context of the family, and as such family theories of violence are relevant. However, gender is an important factor to consider in gaining a theoretical understanding of intimate partner violence perpetrated by one gender against the other. This is particularly relevant for the current study, which explores male violence against female partners. For this reason, and because feminist theory provides a timeline for the societal changes that contributed to the evolution of domestic violence services and legal policies, the present study is written from a feminist gender role theoretical perspective.

Feminist Gender Role Theory

The feminist thinkers of the 1960s and 1970s began to consider the role gender might play in intimate partner violence (Walker, 1989). This led to a theoretical framework of intimate partner violence based on gender that fueled the battered women's movement's push for community and legal reforms (Riger et al., 2002), which in turn fueled the need for programs such as the FJC. Feminist thinkers believe that dynamics of power and control underlie violence between intimate partners. It appears that power and

control are deeply rooted in intimate partner violence, as demonstrated by the results of the NVAW Survey which indicate that emotionally abusive and controlling behaviors are the factor most strongly predictive of intimate partner abuse (Tjaden & Thoennes, 2000).

According to feminist theory, the root of this need for a perpetrator of intimate partner violence to have power and control over his partner lies in traditional gender roles (Walker, 1989). Traditional gender roles in many societies emphasize a power differential in relationships between men and women, with the man encouraged to be more dominant and the woman expected to be submissive (LaViolette & Barnett, 2000). Feminist theory conceptualizes intimate partner violence as an issue "of misuse of power by men who have been socialized into believing they have the right to control the women in their lives, even through violent means" (Walker, 1989, p.695). The dynamics of power and control often play out in a predictable pattern in violent relationships.

The cycle of violence. Walker is a feminist theorist and a pioneer in the field of intimate partner violence and how it affects survivors. She is well known for her description of the "cycle of violence" that can be seen in relationships involving intimate partner violence (Walker, 1984, 1989). Walker discusses three phases of the "cycle of violence": tension building, the acute battering incident, and loving contrition. Survivors are often able to tell when the tension is building in the relationship, and may do things to try to avoid the abuse. It is after the second phase, the acute battering incident, that the abuse is reinforced in the perpetrator because it relieves physical and psychological tension. This means that because the perpetrator felt better after assaulting his partner, he is more likely to choose that course of action again when conflict arises in the relationship in the future. The loving and kind behaviors the perpetrator displays in the

loving contrition phase give the survivor hope that her partner will stop being abusive, and has been referred to as "learned hopefulness" (LaViolette & Barnett, 2000, p.33).

The cycle of violence has a course, which may in part dictate when a survivor leaves the relationship. Walker (1989) explains that intimate partner violence "always gets worse although there may be plateaus and even temporary reversals during periods of legal or extralegal and psychological intervention" (p.697). A woman is more likely to leave an abusive relationship as the violence becomes more severe (C. M. Sullivan & Bybee, 1999; Walker, 1984). However, some women never leave or return after leaving.

Social isolation and ineffective community response. There are two primary intimate partner violence risk factors that have been identified in the literature: social isolation and ineffective response on the part of the community (C. M. Sullivan & Bybee, 1999). Both risk factors can be better understood by looking at them through the feminist theoretical perspective of male power and control. A batterer uses social isolation as a way to control his partner because it is easier to control a woman who has no one to whom she can turn. A community that is not responding effectively to survivors of intimate partner violence also contributes to the control a batterer has over his partner by reinforcing the idea that she has nowhere to turn for help, further isolating her.

The large majority of incidents of intimate partner violence take place during the evening, when potential community resources are not open (Buzawa & Buzawa, 1996). Police officers may be the first or only community contact the survivor is able to make (Buzawa & Buzawa, 1996). Police officers have the opportunity to inform the survivor about resources of which she is unaware (Buzawa & Buzawa, 1996). Whatever information a survivor is or is not given by the police, and the manner in which assistance

is offered, may therefore affect the course of action a survivor later chooses. If the encounter with the police proves unsatisfying, it is likely to contribute to her sense of isolation and make it difficult to see a way out of her situation, which could exacerbate her traumatic experience.

Unfortunately, as demonstrated in the above examples, the perpetrator of intimate partner violence is not always alone in creating a climate of power and control in the relationship. At times, even the institutions that are in place to help can inadvertently contribute to a batterer's power and control over his victim by not responding effectively. The FJC model combats the ineffective community response risk factor by making services more accessible. Connections made with staff and other survivors at the FJC may combat the social isolation risk factor.

Resources, social support and the decision to leave. A survivor's resources, social support and her belief in the possibility that she can successfully leave have been identified as factors related to a survivor's decision to leave an abusive relationship (LaViolette & Barnett, 2000; C. M. Sullivan & Bybee, 1999). In a study comparing 33 survivors of intimate partner violence to two control groups of women not involved in abusive relationships (29 in counseling and 33 not in counseling), survivors reported having less social support than either control group (Barnett, Martinez, & Keyson, 1996). In addition to social support, a survivor is likely to need concrete resources such as money and a place to stay to be able to successfully leave an abusive relationship. Thus, those survivors who do not have access to resources may have more difficulty leaving. Obtaining resources is so critical because the more resources a survivor has the more power and control over her life rest in her hands rather than her abuser's hands.

Unemployment and economic dependence on the abuser have been cited by survivors as reasons they either stay in or return to an abusive relationship (LaViolette & Barnett, 2000; C. M. Sullivan & Bybee, 1999). Women without job skills may view themselves as less able to leave the relationship than women who have skills and confidence in their abilities (LaViolette & Barnett, 2000). However, women who have more resources available to them also find it difficult to leave the relationship. This may occur because survivors are reacting at an emotional level to the violence they are experiencing, with physical safety on the forefront of their minds. If all of their emotional resources are being directed toward keeping themselves safe, it may leave them with less ability to apply logical thinking and problem solving to their situation and/or re-direct energy to resources for escaping relationship (LaViolette & Barnett, 2000).

Survivor blame and the decision to leave. There has been a tendency for society to blame survivors of intimate partner violence for the brutality they have endured (Flemming, 2003; LaViolette & Barnett, 2000; Riger et al., 2002). For a woman to comply with the traditional feminine gender role in many societies, she must be linked to a male partner (LaViolette & Barnett, 2000). Societal reactions to survivors place them in a double bind, with a choice between two stigmatizing options. If they remain in the relationship they are seen as weak and blamed further for not escaping the violence, but if they leave they risk being seen as abandoning their family (LaViolette & Barnett, 2000). Blaming the survivor for being abused shifts the focus away from the perpetrator, and has the effect of scrutinizing a woman's behavior or traits rather than explaining why a man is behaving abusively (LaViolette & Barnett, 2000).

In addition to the blame placed by society on survivors, there is blame within the relationship. Both perpetrators and survivors of intimate partner violence tend to hold the survivor responsible for the abuse (Holtzworth-Munroe & Hutchinson, 1993; Johnson & Ferraro, 2000). Holtzworth-Munroe and Hutchinson (1993) studied the attributions of violent husbands in comparison to two violence free control groups, husbands whose marriages were nondistressed and distressed. Findings indicated that violent husbands attributed more blame for their behavior to their wives than did the nondistressed husbands, but did not differ significantly from distressed husbands. With society and their partner blaming them for the violence they have endured it is no wonder that survivors often end up blaming themselves.

In a study by Barnett and her colleagues (1996), survivors of intimate partner violence endorsed significantly more self-blame attributions than did either of two non-abused control groups. Because part of being a woman is being able to form and maintain relationships, a survivor of intimate partner violence may believe that failing to make the relationship work is her fault rather than her partner's (LaViolette & Barnett, 2000). A woman who feels responsible for her situation may feel it is her duty to stay in the relationship and try to fix the problems.

Regardless of the circumstances, it is often difficult for a woman to make the decision to leave an abusive relationship, and many who leave return to their abusers at least once and often many times (Barnett et al., 1996; Brown, 1997). It is estimated that the average number of times women try to leave abusive relationships or attempt to seek help to do so before being successful are as high as seven or eight times (Frasier et al., 2001; C. M. Sullivan & Bybee, 1999). Survivors often find themselves feeling conflicted

about whether to leave, which may come across as ambivalence (LaViolette & Barnett, 2000). This is because the survivors are faced with two choices, each of which has potentially positive and negative aspects (LaViolette & Barnett, 2000). There are things that are good and bad about remaining in the relationship, and things that are good and bad about leaving it. A survivor's ambivalence is confusing not only to her, but may also be quite confusing to those in the community who are trying to help her.

Leaving as a process. It is the opinion of many in the field that it is beneficial to treat ending a violent relationship as a process that takes time (Burke et al., 2004; Johnson & Ferraro, 2000). Leaving the relationship is likely to be a process on two different levels. One level of the process is becoming confident in one's ability to leave successfully. The other level of the process is learning to handle one's emotional reactions to the loss of the relationship (LaViolette & Barnett, 2000). Once a survivor leaves, she has begun her journey of recovery, which involves dealing with the consequences of her abuse (Kirkwood, 1993).

This journey may be a difficult one for the survivor, as intimate partner violence is associated with increased risk of poverty, unemployment, and homelessness (LaViolette & Barnett, 2000). It is estimated that of the women in homeless shelters, between one-fifth and two-thirds are survivors of intimate partner violence (LaViolette & Barnett, 2000), and nearly half of all people who are homeless are female survivors of intimate partner violence (Gorde et al., 2004). Assistance from community organizations can help to combat these economic risks. Kirkwood (1993) conceptualizes the process of leaving an abusive relationship as extending past the actual termination of the

relationship through a time of healing. Healing can occur through the process of getting one's life back under one's own control, which may or may not include therapy.

Family Violence Theory and its Comparison to Feminist Theory

Family violence theory, which developed in parallel to feminist theory and considers the family system as passing violence from one generation to the next, has made important contributions to the literature (Johnson & Ferraro, 2000; Kirkwood, 1993). According to family violence theory, people “learn violence in childhood, have it reinforced by the family and cultural institutions, and have it provoked by stresses, such as poverty” (Burke, Gielen, McDonell, O'Campo, & Maman, 2001, p.1145). Research done using the family violence theoretical framework asserts that social position plays a role in intimate partner violence, such that families in low status positions are at a higher risk for intimate partner violence (Anderson, 1997; LaViolette & Barnett, 2000; Tjaden & Thoennes, 2000). Family violence researchers hypothesize that the stress associated with low status, or the social isolation that may accompany it, may be what increases the risk for intimate partner violence in these families (Anderson, 1997).

Johnson and Ferraro (2000) reviewed the family violence literature from the 1990s on intimate partner violence and, like the feminist theorists, drew the conclusion that one cannot fully understand the phenomenon of intimate partner violence without considering the context of the violence. Johnson and Ferraro's review noted that control, a key concept in feminist theory, was a prominent theme in the family violence literature. The family theorists discuss social isolation as it relates to the family unit, asserting that the current state of families being isolated from their communities contributes to intimate partner violence because it eliminates societal influences that would keep violent

impulses in check (Buzawa & Buzawa, 1996). Although some similar themes emerge from analysis of the feminist and family violence literature, there are important distinctions between the two theoretical frameworks.

Family violence theorists discuss intimate partner violence as related to family dynamics and family histories of violence, without much consideration of the role of gender (Kirkwood, 1993), except to assert that intimate partner violence is a gender symmetric phenomenon, meaning that women commit as much of it as men (Anderson, 1997; Johnson & Ferraro, 2000; McHugh, 2005). Johnson and Ferraro (2000) draw attention to the fact that gender symmetry is often not found when the context and/or type of violence is taken into account. Studies that look at low severity levels of intimate partner violence report more findings of gender symmetry (Johnson & Ferraro, 2000; McHugh, 2005). Higher severity levels of intimate partner violence are likely to be perpetrated by men against women and result in greater injury (Holtzworth-Munroe & Stuart, 1994; Tjaden & Thoennes, 2000). Anderson (1997) points out that the use of differing research methods may account for the different findings related to gender symmetry, with feminist researchers generally relying on studies with survivors and family violence researchers generally relying on information from national surveys. Another distinction between feminist and family violence theories of intimate partner violence is the latter's focus on sociodemographic factors related to status rather than on power and gender (Anderson, 1997).

Anderson (1997) analyzed data from a national survey of both partners in intimate relationships consisting of 2,489 women and 2,459 men, and the results support a combination of feminist and family violence theories. Anderson's analysis found that

sociodemographic factors are related to intimate partner violence, but the factors are related differently for men and women. The results suggest that men are more likely to be violent toward their female partners if they have lower salaries, or are much more or much less educated than the woman (Anderson, 1997). Data from the NVAW Survey support Anderson's finding that women who are more educated than their partners are more likely to experience intimate partner violence than women whose education level is equal to or lesser than that of her partner (Tjaden & Thoennes, 2000).

According to Anderson (1997), findings of status differences in violent couples "suggest that men who lack the material means of expressing or maintaining power within their intimate relationships may engage in violence as a means of reestablishing their dominant position" (p.668). In this sense, violence can function as a way for men to assert their masculinity, whereas women may not need to take any action to convey their femininity (McHugh, 2005). Anderson recommends that future research integrate feminist and family violence theories by considering how gender, as well as other sociodemographic factors, relate to intimate partner violence.

The Stages of Change Conceptual Framework

A woman in an abusive relationship goes through a series of stages in preparing to leave the relationship. Five stages of change that occur along a continuum of how prepared a person is to make a change were delineated by Prochaska and DiClemente in what they term the transtheoretical model (Prochaska & DiClemente, 1982, 2005; Prochaska, DiClemente, & Norcross, 1992). The transtheoretical model has thus far been primarily applied to behaviors related to physical health and addiction (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Prochaska et al., 1992). Recently researchers have

begun to consider how this model can be applied to intimate partner violence, and what service providers can do to meet survivors' needs at each stage (Burke et al., 2004; Frasier et al., 2001). Change could mean leaving the relationship or taking steps to get help while remaining in the relationship (Brown, 1997; Frasier et al., 2001).

The five stages are: precontemplation, contemplation, preparation, action, and maintenance (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Frasier et al., 2001; Prochaska & DiClemente, 1982, 2005; Prochaska et al., 1992). People progress through each stage one at a time, but may cycle back through a previous stage before or after moving on to the next, which can be an opportunity for them to continue learning about how to make a change (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Frasier et al., 2001; Prochaska et al., 1992). Prochaska and colleagues (1992) describe the movement through previous stages as a spiral, where people are expected to relapse, but maintain some of the gains they made and do not fully return to where they started.

Constructs and processes of change. There are several methods of change set forth by Prochaska and DiClemente that help explain how someone is able to move from one stage to the next (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Prochaska & DiClemente, 1982, 2005). Some of these methods are conceptualized as constructs and some as processes of change (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Prochaska & DiClemente, 1982, 2005). All of these concepts can be found elsewhere in the literature, but their designation as constructs or processes of change is unique to the transtheoretical model.

There are two constructs of change discussed in the literature: decisional balance and self-efficacy (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Prochaska &

DiClemente, 2005). Decisional balance involves evaluating the pros and cons of the change, and self-efficacy refers to the amount of confidence one has in one's ability to make and maintain the change (Brown, 1997; Burke et al., 2004). There are also processes of change, which are strategies or activities people use to assist in making change. The processes of change can be conceptualized in two forms: cognitive and behavioral, with cognitive processes generally being used in earlier stages, behavioral ones generally being used in later stages, and both serving to alter a person's thoughts, feelings, and behaviors related to the problem (Brown, 1997; Burke et al., 2001; Prochaska & DiClemente, 2005). The particular processes of change used varies depending on the population or problem being studied (Brown, 1997; Burke et al., 2004).

Application of stages of change to intimate partner violence. Burke and her colleagues (2004) applied the transtheoretical model to intimate partner violence survivors (see Table 1). They conducted a qualitative study of 23 female survivors recruited from health care providers. The women were interviewed to determine their current stage of change, and to explore which constructs and processes of change played a role at different stages. The two factors found to play a role in women ending the relationship throughout all five stages were the construct of decisional balance and the process of helping relationships, such as those found in family, friends or the community. Survivors in this study connected feelings of self-worth to the process of self-liberation, and learning to prioritize themselves and care for themselves to the construct of self-efficacy (Burke et al., 2004). Survivors disclosed that their helping relationships aided them in improving their self-esteem, and that the modeling done in relationships with women who have gotten out of abusive relationships was extremely helpful (Burke et al.,

2004). Enhancing a survivor's self-esteem and self-efficacy are important target areas for service providers in helping a survivor prepare to make a change.

Table 1

Stages of Change for Intimate Partner Violence

Stage of Change	Definition
Precontemplation	The woman does not recognize the abusive behavior as a problem and is not interested in change.
Contemplation	The woman recognizes the abusive behavior as a problem and has an increasing awareness of the pros and cons of change.
Preparation	The woman recognizes the abusive behavior as a problem, intends to change, and has developed a plan.
Action	The woman has actively engaged in making changes related to ending the abusive behavior.
Maintenance	The abusive behavior has ended, and the woman is taking step to prevent relapse.

Note. From "Ending Intimate Partner Violence: An Application of the Transtheoretical Model," by J.G. Burke, J.A. Denison, A.C. Gielen, K.A. McDonnell and P. O'Campo, 2004, *American Journal of Health Behavior*, 28(2), p. 124.

A summary of the remaining statistically significant results is as follows: (a) consciousness raising, where new information is gained about the problem, helped survivors move from precontemplation to contemplation and from preparation to action and into maintenance; (b) both self-reevaluation and environmental reevaluation, where the impact the problem has on the survivor and her environment, respectively, is

considered, helped survivors move from contemplation to preparation and from preparation to action; (c) social liberation, involving increased awareness of a possible life without violence, helped survivors move from action to maintenance; (d) self-liberation, a survivor's belief she can make change and commitment to do so, and stimulus control, exercising control over situations that are likely to lead to intimate partner violence, helped survivors move from preparation to action and from action to maintenance; and (e) self-efficacy helped survivors move from action to maintenance (Burke et al., 2004).

The extent to which these results can be generalized may be limited because all but one of the participants were African American, many had children which helped motivate them to make a change in the relationship, and many were HIV positive (Burke et al., 2004). If children and major health problems are critical factors in motivating survivors of intimate partner violence to make a change in the relationship, then women without children and health problems may take longer to move from one stage to the next. Despite these limitations, the findings of this study could have important implications for service providers.

The study by Burke and her associates (2004) confirms that leaving is indeed a process, and that even if a survivor does not make a change to her relationship immediately, the assistance that service providers give her does make a difference. Prochaska and DiClemente's (1982; 2005) stages of change model could prove helpful for programs such as the FJC by helping guide what types of interventions and services are appropriate for each specific client. A study by Frasier and her colleagues (2001) involved training physicians to assess stage of change and counsel survivors based on

their stage of change. The study then evaluated the physicians' ability to correctly assess stage of change and provide appropriate interventions, with nine of the eleven participants able to successfully do so. Researchers on stages of change and intimate partner violence suggest interventions for each stage based on their interpretations of their results. What follows is a summary of suggestions made by the researchers for each stage of change, and an explanation of how each stage is likely to present at the FJC.

Precontemplation. Survivors in the precontemplation stage may need help recognizing that they are being abused and finding out about their options (Burke et al., 2004). Very few FJC clients are likely to be in the precontemplation stage, because most people seeking services are at least considering change. It may be possible to encounter a survivor in the precontemplation stage at the FJC nonetheless. If family members or friends become aware of domestic violence or if the police are called to the home to intervene, a woman may be encouraged to come to the FJC before she seriously begins to contemplate change. Alternatively, a survivor may come to the FJC to see what the program and facilities are like. Interventions which accept that the survivor does not want to change anything at the moment, but educate her about abuse dynamics and encourage her to begin thinking about what she would do if she had to leave would be beneficial at this point (Frasier et al., 2001).

Contemplation. A survivor in the contemplation stage may access FJC services in an effort to find out what kind of support and assistance exists, should she decide to make a change in her relationship. Survivors in contemplation often remain in this stage for an extended period of time, which seems to be due, at least in part, to a belief that there are more negative than positive consequences for leaving the relationship (Brown, 1997;

Burke et al., 2004; Frasier et al., 2001). A survivor at this stage can be encouraged to think about what an abuse-free life would be like, or reasons she might want to change something about her relationship (Frasier et al., 2001). An understanding of the stages of change could help ease providers' frustrations about why survivors may be hesitant to leave the relationship, and guide them to help survivors use decisional balance to identify the positive consequences of leaving the relationship. Identifying barriers to leaving and ways to overcome those barriers (e.g. access to financial assistance) are important interventions for providers working with a survivor in the contemplation stage (Brown, 1997; Frasier et al., 2001).

Preparation. The literature on stages of change emphasizes focusing on safety planning during preparation, although it is important to remember that assistance with safety planning is essential for survivors at all stages. Service providers can assist survivors in the preparation stage with making a detailed safety plan, as not being prepared once action is taken may lead to a survivor returning to the relationship (Frasier et al., 2001). Helping raise survivors' awareness of how the abuse is affecting them and the people around them, such as their children, is an important goal for work with survivors in the preparation stage (Burke et al., 2004). A service provider asking the survivor how he or she can be of most assistance may help improve survivor satisfaction with the services she receives by placing control back in the survivor's hands (Frasier et al., 2001). Continuing to provide needed information may help survivors move from preparation into action (Burke et al., 2004).

Action. The majority of survivors accessing FJC services are likely to be in the preparation and action stages. These survivors are either getting ready to or are in the

process of making a change to their relationship. It is imperative for service providers to remember that the action stage is the time of highest risk for survivors' safety (Frasier et al., 2001). Risk should be assessed regularly, and the safety plan should be modified as necessary. Service providers working with survivors in the action stage may want to help survivors identify things that will motivate them to commit to making the change (Burke et al., 2004). Helping the survivor feel empowered by her decisions and making sure to adequately attend to any concerns she raises are also important at this stage (Frasier et al., 2001). Survivors in the action stage may get a glimpse of an abuse-free life. Helping them accept their new life and feel confident in their ability to succeed can move them toward maintenance (Burke et al., 2004).

Maintenance. Providers working with survivors in the maintenance stage should keep in mind that this is a difficult time. They can assist the survivor by making sure she continues to have access to needed resources and develops a support network (Frasier et al., 2001). One way to help survivors remain in maintenance is to help them think of potential scenarios they may face that would make them want to go back to the relationship or excuse abusive behavior, and assist them in preparing for these situations (i.e. stimulus control) (Prochaska & DiClemente, 2005). Survivors who recycle through a previous stage can be helped to reframe this as a way to reinforce their knowledge in order to maintain the change in the future rather than as a setback (Brown, 1997).

Service providers should keep in mind that not all survivors want to leave the relationship. Leaving the relationship may have profound costs to survivors, but service providers can “honor their decisions by giving them the type of help they are asking for, which may include helping them stay” (Yoshioka & Choi, 2005, p.516). It has been

recommend that domestic violence programs have survivor safety as their primary goal rather than ending the relationship (Yoshioka & Choi, 2005). This will allow providers to meet the survivors where they are and help them receive the assistance they desire, because, as the stages of change model suggests, trying to get survivors to change something they have not decided to change could be counterproductive. Further, meeting a survivor where she is may decrease feelings of isolation, leaving her more open to pursuing help in the future.

The Role of Culture in Intimate Partner Violence

In order to fully understand how intimate partner violence affects those who survive it, it is helpful to have an understanding of not only its personal context but also its cultural context. Feminist, gender role theory has been criticized for its focus on gender without significant consideration of the role of other cultural factors (Kasturirangan et al., 2004; Sokoloff & Dupont, 2005). The focus of the research on intimate partner violence has now broadened to include cultural considerations. Research is examining how race and social class in addition to gender affect minority survivors, with the fact that minority and immigrant survivors suffer multiple types of oppression being brought into the public eye (Sokoloff & Dupont, 2005).

The kind of abuse a survivor endures, her definition of what intimate partner violence is, and her response to it may vary depending on her cultural background (Kasturirangan et al., 2004; Koverola & Panchanadeswaran, 2004; Sokoloff & Dupont, 2005). Acts which are not viewed as violent in the United States may be viewed as abusive in other cultures (Sokoloff & Dupont, 2005). Theoretical discussions of culture and intimate partner violence point out that despite the common heritage people from the

same ethnic group share, groups are often quite heterogeneous and may contain subcultures whose beliefs and customs vary widely (Kasturirangan et al., 2004; Koverola & Panchanadeswaran, 2004).

As part of a large participatory action research project in the Seattle, Washington area, several studies were conducted utilizing focus groups and interviews with different ethnic groups of immigrant women, including Cambodian, Vietnamese, Russian-speaking, and Ethiopian survivors (Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005; Crandall, Senturia, Sullivan, & Shiu-Thornton, 2005; Shiu-Thornton, Senturia, & Sullivan, 2005; M. Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005). The samples in these studies consist of a large proportion of survivors who have already accessed domestic violence services. Several themes can be drawn from these research studies. In Cambodian, Vietnamese, Ethiopian, and Russian-speaking cultures intimate partner violence is seen as common or normal, being conceptualized more as marital conflict than abuse, and something the family should handle on its own with the woman bearing the primary responsibility for making the relationship go smoothly (Bhuyan et al., 2005; Crandall et al., 2005; Shiu-Thornton et al., 2005; M. Sullivan et al., 2005).

Additional themes related to culture that can be identified in the research include risk factors, protective factors, and barriers to accessing resources. Cultural dynamics can act as both risk factors and protective factors for survivors of intimate partner violence, depending on the particular situation or culture. A survivor may be able to use aspects of her culture to find the strength to survive the violence (Kasturirangan et al., 2004; Sokoloff & Dupont, 2005). Acculturation can be a protective factor when it improves a survivor's ability to achieve independence from her abuser (Kasturirangan et al., 2004).

Additionally, a survivor may derive a great deal of social support from her extended family (Kasturirangan et al., 2004). Cambodian, Vietnamese, and Ethiopian immigrant survivors report they could confide in family and friends about the abuse when they were living in their home countries, but then lost that support once they came to the United States (Bhuyan et al., 2005; Shiu-Thornton et al., 2005; M. Sullivan et al., 2005). This illustrates that social support has emerged as a protective factor in the cultural research as well as in the more general research on intimate partner violence.

Some of the protective factors just discussed can act as risk factors under different circumstances as well. Likewise, social isolation has been identified as a risk factor in the cultural research. The survivor's extended family may act as a risk factor by supporting the violence or perpetrating it themselves (Kasturirangan et al., 2004). Cambodian and Vietnamese women report often suffering abuse by their husband's mother (Bhuyan et al., 2005; Shiu-Thornton et al., 2005). Higher levels of acculturation can be a risk factor for intimate partner violence when conflict between the two cultures contributes to stress in the relationship (Kasturirangan et al., 2004). Higher levels of acculturation were found to be related to higher frequencies of intimate partner violence in two studies with Mexican and Mexican-American populations, one using data from the Mexican American Prevalence and Services Survey (Firestone, Lambert, & Vega, 1999) and the other with a sample of pregnant Latinas (Mattson & Rodriguez, 1999). In a study of 138 inner city African American women, those experiencing intimate partner violence reported less social support and more psychological distress than those not experiencing relationship violence (Thompson et al., 2000).

Regardless of what risk and protective factors minority intimate partner violence survivors experience, they face many barriers to getting assistance. In California, far fewer ethnic minority than Caucasian survivors attempt to access domestic violence services (NCADV, n.d.b). Many of the barriers minority women face are the same as those faced by survivors from the dominant culture, but factors such as low socioeconomic status, immigration status, language barriers, and racism complicate the experiences of many minority survivors (Burman, Smailes, & Chantler, 2004; Koverola & Panchanadeswaran, 2004). Immigrant survivors report being unaware of what services for domestic violence and legal recourse are available to them in the United States, as often times there were no such options available in their countries of origin (Bhuyan et al., 2005; Crandall et al., 2005; M. Sullivan et al., 2005). Language barriers have been consistently identified by immigrant survivors as a factor preventing them from being aware of community resources and accessing help (Bhuyan et al., 2005; Crandall et al., 2005; Shiu-Thornton et al., 2005; M. Sullivan et al., 2005).

A qualitative study done in England with 23 South Asian, African, African-Caribbean, Irish and Jewish survivors, representing minority groups in that area, identified several barriers the survivors face in accessing resources including retaliation by family members if they left the relationship, and being blamed by their communities for perpetuating negative stereotypes by seeking outside help (Burman et al., 2004). Fear of bringing shame to and/or being shunned by their communities has been cited as a help-seeking barrier in research with several immigrant groups (Bhuyan et al., 2005; Shiu-Thornton et al., 2005). Ethiopian survivors in particular report that their community would stand behind the perpetrator if the survivor sought help (M. Sullivan et al., 2005).

Seeking help from outside their community may be seen only as an option of last resort (Crandall et al., 2005; Shiu-Thornton et al., 2005), which is why the response survivors receive when they do reach out for help is so important.

Cultural Considerations for Service Providers

The literature on culture and intimate partner violence offers many suggestions based on clinical experience for how service providers can improve culturally competent practices within their programs. Domestic violence programs can be best equipped to work with minority survivors if they employ a diverse staff from different cultural backgrounds, including some who are bilingual, that represent the community's minority groups (Bhuyan & Senturia, 2005; Kasturirangan et al., 2004). Understanding how an immigrant survivor came to the United States and what her experience in this country has been like is essential to understanding her experience of abuse (Bhuyan & Senturia, 2005; Yoshioka & Choi, 2005). Bhuyan and Senturia (2005) suggest that "innovative programs that seek to provide supportive services to families within the context of their cultural norms might usefully bridge the gap between the need for services and the fear of interference" (p.898) often experienced by minority survivors.

It is recommended that service providers acknowledge the complexity of minority survivors' situations (Burman et al., 2004). Interventions should consider issues such as whether a survivor's culture emphasizes loyalty to the community over one's personal needs, because asking a survivor to use coping mechanisms that are at odds with her cultural beliefs is likely to be met with resistance (Kasturirangan et al., 2004). In focus groups immigrant survivors indicated that they would like: more information and services available in their native languages, more services offered by staff from their cultures,

more services located in their neighborhoods or transportation assistance to out of neighborhood resources, and more opportunities to connect with survivors of similar backgrounds (Bhuyan et al., 2005; Crandall et al., 2005; Shiu-Thornton et al., 2005; M. Sullivan et al., 2005). Additionally, service providers can assist immigrant women by keeping apprised of reforms made to immigration law so that they can be conveyed to survivors (Kasturirangan et al., 2004).

The Battered Women's Movement

In order to understand how domestic violence programs and services need to move forward, it is important to first consider how they developed. The historical context of the battered women's movement is one of primarily Caucasian feminist efforts (Kasturirangan et al., 2004; Sokoloff & Dupont, 2005). It is nonetheless worthy of comment because of the profound impact it had on bringing intimate partner violence into the public eye as an important social issue. The women's rights movement of the 1960s and 1970s fueled the development of the violence against women movement, which later separated into the anti-rape movement followed by the battered women's movement (Riger et al., 2002).

At the start of the women's rights movement intimate partner violence was still considered a private family issue. There were no options available to survivors through civil court at that time unless the survivor was going through a divorce (Frederick, 2000). When police arrived at domestic violence calls they were reluctant to make an arrest, and in some areas laws precluded making an arrest unless the assault was witnessed by police (Flemming, 2003; Frederick, 2000). The police officer's response was frequently to recommend the batterer take some time to cool off (Flemming, 2003). Fleming (2003)

comments that "domestic violence victims were often required to jump through more hoops than victims of other types of crimes to press charges and were then given the option to drop charges" (p. 687).

Up until the 1980s, survivors in some jurisdictions were required to go directly to the prosecutor to file charges of domestic violence. At that time the survivors were allowed to file a complaint, but were then asked to return in a few days after they had a chance to calm down, if they wanted to continue pressing charges (Ford, 2003). The difficulties that survivors encountered in the criminal justice system were indicative of the prejudices prevalent in society about intimate partner violence (Flemming, 2003). The anti-rape movement took the first step toward acknowledging intimate partner violence by promoting legal reforms outlawing rape within marriage as this paved the way for the battered women's movement (Frederick, 2000).

The creation of domestic violence shelters and counseling programs, followed by a push for law reform, were among the first steps taken in what is considered the battered women's movement of the 1970s (Hart, 1995; Riger et al., 2002). The early battered women's movement was concerned with raising public awareness of intimate partner violence and securing funding for domestic violence shelters (Riger et al., 2002). It was hoped that changing the laws governing domestic violence would result in altering how society viewed intimate partner violence.

As awareness of intimate partner violence as a social issue increased, efforts shifted toward trying to help survivors by "empowering" them and improving services (McDermott & Garofalo, 2004). McDermott and Garofalo (2004) describe a common definition of empowerment; it returns to a survivor her ability to choose what course of

action to take. It gives her a voice and returns the free will that was seized by her abuser. Efforts to empower survivors of intimate partner violence continued throughout the 1980s and 1990s, and comprised a shift from viewing these women as victims to viewing them as survivors (Gondolf & Fisher, 1988; Johnson & Ferraro, 2000).

The battered women's movement was central in laying the foundation for the laws that are now in place and the services that are available to survivors today. Both the community agencies that provide services to survivors of intimate partner violence, and the legal system have been involved in the movement to empower survivors since the late 1970s and early 1980s, respectively. Changes in legal policies will be discussed first, followed by discussion of community domestic violence services.

The Law Reform Movement

In the 1970s and 1980s law enforcement and the judicial system responded to the social problem of intimate partner violence with significant legal reforms and associated changes in police, prosecutorial and court actions. Among the first steps in domestic violence law reform in the late 1970s were allowing an arrest to be made based on probable cause and instituting civil orders of protection, violations of which could have criminal consequences (Frederick, 2000). Mandatory arrest and evidence-based prosecution policies began to be instituted throughout much of the country in the 1980s, due to concerns that the legal system was not adequately responding to intimate partner violence (Berliner, 2003; Ford, 2003; McDermott & Garofalo, 2004; Riger et al., 2002).

Mandatory arrest laws require police officers to make an arrest whenever there is evidence of an incident of domestic violence or violation of an order of protection (Mills, 1998). The battered women's movement strongly supported mandatory arrest laws as a

crucial step in acknowledging the social importance of intimate partner violence (Riger et al., 2002). The battered women's movement pushed for institution of these policies in hopes that it would prevent police from minimizing the seriousness of intimate partner violence by forcing police into action (Mills, 1998). Mandatory arrest laws led to a rise in arrests for domestic violence in many states (Schmidt & Sherman, 1996).

The hope was that increasing arrests for domestic violence would deter future violence (Schmidt & Sherman, 1996). The deterrent effects of mandatory arrest were called into question because studies had inconsistent findings about their efficacy at preventing violence (Schmidt & Sherman, 1996). Schmidt and Sherman (1996) considered the results of many of the experiments on mandatory arrest, and concluded that arrest had the most deterrent effect on perpetrators who were employed, Caucasian or Hispanic, and married. As a result of the inconsistent findings, some have urged that mandatory arrest laws be repealed and replaced with policies that require police to use their own discretion in choosing between certain pre-selected options (Schmidt & Sherman, 1996).

The rise in arrests resulting from mandatory arrest laws also led to an increase in the number of domestic violence cases for prosecutors to handle (Rebovich, 1996). As the number of cases in the system rose, there was a push for more prosecutions to be made in these cases based on the belief that prosecution prevented future violence (Rebovich, 1996). Evidence-based prosecutions were instituted as a way to follow through with prosecuting a perpetrator based on evidence when survivor participation cannot be secured (Flemming, 2003; Ford, 2003; Mills, 1998). Evidence-based prosecutions were intended to protect survivors by making the prosecutor responsible for

what happens to the perpetrator, thereby discouraging perpetrators from attempting to intimidate the survivors (Berliner, 2003; Flemming, 2003).

Additional areas of legal reform include the procedures for obtaining orders of protection and temporary restraining orders, the former of which is obtained through criminal court and the latter of which is obtained through civil court (Riger et al., 2002). Federal law reform has allowed civil protection orders to be enforced across state lines, so that a survivor who leaves the state no longer loses the protective rights afforded by the order (Frederick, 2000; Keilitz et al., 1997; LaViolette & Barnett, 2000). Despite the improvements made to the enforcement of civil restraining orders, there is some concern that the orders are not keeping survivors safe from abuse.

In instances where orders of protection are not effective, holding perpetrators responsible through criminal prosecution may be one of the only ways to protect survivors whose partners have violent criminal histories. This presents certain difficulties in practice because many of the reforms made to the criminal and civil justice systems have been done in parallel rather than as a coordinated effort (Hart, 1995). According to Hart (1995), this "parallel reform" contributed to a disconnect between the different parts of the criminal and civil justice systems, which in turn contributed to an increased need for advocacy services in the legal system.

In 1994, as a result of the efforts of the anti-rape and battered women's movements, the Violence Against Women Act (VAWA) was adopted as the first large scale legislative effort at the federal level to combat crimes against women such as sexual assault and intimate partner violence (Keilitz et al., 1997). The VAWA was reauthorized in 2000 and reauthorized again in 2005 (Family Violence Prevention Fund, 2005). The

VAWA limits the use of mutual orders of protection, where both the perpetrator and survivor are granted orders. This is beneficial for survivors as they are the party that is more often affected detrimentally by mutual orders (LaViolette & Barnett, 2000). The VAWA also allows immigrant survivors of intimate partner violence who have filed for divorce to apply to remain in the United States legally with their children (Kasturirangan et al., 2004; Koverola & Panchanadeswaran, 2004). The VAWA is an important act that has allowed much progress to be made in continuing to improve this country's response to intimate partner violence.

Implications of Legal Reforms for Survivors

There are several positive effects of the legal policies governing intimate partner violence that were the intended consequences of the legal reforms, and scores of survivors feel satisfied with the legal policies in place. Survivors who are capable of leaving an abusive relationship can be empowered to do so by accessing temporary restraining orders (Riger et al., 2002). Some survivors may find prosecuting their abuser empowering because it allows them to have direct involvement in a process that will help to protect them (Ford, 2003). Barbara Flemming, Chair of the Domestic Violence Unit of the King County Prosecuting Attorney's Office in Seattle, Washington, shares that in her personal experience she has found that many survivors are pleased that the criminal case can proceed "without their participation and frequently express relief when they learn that every effort will be made to pursue the case..." (Flemming, 2003, p.689). Further research is needed to explore to the extent to which the legal reforms protect survivors (Ford, 2003; Mills, 1998).

Changes in legal policies meant to help survivors of intimate partner violence can

also have unintended consequences that affect a woman's willingness to pursue either reporting abuse and/or prosecuting her abuser. There is a growing concern that mandatory arrest and evidence-based prosecution policies are not deterring perpetrators from abusing their partners, and therefore not protecting the survivors (Miller, 2003). On the other hand, those that believe no-drop prosecution policies are achieving their goals are concerned that, should these policies be removed, too much control over the legal process would be placed back in the hands of the perpetrators (Flemming, 2003). If prosecution policies returned to only proceeding with cases when the survivor participates, it would give a perpetrator more room to influence the survivor's decision. A perpetrator could use intimidation, threats or coercion to get a survivor not to participate in prosecution, as was common before evidence-based prosecutions (Flemming, 2003).

Mandatory arrest laws have led to a larger number of survivors entering the criminal justice system by being arrested themselves (Bell & Goodman, 2001; LaViolette & Barnett, 2000). Self-defense and dual arrests are two examples of ways mandatory arrest laws can result in the arrest of a survivor (Ford, 2003; LaViolette & Barnett, 2000; McDermott & Garofalo, 2004; Riger et al., 2002). Women who defend themselves may be arrested for injuring their partner if his injuries are more visible or numerous than hers. In a situation where the perpetrator is able to remain calm in front of the police but the survivor is upset about being attacked, the survivor may end up being arrested for appearing as the aggressor. Dual arrests occur when both partners are arrested due to the police either being unable to determine which party was the aggressor or thinking both parties were equally aggressive (Frederick, 2000).

Coulter and her colleagues (1999) distributed questionnaires in a domestic

violence shelter in Florida and explored the interactions with police of 498 survivors. The authors explain that survivors who were arrested reported they were defending themselves, and indicated they were less likely to call the police for assistance if abused again in the future. The study also found that less than a quarter of the survivors' calls to police led to the perpetrator being arrested. This underscores the need for enhanced training for police so that they understand the various situations they may come across on domestic violence calls and how to appropriately respond to those situations.

The legal system has already addressed some of the potential problems posed by mandatory arrest laws. Many states, including California, have adopted primary aggressor statutes that are designed to discourage dual arrests (Frederick, 2000). The statutes direct police to investigate and determine who the primary aggressor was in the incident (Battered Women's Justice Project, 2005). The term primary aggressor refers to the more violent or threatening person in the encounter, taking into account violence history and self-defense (Battered Women's Justice Project, 2005). The primary aggressor laws are an attempt to enhance victim safety by increasing the probability of the perpetrator being arrested.

Despite the efforts made to better serve survivors of intimate partner violence, a survivor may still be reluctant to participate in the legal process because of some of the unintended consequences of legal reforms. Oftentimes, when a woman picks up the phone to call for help when she is being abused, she has not thought as far ahead as arrest or prosecution, and is therefore not yet committed to that course of action (Ford, 2003; McDermott & Garofalo, 2004). McDermott and Garofalo (2004) argue that mandatory arrest and evidence-based prosecution take away the survivor's choice, and therefore

disempower her. Taking away a woman's choice to press charges or prosecute may also have broader social implications, such as an unintentional effect of portraying women in general as unable to make good choices without outside help (Berliner, 2003).

McDermott and Garofalo (2004) assert that there may be safety concerns for survivors if prosecutors move forward with the case when the survivor does not want them to, and give the example of a survivor whose life has been threatened if prosecution continues. It is possible that survivors' personal knowledge of the offender may make them better able than prosecutors to assess how much danger they will be in if prosecution continues (Berliner, 2003; Ford, 2003). Another unintended consequence of the decision to continue with prosecution without the assistance of the survivor is that it can create an antagonistic relationship between her and the prosecutor, which might lead to her aligning with her batterer (Berliner, 2003), potentially keeping her in the relationship and placing her at higher risk. For all of these reasons, prosecutors would benefit from discussing with the survivor any safety risks that prosecution may pose when determining whether to proceed with the case (Flemming, 2003).

There is conflicting evidence regarding the impact of temporary restraining orders on survivors of intimate partner violence. Some have argued that restraining orders are not effective at preventing violence (Harrell & Smith, 1996; Klein, 1996), whereas others have argued that they do help protect survivors (Keilitz et al., 1997; LaViolette & Barnett, 2000). Klein (1996) conducted a longitudinal study of the impact of civil restraining orders on future violence. The study followed 663 male perpetrators for two years to see if there was a new arrest for intimate partner violence or issuance of a new restraining order. Approximately half of the perpetrators assaulted the survivor again at

some point over the two-year period, which led to the conclusion that the restraining orders alone are not enough to prevent future violence. Similarly, Harrell and Smith (1996) concluded from their interviews with survivors filing restraining orders that arrests were rarely made when police were called by survivors because the perpetrators violated the restraining order.

Keilitz and her colleagues (1997) obtained more positive findings about the impact of civil protection orders on survivors of intimate partner violence. The study used telephone interviews at one month and six months after receiving the order to gather information from survivors. Of the 285 survivors that completed the first interview, 177 completed the second interview. The authors created two indices for coding their data, a well-being index and a problems index. The well-being index was concerned with how safe survivors felt, how survivors felt about themselves and about their quality of life. The problems index was concerned with how many types of problems survivors encountered with their restraining orders. The results indicated that civil protection orders were associated with a sense of well-being in survivors across all three dimensions of the index. Very few survivors had problems with the orders, with the exception of those whose partner had a history of violent crime. However, a limitation of the study is that there is no way to know what happened to the survivors who did not complete the second interview. It is possible that those survivors had more problems with the orders.

There are some general conclusions that can be drawn from the differing findings on the efficacy of restraining orders at preventing future violence. It appears that when survivors obtain restraining orders against perpetrators with violent criminal histories the orders are not very likely to prevent future violence, and for this reason the prosecution of

such perpetrators may be a key component in these cases (Keilitz et al., 1997; Klein, 1996). LaViolette and Barnett (2000) assert that restraining orders are associated with reduced risk of future violence when the perpetrators do not have violent criminal histories, a conclusion that is supported by the results of the study by Keilitz and her colleagues (1997).

Types of Services Available for Survivors

Women who have been isolated from their support network and the community by their abusers are often in need of many services from their community in order to be able to break free from or make changes to the abusive relationship. More than 50% of married women seeking counseling disclose a history of intimate partner violence (C. M. Sullivan & Bybee, 1999). As such, there is a great demand for services. There are traditionally four types of supportive services available to survivors of intimate partner violence: crisis hotlines, emergency shelters, advocacy, and counseling services (Larry Bennett, Riger, Schewe, Howard, & Wasco, 2004). These services are not mutually exclusive. Multiple services can often be found within one program (Riger et al., 2002). All domestic violence services tend to provide support and education, and assist survivors with making plans for their safety (Bell & Goodman, 2001).

Although many services are available, there can be problems reaching those in need of them. Many domestic violence programs do not have enough funding to serve the number of survivors in need of assistance (Hart, 1995). In addition, domestic violence services are sometimes inaccessible to minority survivors because they are not located within the communities in greatest need. These survivors may be unaware of the services or unable to travel to them (Bent-Goodley, 2005; Bhuyan & Senturia, 2005).

Efficacy of Domestic Violence Services

Some have argued that certain domestic violence services are more helpful than others, but little research has been done comparing the different services (Bell & Goodman, 2001; Hart, 1995). In addition, information about the efficacy of each type of service is limited by the scarcity of research in this area. For example, the majority of early shelter research was geared toward gathering information about abusive relationships rather than evaluating the shelters (Tutty, Weaver, & Rothery, 1999). There has also been little research done on the efficacy of counseling services. Much of the research that has been done is plagued by methodological problems that limit the conclusions that can be drawn (Abel, 2000). According to Davis and Srinivasan (1995), at the time of their study the literature was comprised mainly of impressions and opinions by practitioners and activists advocating for survivors, rather than published research.

Bennett and his associates (2004) contributed to the limited literature by studying the effectiveness of various services for survivors of intimate partner violence in 54 programs across the state of Illinois. The services studied were crisis hotlines, short-term legal advocacy, long-term advocacy, shelters, and counseling. The findings suggest that: (a) counseling services have a small but significant positive effect; (b) counseling helps improve survivors' coping skills and sense of self-efficacy; (c) counseling and advocacy services improve survivors' decision-making abilities; (d) hotline, advocacy, and counseling services all improve survivors' support and increase their knowledge about violence; and (e) shelter services engender a feeling of safety. The authors point out several limitations to their study including: the use of self report data submitted to the

people providing the services; the lack of a control or comparison group; the incomplete nature of the follow up data; and the lack of either random sampling or random selection.

Domestic Violence Shelters

Shelter services, including shelter advocacy, have been shown to be helpful to intimate partner violence survivors (Bell & Goodman, 2001; Larry Bennett et al., 2004; Berk, Newton, & Berk, 1986; LaViolette & Barnett, 2000; Tutty et al., 1999). A shelter may be one of the first places a survivor turns for help. It is important for domestic violence shelters to exist, so that a survivor has a safe place to go should she decide to leave her partner. Unfortunately, many survivors do not know about or are unsure how to access shelters. If they do contact a shelter, the shelter may be full due to the limited space or small numbers of shelters in some areas (LaViolette & Barnett, 2000).

Survivors who enter a shelter are able to make connections with staff and other survivors, forming positive relationships and building a support network, and get assistance with accessing resources and improving their problem solving skills (LaViolette & Barnett, 2000). One of the first studies with survivors of intimate partner violence accessing shelter services was conducted by Berk and his colleagues (1986). The results of surveys with 155 survivors indicated that receiving shelter services was associated with reduced risk of future violence in women who were simultaneously taking other measures to protect themselves, but not for women who were not taking other actions. Although there were limitations to the methodology of this study, including a lack of validated measures, the authors were progressive for their time in recommending that multiple services be coordinated for survivors during shelter stays.

Davis and Srinivasan (1995) conducted focus groups with survivors in shelters aiming to understand what helps them leave their relationships and what they need to succeed after they leave. Nine focus groups were conducted in seven Midwestern cities with an average of seven participants in each focus group. Themes that were identified as important to survivors in a shelter setting include: validation and emotional support from staff and other survivors, and information received about the dynamics of abuse and available resources. These factors as well as helping relationships with family, friends, and community members were identified as integral in assisting survivors with making and sticking with a decision to leave their abuser.

In another qualitative study with Canadian shelter residents, 63 survivors completed initial interviews and 35 of them completed four to six month follow up interviews (Tutty et al., 1999). Tutty and her colleagues were interested in what specifically survivors found helpful about the shelter. As in the study by Davis and Srinivasan (1995), the emotional support of staff and other survivors, and information about community resources were identified as important by survivors (Tutty et al., 1999). In addition, the safety of the shelter and availability of child care were identified as factors that contribute to survivors' satisfaction with their shelter stay.

Several themes were identified as shelter criticisms. These included not offering enough support groups, too much focus on improving the survivors' parenting skills, staff providing conflicting information and being too busy to talk with survivors as much as the survivors would like, and concerns about whether some residents were appropriate for the shelter (Davis & Srinivasan, 1995; Tutty et al., 1999). Overall, shelter stays appear to

give survivors a chance to consider their options and choose what they want to do next (Tutty et al., 1999).

Counseling

Clergy, social service agencies, and women's support groups are three of the arenas through which survivors can access counseling (Bowker & Maurer, 1986). Bowker and Maurer (1986) studied survivors' levels of satisfaction with these three types of counseling. Their sample was made up 1,000 survivors of intimate partner violence from around the United States, 146 were interviewed in person 854 of whom completed questionnaires by mail. The participants utilized social service agencies for counseling much more than clergy or women's support groups, but women's support groups were rated as the most effective at helping women decrease violence in their relationships. Bowker and Maurer argue that this is due to the types of help the different services offer. Survivors described feeling pressured by clergy to remain in the relationship. The authors explain that clergy are seen as less effective because they tell survivors what to do, and social service agencies are seen as less effective because they do not directly help survivors access other forms of aid. The authors assert that women's support groups are not utilized more frequently because they are not available in many areas.

Women's groups offer unique forms of help that are often not available in other forms of counseling. These include modeling by other survivors, expanding the survivor's support network thereby reducing social isolation, and providing direct assistance in obtaining needed resources (Bowker & Maurer, 1986; Davis & Srinivasan, 1995; Tutty, Bidgood, & Rothery, 1993). Bowker and Maurer (1986) argue that more women's support groups should be offered because survivors in their study rated them as

the most helpful form of counseling, and because they can be cost effective if run by paraprofessionals or survivors who have successfully left abusive relationships.

In a study evaluating 12 different 10 to 12 week support groups from three different agencies survivors completed standardized measures of several constructs before entering the group, upon its completion, and at six-month follow-up (Tutty et al., 1993). The results of this study revealed relationships between completing a support group and (a) increased self-esteem, (b) more belief in one's ability to control aspects of one's life, and (c) reduced perceptions of stress. Self-esteem levels improved after participating in a group, but it is worth noting that when compared to a non-clinical sample, the survivors' scores were still at below-normal levels. The results of this study suggest that support groups are beneficial, however other forms of counseling as a supplement may be able to more effectively enhance survivors' self-esteem.

Walker (1989) asserts that the goal of therapy with survivors of intimate partner violence should be "reempowerment" (p.699). Walker further asserts that taking on the dual roles of an advocate, who provides support and validation, and a therapist is essential to building a successful therapeutic alliance with a survivor of intimate partner violence. Some domestic violence programs are comprised of community agencies offering services such as counseling by staff trained on intimate partner violence. Counseling in the context of these specialized agencies may embrace the dual roles of advocate and therapist by also offering assistance in obtaining resources and providing modeling by other survivors who are accessing services there.

Advocacy

Advocacy is a service for survivors of intimate partner violence that involves

offering support by explaining how the criminal justice system works and thereby enhancing a survivor's ability to make an informed decision about how she wants to proceed with her involvement in the criminal justice system (Pence & Shepard, 1999). Advocacy combats the social isolation and ineffective community response risk factors for intimate partner violence. It does so by providing survivors with emotional support, and improving their physical safety by helping them access community resources and navigate the legal system (Bell & Goodman, 2001; Larry Bennett et al., 2004). There are now advocacy programs that provide services at all stages of the criminal justice and civil court processes, but that was not always the case (Bell & Goodman, 2001).

Advocacy services started informally in the first domestic violence shelters (Riger et al., 2002). Free standing advocacy programs serving survivors of intimate partner violence originally developed as grass roots community groups (Larry Bennett et al., 2004; McDermott & Garofalo, 2004). After mandatory arrest and evidence-based prosecution policies were adopted, court advocacy programs began to be developed (Bell & Goodman, 2001; Frederick, 2000). These programs often have limited staffing, and can be overwhelmed by the number of survivors in need, making it difficult to provide as intensive and ongoing services as the programs were designed to deliver (Bell & Goodman, 2001). These practical difficulties in carrying out the mission of court-based advocacy programs led to the development of law school-based domestic violence clinics, which use specially trained law student volunteers to work with a survivor throughout the entire case (Bell & Goodman, 2001). These clinics allow for survivors' needs to be addressed with the continuity and stability of working with one advocate in an in-depth fashion, as was originally intended for court-based programs. Unfortunately,

because there are a limited number of law schools there are also a limited number of domestic violence clinics in the country (Bell & Goodman, 2001).

Advocacy services are still evolving to better serve survivors of intimate partner violence in response to changes in the legal process (Riger et al., 2002). Advocacy programs in one form or another are quite widespread now, from police departments to hospital emergency rooms (McDermott & Garofalo, 2004). McDermott and Garofalo (2004) argue that "advocacy has become institutionalized" (p.1249), and express concern that advocates are getting involved with survivors who do not want or have not requested their assistance. McDermott and Garofalo suggest that advocates may have their own opinions about whether a survivor should leave her partner or press charges, and may therefore push the survivor to choose what the advocate thinks is best rather than listening to what the survivor wants.

Evaluations of advocacy. Bell and Goodman (2001) conducted a study to evaluate a law school-based legal advocacy program in the District of Columbia. This study was comprised of two groups of survivors: one that received law school-based intensive advocacy services, and one that received standard court-based advocacy. The five variables considered in this study were tangible and emotional support, level of depression, and both psychological and physical revictimization. After completing services, the two groups did not differ on reported levels of tangible support or depression. The participants in the law school-based advocacy condition showed slightly higher levels of emotional support, and significantly less psychological and physical revictimization than the standard court advocacy group. Limitations of this study include a small sample size of 81 initial participants and 57 at follow-up assessment. The

participants, primarily low-income African American females, may not be representative of the larger population of battered women, limiting the generalizability of the results.

Sullivan and Bybee (1999) made a unique contribution to the literature by implementing an advocacy intervention which they then evaluated over a period of two years. This longitudinal study of 278 survivors included six interviews for participants in two conditions: advocacy and no advocacy control. The survivors in the intervention group received advocacy twice a week, which included determining the survivor's needs and assisting her in accessing community resources. The researchers were interested in whether working with advocates helped survivors, and whether it prevented future violence by the perpetrator or any future partner.

Of the survivors who wanted to leave their relationship with the perpetrator, those who received advocacy were more successful at doing so than those in the control group (C. M. Sullivan & Bybee, 1999). The survivors who received advocacy also reported fewer incidents of physical violence, more social support, better quality of life, and more success at accessing community resources than survivors in the control group. This study supports the assertion that advocacy combats social isolation and facilitates survivors' ability to access needed resources, both of which appear to improve a survivor's ability to leave an abusive relationship and/or avoid further abuse. The authors assert that a possible key factor in the success of their advocacy intervention was its design to empower the survivor by teaching her how to get what she needed from a community that may be otherwise generally ineffective at meeting her needs.

Sullivan and Bybee (1999) point out three main limitations to their study. First, all participants had received shelter services, demonstrating a certain level of motivation to

seek help from the community and the possibility that they were further along in the stages of change. Second, the participants appeared to represent a subpopulation of low-income African American and Caucasian women, none of whom lived in rural settings, which limits the generalizability of the results. Third, the study does not show what specific part of the advocacy intervention made the difference in helping survivors. The authors believe that, although their study showed advocacy to be helpful, no single intervention will prove effective at combating the social problem of intimate partner violence on a wide-scale. The authors urge that advocacy be incorporated as an integral part of a comprehensive coordinated community response to intimate partner violence.

Coordinated Community Response

Coordinating multiple services is not an easy task. Problems have arisen in effectively coordinating all of the various service components due to the plethora of services that have now been established for survivors of intimate partner violence (Hart, 1995).

In some ways, the past decade's efforts to stop domestic violence have been too successful. The creation in recent years of so many organizations and agencies to help victims sometimes makes it confusing for them to know where to go for help. (Carter, 2004, p.73)

There are logistical challenges in getting the many different organizations working with survivors to communicate with one another to provide the best services possible (Keilitz et al., 1997). As a result, communities have started trying to synchronize their responses to intimate partner violence in various ways. However, there has been a lack of

comprehensive evaluations of the efficacy of coordinated community response (Hart, 1995).

Many believe that it is essential for different parts of the community to work together in order to effectively assist survivors of intimate partner violence (Hart, 1995; LaViolette & Barnett, 2000; Pence, 1999; Pence & Shepard, 1999). There has been a history of tension between the different parts of the criminal justice system and those providing shelter and advocacy services, but even during times of tension many people realized that working together would benefit both the community agencies and the criminal justice system (Pence & Shepard, 1999). Coordinating these two branches of services is now viewed as essential in meeting the needs of intimate partner violence survivors. The first attempts at coordinating the social service and criminal justice responses to intimate partner violence came in the form of legal advocacy (Pence & Shepard, 1999). The next step in coordinating community response was to place advocacy programs within the criminal justice system, locating them inside the prosecutor's office (Pence & Shepard, 1999). Since then coordinated community response has continued to evolve and take on different forms, with the "one-stop-shop" model being the most recent advancement.

The PFJCI and the San Diego FJC

The culmination of all of the efforts toward service improvement and coordination has led to the establishment of a new model for domestic violence services. In October, 2003, the President's Family Justice Center Initiative (PFJCI), which is overseen by the Office on Violence Against Women, was announced by President George W. Bush (Office on Violence Against Women, n.d.). The PFJCI devotes

approximately \$20 million toward the creation of fifteen new FJCs throughout the United States, using San Diego's FJC as a model. The Director of the Office on Violence Against Women, Diane Stuart, describes the FJC model as "coordinated community response at its best" (Department of Justice, 2005). The new FJC sites, like the San Diego FJC, will attempt to coordinate services that are too often disjointed (Department of Justice, 2004).

The process of establishing the San Diego FJC was lengthy, and required a significant amount of work to get all of the various components on board. The San Diego FJC vision took more than 10 years to implement (SDFJC, n.d.). The idea for a "one-stop-shop" for domestic violence services was developed by Casey Gwinn, who was Deputy City Attorney for San Diego at the time he proposed it. It was thought that it would be easier for survivors to access services if the services were all located in one place. Coordination and planning with the San Diego police began in 1998, and was approved by the city in 2001. The San Diego FJC opened in October, 2002. After helping to establish the San Diego FJC, Casey Gwinn was asked by President Bush to participate in a roundtable on family violence in 2003 (SDFJC, n.d.). This paved the way for the PFJCI. In late 2004 the Office of the San Diego Family Justice Center was established as a separate city department to carry out the operations of the FJC in San Diego, providing the structure needed for the San Diego FJC to achieve success over the long-term.

When the San Diego FJC opened it "was poised to be the first facility in the country to house: the Police Department's entire Domestic Violence Unit (40), the City Attorney's Domestic Violence Unit (35), and staff from approximately 20 other community nonprofit domestic violence and sexual assault agencies and county agencies" (SDFJC, n.d.). Services a survivor can access at the San Diego FJC include, but are not

limited to: medical services, counseling services and support groups, advocacy, police, prosecutors, chaplains, assistance with immigration issues, and obtaining a restraining order. The San Diego FJC has clinicians from several agencies that specialize in therapeutic services for survivors of various forms of family violence on-site. The San Diego FJC trains all employees on the basics of domestic violence dynamics and PTSD, and offers monthly trainings on a wide array of topics for all interested staff (G. Strack, personal communication, June 2006).

The Importance of Staff Training

When evaluating a domestic violence program, it is important to consider whether survivors can get the types of assistance they seek within the program. Coordinated community response approaches in general, and FJCs in particular, are able to address multiple survivor needs in a more efficient way than having all of the services disconnected. However, the services and coordination of services are not the only important considerations in evaluating a program. The staff members providing the services are also a critical component of a program's success or failure. How well trained a staff member is on how to assist a survivor of intimate partner violence will inevitably affect the survivor's level of satisfaction with services. It is important for any program, no matter how specialized, to master the basics of working with survivors of intimate partner violence through adequate training and support for staff.

While there has been little research in the area of staff training, it has been argued that treating trauma in intimate partner violence survivors calls for specialized training and skills (Enns, Campbell, & Courtois, 1997; Gold, 2004). Furthermore, it is suggested that training should help professionals learn to deal with their emotional reactions to the

stories they hear (Tower, 2003). Even if staff are trained well on the skills of intervention, the success of these interventions may be limited if they are unable to manage their own feelings (Enns et al., 1997). Supervision and consultation are recommended avenues to assist professionals in managing their reactions and working most effectively with survivors (Enns et al., 1997). Competence to work with survivors can be viewed as a continuing process requiring repeated training on new issues that emerge, not just an initial training on the topic (Enns et al., 1997).

It has been asserted that many psychologists have not had specialized training on trauma or intimate partner violence, which may be due to the limited training provided in this area by graduate programs (Enns et al., 1997; Gold, 2004). Thus it may fall to the programs providing such services to effectively train their staff. Much of the research on staff training and intimate partner violence has been conducted in health-care settings. Tower (2003) studied the intimate partner violence screening barriers, things that prevent professionals from screening for intimate partner violence in health care settings, in a sample of 188 social workers in Florida. Higher in-service training hours and continuing education credits were found to be related to higher screening rates and fewer reported barriers to screening. Additionally, just over a third of the participants indicated they had not received any training on intimate partner violence during their education. These findings underscore the need for specialized training on trauma and intimate partner violence as an essential element of all programs serving survivors.

Statement of the Problem

Intimate partner violence is clearly an important social issue. Although many programs are available for survivors of intimate partner violence, much more research is

needed to determine what motivates survivors to participate in programs developed for them and how these programs can best satisfy their clients. The reforms that have been made to the laws governing intimate partner violence seem to be effective at maintaining criminal justice involvement of the cases, but not necessarily effective at securing survivor participation (Ford, 2003). Having an ally within the criminal justice system serves to empower survivors of intimate partner violence, and may deter the perpetrators from continuing the abuse (Miller, 2003).

The San Diego FJC may provide the support needed by survivors to help navigate a complicated criminal justice system. The FJC model is unique in its ability to provide in one place a comprehensive variety of services that a survivor previously had to search for in many different locations. Having all of the services located together may allow for more effective communication between the different service components. Now is the time to speak with survivors who have received services at the San Diego FJC about their experiences, in order to learn as much as possible about how this new model can best meet their needs.

Purpose of the Study

The purpose of the present study is to better understand the experiences of survivors of intimate partner violence within a "one-stop-shop" for domestic violence that uses a coordinated community response approach. Previous evaluations of advocacy programs are unclear about which specific parts of the advocacy intervention made the difference for the survivors (C. M. Sullivan & Bybee, 1999). The present study will allow survivors to comment on their experiences at the San Diego FCJ, sharing what they found most helpful and what improvements could be made.

According to Hart (1995), much of what is unknown about the impact of the legal system's interventions can be discovered by considering the experiences of not only survivors of intimate partner violence, but also the people who provide services. Staff have already been included in research on intimate partner violence. An investigation of the trauma symptoms and life skills needs of survivors (Gorde et al., 2004) and a study of a legal advocacy intervention (Weisz, 1999) both included a qualitative staff component. Both studies generally found staff to be accurate voices for the survivors in the samples being studied. As such, the current study will include the San Diego FJC staff. Staff may have important information about the FJC model's strengths and weaknesses. Information gathered from staff will help to focus areas of interest for discussion with survivors.

An additional dimension of this study is whether a program as extensive as the San Diego FJC is able to function effectively without staff members losing sight of the basics involved in serving survivors of intimate partner violence. How well knowledge about trauma and intimate partner violence is incorporated into daily practices reflects on the program's success. The extent to which staff take advantage of and learn from the training offered at the San Diego FJC will be considered. This study will utilize staff and survivors to examine how capable the San Diego FJC is of going above and beyond what other domestic violence programs offer in its ability to meet the needs of survivors of intimate partner violence.

CHAPTER III

Methods

Research Design

This study used qualitative research methods to explore the experiences of survivors of intimate partner violence who received services at The San Diego Family Justice Center. There were two portions of this study: (a) a pilot study with San Diego FJC staff, and (b) a principal study with San Diego FJC clients who are survivors of IPV. Qualitative research allows a person's subjective experience to be fully explored by treating the participant as the expert on what is being researched (Auerbach & Silverstein, 2003). The ability to understand outcomes of domestic violence programs would be greatly improved by qualitative information about the programs from the perspectives of survivors and staff (Larry Bennett et al., 2004; Davis & Srinivasan, 1995; Hart, 1995).

One of the criticisms of qualitative research on intimate partner violence is that it has not included different perspectives in the same study, for example both staff and clients (Murphy & O'Leary, 1994). Murphy and O'Leary argue that incorporating multiple perspectives enhances the credibility of the results. In regards to qualitative evaluations, the authors suggest that the credibility of a study can be improved by "inviting research participants to shape the nature and direction of questions asked" (Murphy & O'Leary, 1994, p.215). The current study incorporated multiple perspectives through a "survivor-informed" research approach, a concept that has been defined to include perceptions of service providers as well as survivors themselves (Gilfus et al.,

1999).

The researcher acted as a participant observer, volunteering at the San Diego FJC to complete clinical screenings with survivors. This allowed the researcher to get hands-on experience with the program, and added an additional perspective to the study. According to Maykut and Morehouse (1994), the task of participant observation “is one of listening hard and keenly observing what is going on among people in a given situation or organization or culture in an effort to more deeply understand it and them” (p.69). The researcher took hand written field notes on her experiences as a participant observer, which supplement the information gathered from the staff focus group and survivor interviews. The researcher’s field notes were guided by a set of goals (Appendix A). These goals also guided the development of questions for the pilot and principal studies. Research that has been done at the San Diego FJC thus far has not incorporated a participant observer component, and as such the present study will make a unique contribution.

This study utilized an emergent design and maximum variation sampling (Maykut & Morehouse, 1994). An emergent design means that the design of the study continued to develop as the research was carried out. Maximum variation sampling allows researchers "to select persons or settings that we think represent the range of experience on the phenomenon in which we are interested" (Maykut & Morehouse, 1994, p.57). This type of sampling allowed the researcher to select participants who represent the diverse staff and clients of the San Diego FJC.

Pilot Study

According to Maykut and Morehouse (1994), "team involvement in interview

development can yield more interesting ideas than one might think of alone" (p.83).

Focus groups "can be an efficient means of helping the researcher begin to focus on the more salient aspects of the phenomenon under study" (Maykut & Morehouse, 1994, p.105). For these reasons this pilot study enlisted the San Diego FJC staff as collaborators in refining the principal study's survivor interview questions.

Pilot Study Participants

The pilot study consisted of six staff members from the San Diego FJC, representing five of the over twelve departments and community partners (agencies with services located within the San Diego FJC) within the program. There were two advocates, two therapists, a legal staff member, and a clinical screener who participated. The number of staff participants was determined by staff availability and how representative the sample was of the program's services.

Inclusion criteria.

1. Participants were adults, age eighteen and older, who were full time or part time employees or volunteers of the San Diego FJC or one of its on-site community partners.
2. Participants worked at the San Diego FJC site for at least one year prior to the date of recruitment for the focus group.
3. Participants consisted of staff members with previous experience working with survivors of intimate partner violence outside of the San Diego FJC as well as those who had no experience with survivors prior to their employment on site at the San Diego FJC.
4. Participants worked in any department or community partner of the San Diego

FJC that has direct contact with survivors. This was necessary to ensure that the staff participants would be able to speak about actual experiences with clients at the San Diego FJC, making their contributions “survivor-informed” (Gilfus et al., 1999).

5. Participants were of any gender, race, ethnicity, culture, sexual orientation or religion.

Exclusion criteria.

1. Staff members who do not have direct face-to-face contact with survivors in their role at the San Diego FJC were excluded.
2. Any potential participant who was not willing to consent to being audio-taped was excluded.

Participant recruitment. The researcher visited each community partner within the San Diego FJC to inform staff members of the opportunity to participate in a focus group, and to explain the purpose of the study. The researcher met individually with all interested staff to determine their eligibility for participation in the focus group.

Amendment to the proposal (Pilot study participant recruitment). Initially the researcher’s intention was to distribute a sign up sheet to each community partner. However it became clear that staff were concerned about confidentiality. Staff members were informed of the pilot study and of the days the researcher was on site at the San Diego FJC via a program wide email, and interested staff members initiated contact with the researcher.

Pilot Study Instruments

The instruments for the pilot study included a San Diego FJC Staff Demographics Questionnaire (Appendix B) designed by the researcher, and Focus Group Questions

designed by the researcher (Appendix C). The Demographics Questionnaire contained questions to allow the researcher to determine whether the potential participant was eligible to participate in the study. The Focus Group Questions consisted of open-ended questions, list-making questions, and scaled or forced-choice questions.

Amendment to the proposal (Pilot study instruments). The staff participants were very thorough in their responses to the focus group questions, at times answering questions before they were asked. Due to time constraints related to the participants' active participation, focus group questions 7d through 8e, 10a through 10d, and 11a through 11d were not directly asked (see Appendix C). Some, but not all, of the content addressed in these questions had already been elicited in the focus group discussion.

Principal Study

The principal study used semi-structured interviews (Appendix D) to explore the experiences of survivors of intimate partner violence at the San Diego FJC. The interviews included an examination of which aspects of the San Diego FJC operate effectively, which aspects could be improved, how improvements could be made, and what role Prochaska and DiClemente's (1982; 2005) stages of change may have played in survivors' help-seeking behavior.

Principal Study Participants

The principal study consisted of 10 survivors of intimate partner violence who received services through the San Diego FJC. The sample size of survivor participants was determined by the point at which saturation was reached. Saturation in qualitative research is defined as the point where new data no longer provides new information (Auerbach & Silverstein, 2003; Maykut & Morehouse, 1994). An attempt was made to

select participants representing all five of Prochaska and DiClemente's (1982; 2005) stages of change (see Principal Study Instruments below).

Survivors were recruited as they entered the program or soon after, with the exception of the "Voices" participant. "Voices" is comprised of survivors who have been through the San Diego FJC program and have successfully left an abusive relationship. This study attempted to provide a maximum variation sample of survivor participants. As such, the survivor participants were made up of a diverse sample of women who utilized different numbers and types of services offered by the San Diego FJC. Some of the survivors had completed their involvement with the San Diego FJC before being interviewed, with the exception of those survivors receiving long-term therapy services or participating in the "Voices" program. Recruiting a participant from "Voices" ensured that the maintenance stage of change was represented in the research sample.

Inclusion criteria.

1. Participants were English-speaking adult women, age eighteen or older, who were physically assaulted by a male intimate partner on at least one occasion.
2. Participants planned to or had already utilized at least one service at the San Diego FJC.
3. Participants were of any race, ethnicity, culture, religion, or marital status.
4. Participants with and without children were both included. The participants with children had children with the perpetrator and/or from a different relationship.
5. Survivors who cohabited with their abuser as well as those who had not were eligible to participate.

6. Survivors who were still in a relationship with the abuser, who had returned to the abuser, and those who had separated or divorced were all eligible to participate.

Exclusion criteria.

1. Survivors who were not fluent in English were excluded.
2. Survivors who were in same sex relationships were excluded, as same sex intimate partner violence is beyond the scope of this study.
3. Survivors who were unable to understand the informed consent due to intellectual or mental health impairments were excluded.
4. Any potential participant who did not consent to being audio-taped was excluded.

Participant recruitment. Staff members who conduct the intakes at the San Diego FJC were informed of the study, and its inclusion and exclusion criteria, so that they could inform survivors about the study. If the researcher was on-site that day interested survivors spoke with the researcher immediately. If the researcher was not available, survivors were given a flyer (Appendix E) and instructed to contact the researcher directly. The flyer included the information that participants who complete the study would receive a \$25 grocery store voucher for their participation. Flyers were also given to survivors in the San Diego FJC “Voices” program by a staff member during one of their meetings.

Principal Study Instruments

The instruments administered in the principal study included Semi-Structured Survivor Interview Questions (Appendix D), a San Diego FJC Client Demographics

Questionnaire (Appendix F), and Journal Target Questions (Appendix G). The Demographics Questionnaire allowed the researcher to assess whether the potential participant was eligible to participate in the study. It also included questions aimed at assessing a survivor's stage of change.

Journal/tape recorder. Those FJC clients who agreed to participate were asked to complete a journal answering target questions (Appendix G) during their involvement with services at the San Diego FJC. Journals, which were supplied by the researcher, were used to provide qualitative data to supplement the information gathered in the Semi-Structured Survivor Interviews. Participants were instructed not to discuss the details of any case in their journal entries, but to write about each experience they had and the services that they received at the San Diego FJC. Target questions written in the front of the journal guided survivors about the suggested content of their journals. Any case details or identifying information written in the journals were blacked out. The journals allowed for collection of data closer to the actual time of service utilization. The journal was required to be kept at the San Diego FJC, and it was required that the journal be available to the researcher before the participant could complete the interview and receive the grocery store voucher. Of the 10 survivor participants, four elected to journal on their experiences at the San Diego FJC.

Semi-structured survivor interview. A semi-structured survivor interview (Appendix D) was used to collect qualitative data from the San Diego FJC clients. The semi-structured interview was developed to obtain information about the experiences of the survivors within the San Diego FJC program. The results of the pilot study were used to revise and generate questions for the survivor interview. Development of the semi-

structured interview was also be guided by both what is present and missing in the current literature. The semi-structured interview took approximately one hour to complete. Participants were instructed not to discuss any details of an ongoing case. At any time that this occurred during an interview the interview was stopped briefly and the participant was reminded not to discuss the case details to insure protection of this information. There were slight modifications made to the original interview between the fourth and fifth interviews in an effort to improve the interview and in accordance with the emergent design of the study. These modifications were discussed with and approved by the dissertation chair. The questions that were modified related to the safety features of the program and participant's culture, and were revised to try to elicit further information.

Protection of Human Subjects

All participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 2002), and in accordance with the guidelines of Alliant International University's Institutional Review Board for the San Diego campus. Before participating in this study, all participants completed an Informed Consent Agreement (Appendices H & I) that explained the purpose of the study, their rights as participants, and the limits of confidentiality. In addition, participants signed a Permission to Audiotape form (Appendix J). Participants were informed that they may withdraw from the study at any time without it impacting their eligibility to receive services at the San Diego FJC.

Participants were informed that counseling referrals were available should either the pilot or principal studies cause any distress to the participants. Interviews with

survivors were stopped if a participant appeared to be experiencing distress. If a participant's interview was stopped, the interviewer evaluated whether it was appropriate to continue. If it was determined that distress was not a problem, then the participant was given the choice about whether or not to resume the interview. Participants were given the opportunity to ask questions at the end of the focus group or interview, and were asked if they would like to receive information about the compiled results of the study upon completion of the research.

Provisions were included to ensure participants' privacy, and these provisions were explained to potential participants. To help maintain participant confidentiality, staff participants were assigned numbers and survivor participants were assigned letters based on the order in which they were interviewed. The journals were labeled with numbers, and tapes from the interviews were labeled with the participant's assigned letter. A log was used to keep track of the assigned numbers and letters. The log was kept in a separate, locked file in a different location from the de-identified information. Identifying information that has been excluded from the presentation of pilot study data includes staff participants' names, ages, and which community partner participants worked for. Identifying information such as names, careers, and locations mentioned in the survivor participant interviews have been changed for presentation of the data in order to ensure the confidentiality of the participants. Audiotapes were destroyed immediately upon completion of the study. All de-identified information, including transcripts, notes and summaries, is being kept for one year after completion of data collection so that identified themes can be reviewed upon request.

Procedure

Each potential staff and survivor participant met individually with the researcher at the San Diego FJC. Upon first contact with the researcher, potential pilot study participants completed the San Diego FJC Staff Demographics Questionnaire (Appendix B), an Informed Consent Agreement (Appendix H), and a Permission to Audiotape form (Appendix J). For the principal study potential survivor participants completed a San Diego FJC Client Demographics Questionnaire (Appendix F), an Informed Consent Agreement (Appendix I), and a Permission to Audiotape form (Appendix J). These forms acted as a screening tool for all potential participants, allowing the researcher to determine whether inclusion and exclusion criteria were met.

The forms were explained by the researcher to ensure that the participant understood them. If a participant was not able to understand the forms after clarification was provided by the researcher several times, then the session was terminated, and the participant was thanked for his/her time and interest. If a participant understood the forms, eligibility was determined once all of the forms were completed. The researcher then briefly explained the study and issues of confidentiality to the participant. Any questions about the forms or the study were answered.

The pilot study focus group and principal study semi-structured interviews were audio-taped and transcribed verbatim for analysis. Transcripts for the semi-structured survivor interviews were labeled with the participant's assigned letter, page numbers, and the corresponding journal number for those participants who wrote in a journal. A pseudonym was assigned for each participant.

Pilot Study

Staff participants were informed of the date and time of the focus group. The focus group was conducted at the San Diego FJC and was audio-taped. The researcher led the focus group, and a member of the research team assisted. The Focus group questions were displayed on a projector. Each question was also presented orally and participants were able to respond spontaneously. The information gathered in this pilot study informed the development of the semi-structured survivor interview.

Principal Study

Survivor participants were selected one at a time using the method of maximum variation to ensure a diverse sample was obtained. Each survivor participant, with the exception of the one from “Voices”, was offered a journal or audio tape recorder with target questions immediately after completion of the initial paperwork, so that they could begin journaling about their experiences with the program as soon as possible. Each journal was assigned a number so that no identifying information would be included in the journal, and the number was noted in the researcher’s log. The journal also contained the researcher’s contact information. Journals were kept in a locked file box at the San Diego FJC. Survivors had access to their journals throughout their participation in the study. This was done in attempt to prevent perpetrators from coming into contact with the journal.

Each survivor participant later took part in a semi-structured survivor interview with the researcher at the San Diego FJC. Participants who wrote in a journal were informed that researcher must have the journal before scheduling the interview. The researcher checked that the journal was present before contacting the participant. Survivors were informed that the researcher would contact them three weeks after joining

the study, which should have been sufficient time for the majority of clients to have completed San Diego FJC services (K. Pearce, personal communication, July 2006). Participants who had completed their involvement with the San Diego FJC at that time were provided with an appointment for an interview. Those who were participating in long-term therapy services were informed that the researcher would contact them again in five weeks to set up an interview time after they had a chance to spend some time in therapy (the researcher is aware that these participants may still be accessing ongoing therapy services at that time). “Voices” survivors will be eligible to participate at any time during data collection. Upon completion of the interview, the survivor was provided with the grocery store voucher.

Data Analysis

Qualitative data analysis involves “interpreting texts and interviews in order to discover meaningful patterns descriptive of a particular phenomenon” (Auerbach & Silverstein, 2003, p.3). Qualitative research uses an inductive method of data analysis, which is better suited to qualitative data than the traditional deductive approach found in quantitative research (Maykut & Morehouse, 1994; Murphy & O’Leary, 1994). The ideas from the staff focus group were used to supplement and modify the questions for the semi-structured survivor interview. Each survivor interview was analyzed after it was transcribed so that each interview and its repeating ideas could be constantly compared to the subsequent ones, allowing it to be clear when saturation was reached (Maykut & Morehouse, 1994).

Journal and interview data were compared in order to examine possible differences between survivors’ perceptions while receiving services and afterward. The

researcher's field notes and staff focus group were used to provide further illustrations of identified themes. Any patterns in the data regarding who seems to find the program more helpful than others was considered, as well as any patterns related to barriers to service satisfaction. The cultural background of the participant and its role in help-seeking behavior was considered in interpreting the data, as was the survivor's stage of change and its implications for service utilization. The following summarizes the specific steps that were taken to analyze the data.

Grounded Theory

A "grounded theory" method was used to analyze the data. This method involves investigating an area about which not enough is known to generate hypotheses, allowing hypotheses to be generated after the data are analyzed (Auerbach & Silverstein, 2003). Data analysis for this study was an ongoing process occurring throughout data collection and beyond.

Repeating Ideas. The data were searched for repeating ideas (Auerbach & Silverstein, 2003), sometimes referred to as units of meaning (Maykut & Morehouse, 1994). These are small bits of information that stand alone consisting of one idea (Maykut & Morehouse, 1994). A descriptive phrase or word emerging from the research questions or from the data itself was used to label each repeating idea. This researcher followed the procedures described by Auerbach and Silverstein (2003) for carrying out the grounded theory method of data analysis. The first idea from the first interview transcript was coded as the initial repeating idea. The remainder of that transcript was searched for any other sentences or phrases that contained that same idea. Next, the second idea presented in the first interview was coded and the remainder of the transcript

scanned for additional comments about the second idea. This process was continued until every bit of information in the first interview was coded into a repeating idea. All subsequent interviews and journals were coded in the same manner. When a new idea was found in a particular interview or journal all previous interviews or journals were again scanned for comments that could be coded for the new idea. The ideas become repeating ideas once more than one participant endorses them. A continuous list of the repeating ideas was generated to aid in data analysis.

Themes. In analyzing the coded data, the researcher looked over the repeating ideas for major and minor themes. The themes represent important concepts in the data. The determination as to whether a theme is major or minor was based on the number of participants who talked or wrote about it (Maykut & Morehouse, 1994). The researcher used discussion by 70% ($n \geq 7$) of the participants as the criterion for major themes and 30 to 60% ($n = 3, 4, 5$ or 6) as the criterion for minor themes. The list of repeating ideas was used as the basis to identify the themes in the data in the same manner that the repeating ideas were drawn from the transcripts. The first repeating idea category from the list of repeating ideas was used to start the search for themes. The list of repeating ideas was scanned for any other repeating idea that was related to the first one, and this group of ideas formed the first theme. This process was continued until all of the repeating ideas on the list were coded into a theme. Similarly, any related themes were grouped to create theoretical constructs according the “grounded theory” method (Auerbach & Silverstein, 2003).

Stages of Change

Prochaska and DiClemente's (1982; 2005) stages of change model was used as a frame of reference for analysis of the data as well. All interview transcripts were also coded for comments that related to each of the five stages of change, as well as the two constructs of change and 10 processes of change identified in the literature (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Frasier et al., 2001; Prochaska & DiClemente, 1982, 2005; Prochaska et al., 1992). The same criteria for determining major and minor themes were used by the researcher for statements relating to stages of change, with discussion by 70% ($n \geq 7$) of the participants as the criterion for major themes and 30 to 60% ($n = 3, 4, 5$ or 6) as the criterion for minor themes.

Provisions of Trustworthiness

There are several ways to increase the trustworthiness of qualitative data. Incorporating multiple methods of collecting data, creating an audit trail, utilizing a research team, and using inter-rater coding are among these methods (Maykut & Morehouse, 1994). This study used several methods of data collection, including participant observation, a focus group, interviews, journaling, and demographics questionnaires. All transcripts, field notes, and coded data were saved to create an audit trail should anyone want to re-analyze the data. The research team in this study consisted of members of the dissertation committee and the other students in the committee chair's dissertation group. The dissertation group looked at portions of the data and assisted with coding repeating ideas. Inter-rater reliability was established by having a psychologist who was not a member of the research team, and was therefore blind to the research questions, analyze 20% of the interview transcript data. This outside coder was given an overview of the grounded theory methods used by the researcher to aid in analyzing the

data. All of the ideas generated by the outside coder had also been generated by the researcher. There were ideas generated by the researcher that were missing from the list the outside coder came up with. These discrepancies were resolved through discussions between the researcher and the outside coder.

CHAPTER IV

Results

There are three components to the results of the present study. The first section consists of the results of the pilot study. The results of the principal study are comprised of emergent themes as well as an application of the stages of change conceptual framework to the principal study data.

Pilot Study

Description of Sample

The staff participants in the pilot study consisted of six females with various roles at the San Diego Family Justice Center. The roles represented by staff participants included advocates, clinical screeners, therapists, and legal staff. These participants represented five different departments or community partners within the San Diego FJC. Staff participants ranged in age from 24 to 49. There were five Caucasian participants and one Hispanic participant. Two of the participants were bilingual. The length of employment on site at the San Diego FJC ranged from 14 to 36 months. Three of the staff participants had experience working with survivors of Intimate Partner Violence before working on site at the San Diego FJC, and all six had experience working in the mental health or social services field prior to working at the San Diego FJC.

Ideas Elicited from the Pilot Study

The researcher analyzed the pilot study data for ideas that were used to guide the development of the content area of questions for the semi-structured survivor interview.

Ideas that were spoken about by multiple pilot study participants were organized into categories. The field notes taken by the researcher for the participant observation component of the study were coded in a similar fashion, and contributed to the identification of idea categories that guided the semi-structured survivor interview for the principal study. The following idea categories were elicited from the pilot study and participant observation data.

Welcoming, supportive and safe physical environment. Staff described the physical environment of the program as welcoming and safe, and talked about some of the features that make it that way. Staff discussed the comfortable furniture as well as the food and the childcare that are provided. Many of the survivors the researcher interacted with during participant observation commented positively about the furniture, food, and childcare as well. Staff also mentioned that they hang statements of positive affirmation on the walls of their offices.

A place to connect survivors and provide sanctuary. Staff discussed the San Diego FJC as a place to link survivors with other survivors, and to help them see that they are not alone in their struggle to break free from abuse. Staff also discussed the existence of the San Diego FJC and how it gives clients somewhere to go at a time they may have no where else to turn. The researcher heard survivors sharing stories during participant observation.

Staff support. Staff talked about the importance of being supportive of the clients, and the differences that can make in the clients' experiences at the FJC. Staff discussed the importance of being caring and providing encouragement to survivors for seeking help.

Coordination of services. Staff talked about the coordination of services within the program, how that is helpful to clients, and how that makes the program unique. Staff discussed particular experiences involving clients mentioning the convenience of having multiple services in one location. Survivors encountered by the researcher during participant observation remarked about being pleasantly surprised to find so many services in one spot.

Kinks in the San Diego FJC system. Staff discussed some of the problems they and clients encounter within the San Diego FJC program. They described what they thought was not running smoothly and what they saw as potential pitfalls that might prevent clients from having a successful experience. Some of the things mentioned included staffing issues in general, and a particular need for more bilingual Spanish speaking staff members. Staff expressed a concern that the program and demand for its services may be growing more quickly than the program is equipped to handle.

Gaps in services. Staff listed services that clients seek or that staff thought would be helpful, and are not available at the FJC. Additionally, during participant observation the researcher came across requests for services that were not available. These services included transportation assistance, low income housing, shelter assistance, parenting classes, assistance finding a job, and services for obtaining divorce, custody and child support. This is not an exhaustive list of what was provided, but rather the services that were mentioned by more than one pilot study participant and were noted in the researcher's participant observation field notes as well. Transportation was included by staff in this list as a service that is not provided despite Traveler's Aid being one of the

FJC community partners because they felt clients were often unable to access that service.

Readiness for change as a barrier to service utilization. Staff brought up readiness for change as a barrier they have encountered in engaging clients in services at the FJC. Staff reported experiencing trouble connecting survivors to services at the San Diego FJC when the survivors themselves had not chosen to seek help. These clients had often been pressured to seek help by outside agencies such as the police and Child Protective Services, and many of them were not ready to end the relationship or make any changes to it.

Potentially retraumatizing experiences. Staff offered their thoughts about what survivors might find retraumatizing during their time at the FJC. Staff thought that seeing another survivor having a trauma reaction, being triggered by support people brought by other clients, retelling their story of the abuse, concerns about being seen by someone in the community, and being asked the questions on the risk assessment could all potentially be retraumatizing.

Principal Study

Multiple themes emerged from analysis of the principal study survivor interview data, including both major and minor themes. A supplemental analysis was performed to apply the stages of change conceptual framework to the principal study data.

Description of Sample

The survivor participants in the principal study consisted of 10 female San Diego FJC clients who had experienced at least one incident of physical violence in their relationship with the abuser. The names used in the results are pseudonyms that have

been assigned to each survivor participant. Tables 2 and 3 provide a summary of the information gathered from the survivor demographics questionnaire. Survivor participants ranged in age from 21 to 46. There were two African-American, three Caucasian, one Filipino, three Mexican American, and one Multi-ethnic (Japanese, Hispanic and Caucasian) participants. One participant was a member of the “Voices” program, a group at the San Diego FJC made up of survivors who have been through the program and have successfully left an abusive relationship. The other nine survivor participants were recruited upon initiating services at the San Diego FJC or soon after.

The length of abuse ranged from two months to 12 years. The number of times the participants had attempted to leave the relationship varied from zero to more than 10. All 10 participants had children, but only six participants had children with the perpetrator. Four participants never lived with the perpetrator. Of those who cohabited with the perpetrator at some point, one had been separated for a year, one had been separated for over six months, two had been separated for less than six months, one had been separated less than 30 days, and one was living with the perpetrator at the time of recruitment but was separated by the time of the interview. Five of the participants reported being religious. Four participants journaled during their involvement with the study. Eight of the survivor participants initially came to the San Diego FJC seeking a temporary restraining order. The various San Diego FJC services utilized by survivor participants can be found in Table 4. Additionally, a brief description of each participant is provided.

Table 2

Survivor Participant Demographic Information

	Ethnicity	Age	Children/ Child With Perpetrator	Religion/ Religious	Journal
Angela	African- American	43	Yes/Yes	Apostolic/ Yes	No
Betty	Mexican- American	22	Yes/Yes	Catholic/ Yes	No
Carol	Caucasian	38	Yes/No	None/ No	No
Diana	Mexican- American	32	Yes/No	Catholic/ No	No
Eve	Japanese, Hispanic, Caucasian	30	Yes/Yes	None/ Spiritual	Yes
Franny	African- American	46	Yes ^a /No	Catholic/ Yes	No
Gina	Caucasian	22	Yes/Yes	Catholic/ No	Yes
Heather	Caucasian	25	Yes/Yes	Christian/ Yes	Yes
Irene	Filipino	33	Yes/Yes	Catholic/ Yes	Yes
Julia	Mexican- American	21	Yes/No	None/ No	No

^a Survivor participant Franny had grown children who were not in the home during the time the abuse occurred, and therefore children did not play a role in her decisions about the relationship

Table 3

Additional Survivor Participant Demographic Information

	Length of Abuse	Living Situation	Number of attempts to leave in past
Angela	4-5 years	Never lived together	2
Betty	5 years, off and on	Separated less than 6 months	0
Carol	10 years, off and on	Separated longer than 6 months	10+
Diana	One month	Never lived together	0
Eve	8 months	Separated less than 6 months	0
Franny	1 year, 8 months	Never lived together	3
Gina	2 months	Living together, separated by interview	0
Heather	9 months	Separated less than 30 days	3
Irene	~12 years	Separated 1 year	3+
Julia	4 months	Never lived together	5-7

Table 4 (continued)

Services Utilized by Survivor Participants

	Angela	Betty	Carol	Diana	Eve	Franny	Gina	Heather	Irene	Julia
Individual		✓		✓	✓	✓				
Therapy										
Child					✓					
Therapy										
Risk	✓	✓	✓		✓		✓			✓
Assessment										
Safety	✓	✓			✓					
Plan										
Individual		✓		✓	✓	✓				
Therapy										

Angela. “Angela” is a 43 year-old African-American survivor who is part of the “Voices” program at the San Diego FJC. Angela first heard about the San Diego FJC through word of mouth from a person working in an office somewhere in the criminal justice system. Angela recounted her difficult journey through the criminal justice system before finding the San Diego FJC. The status Angela lost as a result of leaving the relationship was a prominent aspect of her interview, as was how she was able to regain her identity through the services at the FJC. Angela discussed how the San Diego FJC helped to empower and support her, helping her find her voice in the criminal justice system. She emphasized the importance of her belief in God, and the respect and love she

felt she received at the San Diego FJC. Angela discussed the role the San Diego FJC had in helping her move through the stages of change, stating “I am on my way to being victor. Okay. I’m no longer a victim. I might not be all the way there. But I’m not a victim anymore.”

Betty. “Betty” is a twenty-two year-old Mexican-American survivor. The abuse in her relationship began when she was a teenager, and went on for five years. Betty first heard about the San Diego FJC from the detective assigned to her case. Betty expressed frustration about not being apprised of the status of the case and court dates on a more regular basis. What stuck out most from Betty’s interview was the importance of the personal relationship she built with the detective assigned to her case. “But he’s always readily available... the day that I was gonna go drop the restraining order... and the detective called me the morning of, while I was at the court house and said, ‘Don’t do it.’ ... I was in the parking lot...I was that close do dropping the restraining order, and the detective got me to come here so I came here and I’ve been coming up and down ever since.”

Carol. “Carol” is a thirty-eight year-old Caucasian survivor. She had made over 10 attempts to leave the relationship. Carol had been separated for over six months at the time of the interview, but the perpetrator remained abusive during that time. Carol first heard about the San Diego FJC when she called the SDPD non-emergency line to find out how to get a restraining order. A salient feature of Carol’s interview was her desire for privacy and her fears of retaliation by the perpetrator for seeking help. “I think my biggest worry was exposing what had happened to me and being embarrassed about telling somebody what had happened to me was the biggest thing that I feared. I also

feared that by bringing this out and having the restraining order brought upon this person that it would cause retaliation in some way. And that still is a fear actually.”

Diana. “Diana” is a thirty-two year-old Mexican-American survivor. Diana was told about the San Diego FJC by another agency in the community when she sought help for her situation. Diana had been in violent relationships before the one that brought her to the San Diego FJC. It was Diana’s reluctance to return to a service provider she had prior contact with that led her to be referred to the San Diego FJC. Diana was able to compare her experience at the San Diego FJC to other service providers she had contact with in the past. Diana also discussed how important it is for her to be in a calm environment because she is prone to having anxiety and trauma reactions when she is around people who are upset. “And the other thing that I noticed is that there were a lot of women there in the lobby getting help as well, and they were not upset... but I imagined people crying, and hey, wow nobody is carrying on so I’m like well, that’s good. That means that somebody’s helping them.”

Eve. “Eve” is a thirty year-old survivor of Japanese, Caucasian, and Hispanic descent. Eve first heard about the San Diego FJC when she received an outreach phone call from an advocate with one of the San Diego FJC community partners. Eve discussed her children’s role in motivating her to become a healthier and stronger person. Eve talked a lot about her struggle in reconciling her role in the abuse in the relationship. She also talked about needing to understand the reactions she was having to the abuse, and that being primarily what brought her in to the San Diego FJC. “I wanted to understand why I was crying so uncontrollably... So I really was kind of just needing somebody to

talk to. Not looking for therapy or not looking for -- just kind of, why am I feeling this way?"

Franny. "Franny" is a forty-six year-old African-American survivor. Franny learned about the existence of the San Diego FJC from the detective assigned to her case. Franny reported satisfaction with her experience at the San Diego FJC, and described dropping by the building to refuel emotionally. She repeated over and over again how nice and caring the staff were at the San Diego FJC. Franny discussed feeling very comfortable at the San Diego FJC, and using it as a place to stop by. "Now, I have came here twice before like I had an appointment downtown... I'll stop in and didn't have an appointment, so that was a good thing 'cause I just wanted to see the building...I stopped in to get something to eat, to get something to drink, and then I just left."

Gina. "Gina" is a twenty-two year-old Caucasian survivor. Gina was informed about the San Diego FJC by the police officer who responded to a call at her home. The officer circled the phone number for the San Diego FJC on an information sheet he gave to Gina. Gina expressed worries she had about seeking legal assistance due to negative experiences she had with law enforcement when she got into trouble as a teenager. She looked at the San Diego FJC's website before going there to get a sense of what the program was like. "I knew there was a place that helps you get restraining orders, but I didn't know that it was like this... I thought it was just like a regular office where you go and you sit with some old man in a business suit, you know, give me the lawyer lingo... But the person you talked to was homey and really nice." Gina also found the San Diego FJC to be a good place to connect with other survivors.

Heather. “Heather” is a twenty-five year-old Caucasian survivor. Heather was referred to the San Diego FJC by a military advocate at one of the military bases in San Diego. Heather had strong positive and negative feelings about some of her experiences at the San Diego FJC. Heather was frustrated by the time she spent waiting and because she was not assisted in filing for divorce. On the other hand, as a mother she reported being struck by the child-friendly environment of the San Diego FJC, with the volunteers being available to watch people’s children in the playroom and being impressed by the playroom itself. “Then you got this world, this world’s biggest playroom for the kids. Oh, my gosh, I love that playroom (laughs). It's so big, it's about as big as my apartment. It's so huge. And all the toys, and all the different kinds of toys and the things that are in there and all the movies...”

Irene. “Irene” is a thirty-three year-old Filipino survivor. Irene continued to have problematic interactions with the perpetrator after the two separated. She was maintaining contact with him because of their children, and he ultimately became abusive again. Like Heather, Irene was told about the San Diego FJC by an advocate on a military base. Irene reported that it would be nice to have someone available to talk to who was familiar with her culture. Irene brought up having concerns about trust and confidentiality after some of her experiences seeking help through the military. She felt that the San Diego FJC was able to put her worries at ease. “She [the military liaison] was really nice in the beginning. I felt comfortable with her. But at first of course you’re trying to see if there was anything there that couldn’t be trusted, you know ...but I put that aside, you know, when I saw that she was really very helpful. She understood what I went through... she really put me at ease after a while.”

Julia. “Julia” is a twenty-one year-old Mexican-American survivor. Like Betty, Julia talked about how someone reaching out to her helped her make her way to the San Diego FJC. An advocate from an agency unaffiliated with the San Diego FJC was the person pivotal in getting Julia to seek help through the program. “It was the fact that I had someone there to go with me and somebody that knew all the stuff about me...the advocate...because before I couldn’t do it, and they just said I have to go here but I never got up and went.”

Emergent Themes

There were a total of 15 themes, 12 major themes and 3 minor themes, that emerged from analysis of the principal study data. A list of major themes can be found in Table 5, and a list of minor themes can be found in Table 6. Survivor participants discussed many positive experiences within the San Diego FJC, and were able to offer constructive feedback about the program as well. Three quotes from survivor participant interviews will be used to illustrate the major themes, and two quotes will be used to illustrate the minor themes.

Table 5

Major Themes Endorsed by Survivor Participants

	Angela	Betty	Carol	Diana	Eve	Franny	Gina	Heather	Irene	Julia
Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Connections										
Comforting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Program										
Features										
Managing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Truama										
Advertising	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coordination	✓	✓	✓	✓	✓	✓	✓		✓	✓
of Services										
DV Specific	✓	✓	✓	✓	✓	✓	✓		✓	✓
Help										
Safety	✓	✓	✓	✓		✓	✓	✓	✓	✓
Communication		✓	✓	✓	✓	✓	✓	✓	✓	✓
Breakdown										
Education	✓	✓	✓	✓	✓	✓	✓		✓	
about IPV										
Personalized	✓	✓	✓	✓	✓		✓	✓		✓
Assistance										
Vulnerability	✓	✓	✓	✓			✓	✓	✓	✓

Table 5 (continued)

Major Themes Endorsed by Survivor Participants

	Angela	Betty	Carol	Diana	Eve	Franny	Gina	Heather	Irene	Julia
Developing	✓	✓		✓	✓	✓	✓		✓	
Personal										
Power										

Table 6

Minor Themes Endorsed by Survivor Participants

	Angela	Betty	Carol	Diana	Eve	Franny	Gina	Heather	Irene	Julia
SDFJC	✓	✓		✓	✓	✓	✓			
used for										
Ongoing										
Support										
Tangible		✓	✓	✓		✓		✓	✓	
Items										
Unmet		✓	✓	✓			✓	✓	✓	
Service										
Needs										

Major theme 1: Human connections and relationship building. All 10 survivor participants discussed the humanity of the San Diego FJC. It was not only the services they received, but the way the services were delivered that were salient for many survivor

participants. Survivor participants felt like they were treated respectfully and not discriminated against by staff, although Irene warns that it may be difficult for survivors from some ethnic backgrounds to form a solid human connection without culture being taken into account. The warmth and kindness of staff, and the ways they provided support were discussed by the survivor participants as helping them form connections and build relationships.

“The way they talk to you and help you out when you ask questions they're really...ready to help you... Not because...it's just their job... they're willing to do it out of their own heart, you know, the intention is there. And you hardly find that anywhere nowadays... you could feel that people are really, you know, there to help you...” –Irene

In general survivor participants felt staff showed support through devoting time to survivors, accommodating their needs, and validating their experiences. Survivors described staff as going out of their way to be available or helpful to survivors.

“I went to the counter and I asked for help and they were closing, and ... Sarah [pseudonym for staff person] took the time... to say, you know, everyone's on their way home, we can't take care of you today but please come back tomorrow morning at nine and we can help you. And she was warm, and she was loving, and she came outside of that reception box and she touched me and I just knew that I could get help here. So I came back the following day, let them know what I was up against... I just really don't remember anything negative ... 'cause this is so personal, it's so human and... it's so one-on-one. –Angela

There were also individual relationships built with staff members. Survivor participants often described these personal connections made with staff as an essential part of what made their experiences at the San Diego FJC successful.

“The detective I'd have to say [was a person with whom she formed an important relationship]. 'Cause if it wasn't for him I'd have dropped the restraining order and God only knows what would happen... he'd [the perpetrator] have got out [of jail] and there wouldn't have been a restraining order... the detective is what pushed me. He's kind of been like an adoptive dad. You know? Like, hey you need to wake up. So that's cool, it was real cool.” –Betty

Major theme 2: Comforting features of the program. The welcoming physical environment of the San Diego FJC was discussed by all of the survivor participants. Several survivor participants brought up the contrast between the home-like feel of the San Diego FJC and the typical office feel of other programs. The San Diego FJC is located in an office building in downtown San Diego. The program uses four floors of the building. Getting off the elevator on the second floor and walking toward the reception area you encounter what is called the porch. After people are screened for entry they are buzzed into what is called the kitchen, an area that has a dining room table in the center. Starbucks donates pastries daily to the San Diego FJC that are set out on the kitchen counter. There are volunteers in the kitchen who offer food and beverages to survivors and their support people. There are two small rooms with computers and phones, and there is a quiet room with a table and rocking chairs. An additional physical feature of the San Diego FJC is a large playroom for children located off of the kitchen.

“I think it's very calming. I think it's -- it's not setup like a court... it's setup more like a family room. There's tables, it's family oriented, there's room for the kids to play...and the other offices, it was nice because they had a couch. I think it's better to sit like in a couch setting, especially when you're upset it just makes it more comfortable. Makes it more like home... And they even have a quiet room that they put you in... I had like an anxiety attack when I was here. So I went into the quiet room to collect myself and I just drank some water and read a magazine and I was calm” –Diana.

Diana went on to suggest that having soothing music available for people to listen to might enhance the comfort level of the program. Eve summarizes many of the comforting features mentioned by the survivor participants, and reiterates what other participants have referenced about the importance of the San Diego FJC feeling like a home.

“It felt so inviting. Like I could come back and not feel like I was a problem for somebody. I felt very welcomed all the times, such nice people here all the time. They -- I mean the kitchen, the play area for the kids, the kitchen, you know, it's really, you know, just feels like home...” -Eve

In addition to the physical set-up of the San Diego FJC and tangible items available, the fact that survivors could bring support people along with them was described as a comforting feature of the program. The presence of support people at the San Diego FJC who are not clients themselves but accompanied by clients was something about which the staff voiced concern during the pilot study. The principal study results, however, highlight this as a comforting feature of the program.

“Well, to me it's nice to have somebody there for you that you can, you know, talk to all the time. I mean, I have people like that, I have my support team, but they're not here personally. You know, that really helps a lot at the end of the day to have somebody there.” –Irene

Major theme 3: Managing trauma. Survivor participants recounted experiences that were difficult for them at The San Diego FJC. The common elements in what made these experiences difficult were the trauma reactions that were evoked. There were unpleasant emotions brought up when recounting a traumatic experience that survivor participants needed to deal with in order to maintain focus on completing the task at hand.

“It was just weird [meeting with the Forensic Medical Unit], you know, 'cause I had to demonstrate how he was doing what he did to me and I had to point to different sore spots and bruises. It's kind of degrading in a way. You know what I mean? Because it was kind of like I was reliving it so that wasn't... that part of it wasn't very fun.” –Betty

Sharing one's own story of abuse was discussed by several survivor participants as contributing to reliving the trauma. Despite this being hard for them to do, they were able to manage their emotions because they saw a purpose for what they were doing. While understanding the importance of sharing their story, and seeing a possible benefit to retelling it, some survivor participants nonetheless reported preferring to tell the story one time.

“Three different people in one day [she told her story to]... It was emotionally exhausting. There were a couple times when I would cry but continue just because I wanted to get through it.... I think probably it would be easier on someone emotionally to only have to say it once. But it could also be somewhat therapeutic to say it more than once. Just to find out that it is okay to say what’s gone on.... [But] nobody likes to be brought back to an emotional time, so I would have to say that if I had a choice to just get it all out with one person that’s probably how I would have wanted to do it.” –Carol

Survivor participants’ had different individual ways of managing the negative emotions evoked by reliving the trauma. Some survivor participants discussed ways they reframed their thoughts about times they ended up waiting to see someone, and others attempted to manipulate their environment to meet their emotional needs. Diana discussed her use of the quiet room.

“Just when I had the anxiety, -- you know, I had my headphones on 'cause I was trying to really keep myself -- I have problems like when something happens to me like that I get very post-traumatic and I get anxiety attacks easily and so I was upset and I had my earphones on and nobody ever once told me just take them off your head or whatever. And I really appreciated that. They’d just come over and tapped me on the shoulder and I just had my music blaring... I didn’t want to know anything about anything. I was just trying to focus on the music and trying to stay calm... In a way my special needs would have been my mental health status at that point and... they were very helpful with that.” –Diana

Major theme 4: Advertising. In order for survivors of IPV to be able to take advantage of the services offered by the San Diego FJC they have to get to the program. The survivor participants in this study brought up several factors that impeded their ability to reach the San Diego FJC. First and foremost was a lack of knowledge that there was a San Diego FJC.

“I didn't know about it. Like I said I thought it was on Broadway where you file the restraining order [the court building]... I wouldn't have known about it till the detective told me about it. And then I didn't know they had services for domestic violence... I wouldn't have known on my own.” -Franny

Even when survivor participants were told about the program, they were often only aware of the restraining order clinic and did not know about the availability of

multiple services or the welcoming set-up of the program. Survivor participants felt strongly that information about the San Diego FJC should be available in more places so that survivors could become aware of the program's existence. The many services and comforting features of the program may be important elements to include when getting the word out into the community about the program's existence.

"I would definitely put up billboard signs advertising this place...All over. All over. Abuse is everywhere." –Heather

"I don't know maybe I just wasn't at the place where it advertises or reaches out to people, but I think that it could do a better job, I hate to use the word advertising, but putting the word out there... a lot of women that are in vulnerable situations and single mothers... tend to be a lower income. And tend to be participants in public assistance and [other] programs... and that maybe if those organizations could have reached out to me I would have seen it a lot sooner... and I didn't because pretty much all those agencies that I was working with had their own system, but there wasn't anything to help me with my abuse." –Carol

Major theme 5: Coordination of services. The coordination of services theme relates to the coordination within the San Diego FJC itself as well as coordination with services outside of the program. Several participants discussed problems they encountered within the justice system before being directed to the San Diego FJC.

"Outside of here it was confusing. I was unclear, I didn't know... you know, go here, get this report, go there... and they were sending me to 15 places and ... You're not at that level. You're not at that stage of the game. You can't compute all that stuff. I didn't even know what they were telling me. They was running me all around to all different buildings to pick up reports and do all these different things. And I mentally was beaten and... I wasn't capable to do all that stuff" –Angela.

The survivor participants' experiences at the San Diego FJC were generally in stark contrast to this in that they found the program's services were well coordinated. While Eve even referred to the San Diego FJC as a "one-stop-shop" in discussing how she was pleased that there were multiple services available in one building, Betty put it this way,

“There’s no where else that I know of where they actually offer this kind of help... For as much services and help that is in one little spot they worked pretty well together... when I first got here and I called the detective, he had people lined up for me, you know, this is what we’re going to try and help you with. We’re going to try and do this, we’re going to try and do that, we’re going to try and get this for you, and they did. You know it was kind of like a chain reaction. It was cool.” –Betty

It is important to note that despite the overwhelmingly positive feedback from most survivor participants about the coordination of services within the San Diego FJC, Irene had a quite different experience with regard to coordination of services. For Irene, there were circumstances surrounding her case that created a conflict preventing some of the community partners from being able to meet with her. Irene then encountered an experience similar to the one Angela recounts of being sent to many different places and having to figure things out on her own. Carol talked about coordination with the police department being problematic:

“I think that within the organization, the Family Justice Center, I think everybody works very well together. I don’t, however, think that the Police Department had much knowledge on how the system works and really didn’t work- didn’t know actually what this place had to offer and what it was really about. I felt like maybe those two agencies could come closer together and networking to make it more streamlined.” –Carol

Angela expressed a concern that was voiced by San Diego FJC staff during the pilot study related to how fast the program is growing. Angela discussed the need for more money to support service expansion and better coordination of services, more staff to effectively serve the growing number of clients, and the need for more space to accommodate program growth.

Major theme 6: Domestic violence specific help. An important concept elicited from the principal study data was that the services and the program were specialized for survivors of IPV. Prominent among the ideas discussed by survivor participants relating to this theme was the uniqueness of the San Diego FJC and the very fact of its existence;

that there is a specialized program such as this out there available for them to utilize.

“I think it's a better place to come to than go... to another place where it's not specialized with D. V. [where]you're mixed in with a lot of stuff. Like down there in community agency x... you're just mixed in with everybody else who have different kind of problems... If it ever happened to me again I would definitely be coming to this place other than anywhere else 'cause it's specialized for victims of domestic violence... I was able to do everything here.” –Diana

An additional aspect of this theme was the sense of belonging that such a specialized program provided for the survivor participants. Having a specialized place to go for help contributed to their sense that they were doing the right thing and helped them feel that they were not alone; that others shared their experience.

“Just 'cause it made me like feel like I was doing the right thing... it was just great being there... It was just... meeting people in the same situation as I am. And noticing like I'm not the only one out there that has these problems. That there's lots of people who have these problems. So it was great knowing that I'm not the only -- there's more people in the boat with me.” –Gina

“We obviously have something in common 'cause we're in the same place at the same time. And it was like somehow she needed help and I needed that help too...I don't quite know [how], but I feel better since I was here. I don't feel alone.” –Julia

Major theme 7: Safety. There are several factors that contributed to the theme of safety. These include the safety features of the San Diego FJC, the safety planning that is sometimes done with survivors, and the sense of security that survivor participants had while at the program. The safety features of the San Diego FJC consist of bullet resistant glass in the reception area where clients check-in, completion of a background check-in for everyone who is allowed to enter the kitchen, doors with security codes, and emergency buttons that sound an alarm on the floor where the police department is housed.

“I actually like the fact that there's tons of security systems in here, because then you know that if someone's watching you or somebody's trying to get in they can't. They have to have the code and everything... Which is really good to protect people.” –Heather

Although there were several survivor participants who reported that they did not complete a safety plan, those who did found that service helpful.

“They gave me pointers like, drive around your house. I never would have thought drive around your house. You got to look at your surroundings. You know you feel comfortable to just come in and out of your house, but you got to think of your safety more specifically. And also the person told me when you go to work if it's dark don't go to your car by yourself. Go call a security guard or... park closer... [it helped] that everybody [at the San Diego FJC] has a goal in mind... to keep the person safe, to make goals as to how we're going to keep the person safe.” –Diana

Survivor participants discussed a general sense of security they had at the San Diego FJC that was not necessarily specifically connected to the safety features of the program or formulating a safety plan with a staff person.

“I so felt so secure once I came here... I felt so secure with the staff and what they were doing and how we were walking through things... now that I look back, it seems like a lot of the fear melted. It just melted away because I knew, I knew that God was here and I was gonna get what me and my little boy needed.” –Angela

Major theme 8: Communication breakdown. While at the San Diego FJC, multiple clients were not told about the plethora of resources and service options available to them. The phone on the porch that dials the shelter hotline and is available for use when the San Diego FJC is closed, the chaplain's office, and the availability of therapy were among the resources within the San Diego FJC that several survivor participants were not told about. Many survivor participants ended up receiving more than one service, but were still uninformed about what other services were available. There were instances in which service needs went undetected as a result. Irene's experience provides a good example. Irene's need to see the nurse for her injuries and have photographs taken for evidence went undetected on her initial visit to the San Diego FJC.

“I was more, you know, determined trying to get paperwork done [at the San Diego FJC] because they said that there's gonna be a lot of paperwork... I brought it up [her physical injuries] to my advocate and... some family and friends, but I didn't even get to tell the police, I just said, you know, I got hurt, but then you know how bruises don't show up till after a day or so. So that didn't happen, but I had told the detective that I did sustain bruises you know for a few days that's when, you know, it showed up. It was barely actually there because days had passed already.” –Irene

In other cases there were breakdowns in communication about the legal process rather than about service provision. Survivor participants discussed wanting to be kept in the loop about the status of any legal case, and wanting to receive correct information.

“I talk to the city attorney at least every two weeks... They're hard to get a hold of. You know they're helpful when you actually get them on the phone, it's getting them on the phone... especially when you're the victim in a case like this. You want to know what's going on, or at least I did... I wanted to be updated... They didn't call unless I called them. It was annoying. 'Cause I need to plan... he decided to plead... I guess he had been planning on this for like two weeks and they didn't call me 'til this morning to tell me not to go to court. I was gonna go anyway because I wanted to hear for myself what was going on... But still. You know what I mean. Common courtesy to call somebody. I know they're busy but the defense had people calling me I don't see why the D. A. couldn't.” –Betty

“But there was one thing that I felt that wasn't clear and one of the ladies had said something to me in the beginning, ‘Well, you do realize that he's going to be there and you're going to have to face him.’ And immediately I became emotional about that because I didn't want to have to physically see him and that was actually incorrect. He wasn't gonna be there so I got all worked up over something that wasn't even gonna occur.” –Carol

Major theme 9: Education about IPV. There were various avenues through which survivor participants gained knowledge about or perspective on the abuse in their relationships and how to move on. Education was imparted by staff members during the provision of services, including but not limited to the risk assessment.

“I just keep going back to that risk assessment... You know, he's done things that I'm just like, what the hell were you thinking. But it didn't click in my head because I'd keep thinking to myself, not him, not the person I love... See it's kind of like a light went on. I see it. And I see it in him, you know every time I read the domestic violence books... you know I read that circle [cycle of violence] over and over and it's him, it's him, it's him... That's not what I need to raise my kids around either. And I don't deserve that. I deserve

better than that... I don't feel left out. And I don't feel like I'm not informed. Now I have more information and information is power, man. The more information you got the more ammo you have to make it. So that's a good thing.” –Betty

“Pretty much I can see like my whole relationship in that cycle [cycle of violence] and stuff and just to see that... they're not gonna stop. You know, people don't leave people because they have the feeling that it's gonna be nice, which is like the honeymoon period and then it just happens again and I was just like, dude, like the cycle's never gonna stop. Like there's actually a cycle. Like I didn't know there was a cycle. So now I know there's a cycle.” –Gina

Additionally, hearing other survivors share their stories aided survivor participants in understanding the abuse and how to move on from it, and in some cases actually provided motivation for survivor participants to continue on through the help seeking process.

“The group had a big deal with it [helping her understand the abuse and its impact] because you get to see different people at different phases of their recovery. You can talk to other people and you know they've been there or you can talk to somebody else and say, ‘hey I've been there and this is what he's going to do next. You know he's gonna try this and this.’ You know, it's nice to have somebody to talk to who's been there.” –Betty

Major theme 10: Personalized assistance. Survivor participants discussed the ways that the San Diego FJC and its staff helped them get their service needs met efficiently with minimal disruption to their lives. Staff providing direct assistance with paperwork, explaining the process step by step, keeping survivor participants focused, and helping them maintain their daily routines as much as possible were prominent ideas voiced by survivor participants. Helping keep survivor participants focused sometimes involved helping them understand the purpose of the steps in the process of getting that particular service need met.

“I talked to the District Attorney, the advocate department. I spoke with him about what is going to happen with the trials, what they're looking at. He followed up with me the next day. He told me, okay, this is what we're planning on doing. This is what charges we have on him. He walked me through the steps. So everybody was like, you know was there for me. That was really nice.” –Eve

“She's really great [the lawyer]... I filled out the paperwork and I gave her the gist of like the basic situation... and she actually typed out and wrote everything. I just kind of rephrased everything to her and she typed it out. She made it sound really like good, you know. I was like, wow. I mean it was truth, but she like knows what they're expecting over there in the court houses, what they're looking for, the judge. And so she made it so that it flowed well... I knew everything so it was so like, like I knew coming here on that second day that it wasn't going to go to the court till 2:00 so if I wanted to come back the next day and pick it up I could, you know. I'm not waiting for like four hours, you know, for dead time. So it was nice knowing that... I can go and do my internship or, you know, handle some things.” –Gina

“I think that they helped me understand that the process of the restraining order, even though it's difficult, in the long run is what needs to be done and that when you avoid it it actually continued so I think that by someone reminding me the purpose of this helped me a lot to continue with the process... I just felt like the lady that helped me write the [TRO] declaration really helped keep me on track and not get too down on what we were doing and helped me to focus... we need to do this so we can get it to the judge instead of me just turning into an emotional wreck. I felt like she did a really good job in that even though it was something that was really hard to do it was a positive experience for me...”
-Carol

Survivor participants offered ideas about additional ways the San Diego FJC could assist them through the process of seeking help. Diana discussed that it would be helpful to have one staff person or volunteer function like an advocate, accompanying survivors through each service they access at the San Diego FJC to provide some continuity and support. Gina mentioned that due to the emotional state survivors often find themselves in when they are seeking help they may be unaware of things that might be helpful for them such as speaking with a therapist. Gina suggested that it may be beneficial for the San Diego FJC to encourage survivors to have at least one face to face meeting with a therapist to see whether they find it a helpful service.

Major Theme 11: Vulnerability. The process of seeking help for the abuse in the relationship left survivor participants vulnerable in many different ways. These aspects of vulnerability were a focus of concern for several of the survivor participants. The concerns related to things that might happen within and outside of the San Diego FJC as a

result of pursuing assistance. Among the facets of vulnerability discussed by survivor participants were: being judged, having their identity exposed to people who did not know about the relationship violence, feeling emotionally fragile, being able to protect their children, being able to support themselves and their children monetarily, fears of retaliation by the perpetrator, and being uneasy about trusting officials such as police.

“You felt like the system was beating you and you were gonna lose, you were going to lose what... the most important thing in your life or person in your life is your baby ‘cause I only have my [son] and it was really bad for us... the system has you scared, baffled, thinking that they’re gonna take your kid from you, thinking you know, you don’t wanna be the bad mom, you wanna be the good mom, that’s what you know. So you’re so frightened.” –Angela

“I think my biggest worry was exposing what had happened to me and being embarrassed about telling somebody what had happened to me was the biggest thing that I feared. I also feared that by bringing this out and having the restraining order brought upon this person that it would cause retaliation in some way. And that still is a fear actually.”
–Carol

“I was already seeking a restraining order so they opened up the case in Military agency X again. They had told me that I could do a military protective order against my husband, but the thing is they don't want to let his command know because his command would have to let him know... and he might retaliate against me... Thinking that if my husband does find out, you know, confidentiality, you know, the trust issue... And I even had to ask my husband for a favor, picking up the kids from school [when trying to get the TRO]... So that was just another thing that being paranoid of not letting him know that anything's going on because he will ask questions and he did... and I just kept telling him I have appointments... That's all I couldn't really tell him more because I was afraid... of the confrontation and stuff, so that put me at edge.” –Irene

Major theme 12: Developing personal power. Despite some of the vulnerabilities that seeking help created, it also provided an opportunity for survivor participants to develop or enhance their sense of personal power. The survivor participants talked about getting many positive things from their experiences at the San Diego FJC. Survivor participants discussed being empowered, gaining respect in court through their affiliation with San Diego FJC professionals, developing positive trajectories toward which their

lives are now heading, and developing a desire to help others in similar situations. All of these things helped survivor participants take charge of their own lives and head in a direction of their choosing.

“You’re in the ring with Ali, you know you’re going down. So it’s like being in a ring with Ali, now you know you’re Ali ‘cause he’s going down ‘cause now you have it in order and you’re organized. And you’re ready to roll... You’ve come in as a victim and you leave victorious. And that is so beautiful and so key because, you know, I wasn’t this beat down person before this, you know. I was whole. I was happy. I was, you know, a – career x- doing my thing. But you know, coming here let me know, that I could still do that, I could still... be on top of things, I wasn’t just going to be beaten the rest of my life. I was going to be victorious. And that’s key. I mean, you can’t stand there and be beaten your whole life. Ten, twenty, thirty, forty years. It’s not happening, so I’m just really blessed.–Angela

“By making me welcome. By telling me my rights...By talking about abuse. You know, the signs of abuse. And just empowering me to do better. A long ways from when I first came here... Very devastated when I first came here... You know perhaps I may want to come back and volunteer. I’d like to be a volunteer.” –Franny

“Even though I still have the bad days, don’t get me wrong, I still get frustrated, you know, but I turn it around now... like wait a minute, I can control only myself or... my actions, you know, and not try to get too deep into stuff like that I know how to like wave it off or put things aside until... [I] can get to it again... I’ve been thinking of doing volunteering myself after all this is over and it kind of helps, you know, to think that there are things that you could do to make a difference... but I think everybody makes a difference even how little or how big, you know... That helps me to think that, oh, I can do this too, you know, kind of thing.” –Irene

Minor theme 1: San Diego FJC is used for ongoing support. Ongoing treatment and support in the form of individual and group therapy and just informally talking with other survivors were discussed as reasons clients returned or continue to return to the San Diego FJC. Survivor participants also discussed using the physical environment as a support, finding it helpful to have a place to drop in.

“I’m in group, the group is really super because they’re really supportive. And see, with the DV piece also you don’t have a wide circle of friends. So then that’s part of the dynamics of it too. So you make friends that... understand where you are.” –Angela

“You know sometimes I just come to get away. Or when I didn't have a job... but I'd just come here when I needed some time to kind of get out of the house, be with some adults. You know it's kind of nice to come somewhere where I'm safe. Where I didn't have people bugging me. It was nice to come here.” –Betty

Minor theme 2: Tangible items. Some survivor participants were provided tangible support by staff. For example, Franny received tokens to help with public transportation. Betty, Diana and Irene were all given donated cell phones by a staff member at the San Diego FJC. The child care service offered at the San Diego FJC was also discussed as a form of tangible support. The tangible support provided helped contribute to survivor participants' positive feelings about the San Diego FJC, and their ability to successfully address their multiple service needs.

“And then she gave me a donated phone because I told her I had problems, you know, with the phone, the cell phone. She gave me one and she said that I could talk to her any time I needed, you know, to talk to someone” –Irene.

“I got everything, everything that day. They gave me some food to go home with, diapers, stuff like that. I got a whole bunch of help that day. And then the second day that I came... they gave me a phone... You know because he kept calling my cell phone from jail or he'd have bail bondsmen call my cell phone from jail or his cell mate's girlfriend call my cell phone from jail or his mom or whoever the hell he could get to call me so they gave me a phone to use.” –Betty

Survivor participants also offered suggestions about other types of tangible support that might be helpful such as gas vouchers for people who drive and bus passes, which one survivor participant thought makes accessing the trolley easier than does tokens.

Minor theme 3: Unmet service needs. There were instances where the San Diego FJC was not able to meet a survivor participant's service need for some reason, or took extra time in doing so due to staffing issues. These were not instances where survivor participants were not told about services, but where service needs were voiced and still remained unmet.

Diana was never contacted by the community partner she was referred to for individual therapy.

“The [therapy] people never called me back on several occasions... I don't know if somebody was supposed to have contacted me, but they never did... and that's why I was upset because I needed therapy and I needed help and I needed it right away.” –Diana

Diana ended up returning to the San Diego FJC to inquire about therapy because she was still experiencing emotional distress, and at that time was connected to a different community partner to begin therapy. Diana suggested that offering evening and weekend therapy times would help survivors access support services while maintaining employment.

Betty wanted housing assistance so that she could move to a location with which abuser is unfamiliar, and suggested the idea of developing a secure low-income apartment complex for IPV survivors. Carol discussed that being able to park in the 15 minute zone of the parking garage while traveling with an infant would have expedited her ability to pick up paperwork waiting for her at the San Diego FJC. Heather discussed wanting assistance with a divorce:

“The only need I wanted and that I needed was basically the TRO and either figuring out how to file for a divorce either here or whether somewhere else, but I needed the information. The only need I actually got met was the TRO, but the information about a divorce never even got attempted. And still has not.” –Heather

Stages of Change

The survivor participant interview data was also coded for statements pertaining to the stages of change (precontemplation, contemplation, preparation, action, and maintenance), and the constructs and processes of change. The stages of change aim to identify a survivor's readiness to make a change to the relationship. The constructs and

processes of change deal with what helps a survivor move from one stage of change to the next.

The contemplation stage was discussed by five survivor participants and the preparation stage was discussed by four survivor participants, leading to these two stages being coded as minor themes in the stages of change data. The action and maintenance stages were discussed by all 10 survivor participants, and were thus coded as major themes. Table 7 shows which participants made statements that pertained to which stages of change. Both of the constructs of change, decisional balance and self-efficacy, were major themes. Three of the processes of change were major themes (helping relationships, consciousness raising, stimulus control), and six of them were minor themes (self-liberation, self-reevaluation, dramatic relief, counterconditioning, reinforcement management, and environmental reevaluation). Table 8 shows which constructs and processes of change participants discussed. There was only one stage of change (precontemplation) and one process of change (social liberation) that did not meet criteria for classification as a theme.

Table 8 (continued)

Constructs and Processes of Change Discussed by Survivor Participants

	Angela	Betty	Carol	Diana	Eve	Franny	Gina	Heather	Irene	Julia
Counter-			✓		✓	✓			✓	
Conditioning										
Reinforcement	✓					✓			✓	✓
Management										
Environmental	✓				✓				✓	
Reevaluation										
Social	✓									
Liberation										

Contemplation: Minor theme. Survivor participants who made statements relating to the contemplation stage tended to talk about the cycle of violence and how they hoped their partners would once again begin to treat them well, as they had in the past.

“I think like everybody else, try to see the person for what they were before. They were good people. He was a good guy and all of a sudden he's not a good guy anymore. He's not such a good person anymore. And I felt, oh, it was my fault. Well, could it have been my fault or it's his fault and I needed to -- and it was weird because I blamed him I said, "It's his fault," but yet I felt like I needed to help him. Ironically enough.” –Eve

“Because things would get really good for a while. And like, well, you know, it's hard to leave someone you care about. And when they're like really nice to you, you know, you're like, well, okay, maybe this time he'll be really nice to me. But then they just get really angry all of a sudden again. For like no reason. And you're like, what the hell?” –Gina

Preparation: Minor theme. The preparation stage of getting ready to leave or make a change was very brief in the statements of the survivor participants. It was not

described as a long process with a lot planning but rather a moment of realization that she would be taking action soon.

“But I think the realization that I can't change him... He's not going to change. It's never going to happen and he's always- it's like a pit bull that bites a child or a person. They have the taste of blood. He has the taste of hitting me, he's gonna hit me. And realizing it's not gonna stop... I knew it the last time when we fought, but he hit me and I realized ... when he does do it again it will be the last time. So I already knew from the previous time that if he does it again that I'm going to call the cops and he will get arrested. He will get some help... so I already knew already that I was going to take this route.” –Eve

“My friend that I went to go see after my husband tried to kill his son, she was pretty much, ‘Oh, well, he apologized... you should forgive him.’... Nope, I don't think so. So she decided to get me out of the house. And I went back home and pretty much did not sleep the entire night while my son slept. Pretty much stood watch... So I personally made the decision, the very next morning after my husband had left to call up CPS and had the matters and the situation dealt with at that time.” -Heather

Action: Major theme. All 10 survivor participants made statements about the action stage of change. Survivor participants discussed the steps they have taken to protect themselves from abuse, as well as the factors that contributed to them taking the first step to reach out for help.

“Move... That's where I'm at now because now I'm really pressed to find a place... I need to find an apartment. Once I move I'll be fine 'cause I already have the restraining order. I mean- once I move he won't know where I live. And you know, he wouldn't be able to find me if he tried. So that's a good thing. I just got to move before he gets out. I thought I had more time, but I don't.” –Betty

“I was ready to make a change in my relationship... it was so bad and so scary and I have a kid that it was just -- I don't need that. And if you do it once you're gonna do it again. That's just how it goes, you know, they never change and if they aren't willing to make changes either then, you know, you've got to do something. It has to be you who takes the action.” –Gina

“I moved away from my home for a while -- I changed numbers, I talked to other people... They told me the paper's not valid until it's been served so you might want to change the things that you do for a while until it's served and you can say okay you know, it's valid.” –Julia

Maintenance: Major theme. All 10 survivor participants also made statements relating to the maintenance stage of change. Although not all participants had reached the maintenance stage yet, those who had not commented on what they thought would help them to keep free of violence.

“Today I have my custody in place, I have my child support in place, I have my son in school today. Me and my abuser, we don’t see each other. You know, we have it set up as we are parenting my son, separately, but we’re not damaging him. ‘Cause we used to damage him ‘cause we were always in a confrontation. No longer that.” –Angela

“Well, yeah, because several times I felt like contacting the person and they [staff at FJC] told me not to. So that helped... And then they asked me, ‘how come you don't want to contact the person?’ Then I explained why I shouldn't do it even though I felt like doing it. And if I were to contact the person that would ruin the whole restraining order process. So that's why I didn't. And that helps to end it because you really have to cut ties with someone who's abusive, period.” –Diana

“I had already left the relationship... Well more so even this place helped me leave. Even though I was out of it, but I thought about even going back to it. But this has helped me to stay out of it and don't want no part of it.” –Franny

Decisional balance (Construct of change): Major theme. Nine of the survivor Participants talked about weighing the pros and cons of making a change or seeking help.

“I knew what I wanted to do, but it hadn't gotten to that point yet... Well, you know, the abuse had been going on for a while, but it hadn't gotten to the point where I needed to come to the center. And that's how I got here... This last episode. It put the icing on the cake for me. And it had never gotten that way before. By what he did. How severe it was.” –Franny

“Because I've been on the trouble side of things and... you get that imprint in your mind that everyone is kind of after you. Everyone wants to get you and to this day like cops, oh, my god. I turn the other way... So for me to call the cops was like a breakthrough in itself... Like, I mean, with getting the restraining order it was hard too because family is so important to me and he's part of my family, but then I thought of, well, you know, my daughter and she's more important. And she doesn't deserve this kind of lifestyle. You know, I want the best for her. So that really played a part in me coming here. I kind of had like a lot of mixed feelings at first, but then once I got here and talked to people I knew I was doing the right thing.” –Gina

“I was losing hope, but, you know, like -- how come no one can help me? Nobody knows what, you know, what to do or what's going on and I felt like just giving up. I felt like

maybe this it's not worth it. You know, trying to get that TRO. And I said, maybe I shouldn't do it because I'm the type of person that looks for signs, but then I've always had a hunch on it, you know, before you get there you go through this kind of obstacle. So I said maybe I should do it, you know.” –Irene

Self-efficacy (Construct of change): Major theme. Eight survivor participants discussed the role of self-efficacy, their confidence in their ability to make changes to the relationship.

“And it can be whatever I make it because I decided that now I am in power. He doesn't run the program. I am in power now. And it can be whatever I make it. I had to learn how to talk to him, to empower myself, and make it better for my child.” –Angela

“It made me feel a little bit stronger into thinking, you know what, yes, I can do something about this and I'm not gonna be a victim. I'm gonna stand up and I'm gonna say to that person, no. You aren't allowed to hit me, and you're not allowed to treat me that way.” –Diana

“I was secure again and confident where it didn't matter of any kind of insecurity because my focus was to make sure I got that restraining order against my husband to protect us.” –Heather

Helping relationships (Behavioral process of change): Major theme. The ways in which helping relationships with friends, family members, and people in the community assisted survivor participants in making change was discussed by nine survivor participants. The people in the community that survivor participants formed helping relationships with were often professionals in the legal, medical or social service arenas.

“But when I went and started seeing therapist x it was more like, Therapist x, help me. Fix me. And sometimes it takes something really drastic to happen to people to open up a whole different thought, train of thought... I started looking at myself like a third person... looking at myself like, oh, me oh, sorry, pity me. It's more like ‘what do I need to start doing?’ And that's when Therapist x started helping me, focusing me on what I needed to do.” –Eve

“It helped me with counseling... that, you know, I don't have to take it anymore. I don't have to tolerate it. And the talking with people, you know, my fourteen close friends and family because they had said from before that the relationship was already toxic but then

at that time being young and naive and, you know, kind of thing... I felt like I hit a boulder is what I told, you know, people. But then people told me that I came this far already I shouldn't, you know, go back. I mean even if I like take a step forward and take how many steps backward, you know, at least I'm getting there even if it's slowly." –Irene

"We had a problem back in April and he [the detective] called me and he said you have to get a restraining order on this person and this is where you go and that's it... It was just to the court on Broadway, and I didn't pay much attention to it until this last time this lady called me, the advocate called me... the next morning and she said would you like to do this, and I said yes, and she goes I can help you, she brought me so I can get one, and that made the difference [the advocate coming with her]." –Julia

Consciousness raising (Cognitive process of change): Major theme. Eight

survivor participants talked about how gaining new information about relationship violence helped them shift their thinking about their relationships.

"Well I couldn't understand what was wrong with him... My abuse was not, let's say, you know, he's gonna cut my throat. It was more mental. It was more verbal... I didn't understand what was happening to me... I knew something was wrong but I didn't know what and I didn't know how to fix it 'cause I was trying different things and it just wasn't working and it was getting worse and worse and worse. So when I got here I was able to sort out the reasons why it was getting worse, why I had gotten into the relationship, how things had progressed, where they were going, the different cycles, just everything. I just got pure knowledge on what the heck was going on with me and this relationship with this man, my son and everything." –Angela

"It was wild, you know, just hearing the [risk assessment] questions, because I've never really asked myself those questions... Some of them even scared me to answer the questions and to see the answers that I gave was just like, just wild, wild and I didn't realize. I guess my feelings for him made me not see what was really going on... 'cause I know the reds flags, but I didn't realize how many of them there actually were. You know, the one I saw the most was jealousy. But I didn't see all the other stuff that he did. You know, that I kind of just tossed in the back of my head. But when you put it all together it makes a lot of sense. To see it all on paper was, eye opening." –Betty

"And it was like good to see it on paper on how much of a risk this person is to you because... [I] didn't realize how much of a risk he was and then she was all like, 'He's this high. This is really bad. Like these are the type of people that kill their partner when they're sleeping.'... I wouldn't ever have thought that, just thinking it. But answering those questions and stuff... That really makes you see, okay well maybe I can see now that that person's like that. Like he's more risky than I thought... It was shocking... 'cause I never thought of it like that, like I didn't think it would be that bad, but it was." –Gina

Stimulus control (Behavioral process of change): Major theme. This process of change deals with exercising control over situations that are likely to lead to violence in the relationship. Seven of the survivor participants made statements related to this process of change, discussing things they did to try to prevent future abuse.

“I needed to get a restraining order. I think I'm having a little bit of an issue, you know, somebody just hit me and that person needs to go somewhere away from me... but, you know, honestly I really feel like I made a good decision for me and my family to keep him away as long as we can. Away from us, and he's gonna be gone for a long time. For years so -- that's a long time... long enough to redo your life, redo your life, go through therapy and move on. And I think that me and my family are gonna be perfectly happy during that time.” –Diana

“And literally thinking business mode [when getting the TRO] where it's like, I gotta stay strong so I got to move into business mode. And pretty much keep my focus on the goal on task, which is -- or the task on goal which ever you want to call it -- but pretty much keep my focus on making sure that this kid was taken care of.” –Heather

“We left the relationship in April... What ever he did to me, he hurt me so I didn't know what went wrong so I walked away. It was just that he physically hurt me real bad so I didn't want it to get any worse. I said we can be friends and we can see each other in public if you want.” –Julia

Self-liberation (Behavioral process of change): Minor theme. The idea of making a commitment to change is referred to as self-liberation. This idea was voiced by six of the survivor participants. These participants often talked about the role their children played in helping them commit to change.

“There is a huge determining factor there. I stopped drinking alcohol in November 2005 and when my thoughts became clearer and I stopped relying on alcohol as a medication to solve my problems I started to realize I wanted a better life and that I did not want to have a person like that in my life or the lives of my children.” –Carol

“Well, first of all my children, because I said I'm not doing it just for myself, you know, for my children. Because if I was on my own I would have cared less, you know... but with children that's really an incentive that, you know, you have to protect them in anyway way you can.” –Irene

Self-reevaluation (Cognitive process of change): Minor theme. Six survivor

participants explained the process of reappraising their values about the abuse and how it impacted them. Many of the thoughts expressed related to realizing that there was something wrong with the perpetrators rather than themselves, or considering their roles in the problems in the relationship.

“It was sudden... He snapped one day and I said bye...He pulled my steering wheel on the freeway. That was crazy to me. That's when I said, ‘Oh no, I'm pregnant. I don't need this shit. This fool is acting nuts.’ I cut it off right then and there. I got the restraining order and said, ‘Oh no, no, no, I can't do this.’ Then he threatened suicide and I got the restraining order and I said, ‘Oh, here we go.’ ...I've always been confident. That's never been an issue...Like I said when he told me that he was gonna commit suicide if I left him that's when I said, ‘Oh no, he's not right in the head.’ Time to get away.” –Betty

“But I'm going through it [DV facts pamphlet] one by one and I'm realizing, it's not talking about him, it's talking about me. So it was more like shock. I stopped crying, I start thinking... it's like I backed off and I started looking at myself as a third person... saying what kind of characteristics did I have as a person in the relationship? And I realized that I was the domestic violence person as well... Well, I thought, my gosh I came here because I was emotionally distraught because I felt like I was the victim and as I'm reading that I was like, oh, my gosh, I am not the victim. I am actually the perpetrator. You know, it was surreal... and it's not like, you know, when you're emotional you're trying to look for the signs that how could this have happened and blame myself. You know, like, I'm sure I did something to cause the relationship. It was not like that I was trying to convince myself that I had these. I actually was reading it trying to find signs of him and realizing they're actually signs of me. And that shocked me more than anything else. And that stopped me to think. What is it that I need to do to help myself?” -Eve

Dramatic relief (Cognitive process of change): Minor theme. Dramatic relief

relates to the role emotions play in helping propel survivors to make change. Five survivor participants brought up how experiencing and/or expressing their feelings about the violence in their relationships helped them seek help or solidify their decision to continue working toward an abuse-free life.

“Probably getting so tired of being angry and sad [was the determining factor for taking action]. Just I think everybody has their breaking point where they're tired of emotional roller coaster and honestly I think anger is what fueled me to pick up the phone and find out what I need to do to end the relationship and get the restraining order.” –Carol

“I was thinking, oh, I never need to use that [the FJC]. I was somewhat emotionally stable until a couple days later, or a day later actually. I just became emotionally distraught. I'm on my way driving to work and I can't focus. I'm just crying uncontrollable, this whole depression just sets in. And I become pretty much unstable. And so I said, ‘You know what, I'm going to call the number that she gave me.’ I knew that I probably need talk to somebody, I'm not okay. So I made the call, they told me where it is and I drove here.” –Eve

Counterconditioning (Behavioral process of change): Minor theme. The

counterconditioning process of change deals with learning and practicing new behaviors.

Four of the survivor participants talked about counterconditioning.

"I think that the therapy has a lot to do with it. Just [Therapist x] focusing me on what I need to focus on. She's recommended taking some Al-Anon classes because I came from a very alcoholic background." -Eve

“What I did I looked -- I'm reading books that helped me out. You know, like self-help type of stuff, spiritual stuff, mentally, you know, everything that I could get my hands on. And I'm into reading Chicken Soup for the Soul type of thing and my son is getting into that too. And I've read the Purpose Driven Life. Yeah, and I'm getting back into the spiritual, you know, I believe that obstacles are like lessons that we have to get past so it's not going to keep repeating itself, that type of thing so I'm very into the positive stuff.” –Irene

Reinforcement management (Behavioral process of change): Minor theme.

Four survivor participants made comments related to being rewarded in some way for making the changes to the relationship.

“So they showed me a lot. They opened my life up to a new door. See, I lost \$150,000 commission, but like I said I gained a new life.” –Angela

"You know, I have to learn how to fight back. I should have done it before, but, you know, it's one of those that you learn from, as you go along. So that was my hardest... but I did it, kind of glad. I got to breathe, you know, and relax after that." -Irene

Environmental reevaluation (Cognitive process of change): Minor theme. The

impact of the abuse on the survivor participants' environments was discussed by three of them. Their children being affected by the abuse was the main thing brought up by these participants.

“The fact that my son, my beautiful baby boy, could be ruined by this – I didn’t know that.” –Angela

“In regards to my personal life or -- I'd say my children are my values. I try to be the best mom that I can be. Try to be successful in the things that I do and bring my kids along with me. In regards to my success, I think that my kids have seen so much emotional baggage in my life that I want it to stop. I don't want them to -- kids emulate parents and my kids have seen my emotional side a lot.” –Eve

CHAPTER V

Discussion

The current study qualitatively explored the experiences of survivors of Intimate Partner Violence within the San Diego Family Justice Center, a one-stop-shop for domestic violence services. This included consideration of what worked for participants and the challenges they faced as clients at the San Diego FJC. An additional element of the current study was an examination of the data in relation to the stages of change conceptual framework.

Helpful Aspects of the San Diego FJC

There were numerous facets of the San Diego FJC set-up and how it operates that contributed to survivor participants finding the program helpful. It was not necessarily simply getting their service needs met, but how the survivor participants were treated and ways the program made them feel welcomed that were described as paramount in survivor participants' perceptions of the program. Even in the cases where clients had some negative experiences, their overall reaction to the program was positive. There seems to be something powerful enough about the set-up of the program to mitigate, for the most part, people's negative experiences.

The Humanity of the San Diego FJC

There were several ways that human connections contributed to positive experiences within the San Diego FJC. Staff warmth, the emotional support the staff provided, and the individual relationships between survivor participants and staff members that were formed, were among the ways that the San Diego FJC achieved a

personal feel. Although survivor participants mentioned the expertise of the staff members working at the San Diego FJC as helpful and reassuring, they had much more powerful things to say about how the warmth of the staff members affected their experiences. Building an individual relationship with one staff member can be extremely healing.

It was very important to the survivor participants that staff and volunteers were not just qualified for their jobs, but were also friendly, warm and caring. These personality aspects of the staff members and individual relationships built contributed to a warm and personal emotional climate within the program, which helped the survivor participants feel at ease there. In previous research a climate of emotional support has been shown to be particularly important for African America survivors who tend to seek help from informal networks in their community. This informal support network at times turns out to be judgmental about them being in an abusive relationship leading these friends and family to be reluctant to provide emotional support (Morrison, Luchok, Richter, & Parra-Medina, 2006). A benefit of survivors receiving emotional support from community agencies is that it increases the likelihood of them seeking help again in the future (Fleury-Steiner, Bybee, Sullivan, Belknap, & Melton, 2006). In light of these previous research findings, it is important to note that the emotional support provided within the San Diego FJC gives some survivors something they may not be able to find outside of the program.

The individual connections and relationship building that occurred between survivor participants and staff members at the San Diego FJC played a pivotal role in making the survivor participants' experience at the San Diego FJC positive. Several

participants mentioned how without that personal connection they would not have followed through with whatever process they began when they sought help initially. It is important for staff members working in domestic violence programs with survivors to be aware that any time and effort they put into establishing a relationship with their clients is likely to make a difference in their clients' experiences of the program as well as contribute to the probability of them persevering through the system (Fleury-Steiner et al., 2006). This is also one thing survivor participants report sets the San Diego FJC apart from other programs they encountered. Putting a human face to the services offered to people in crises resulting from IPV rather than operating solely in business mode could make a huge difference in the direction in which a survivor chooses to head.

Survivor participants also talked about ways the humanity of the San Diego FJC contributed to the development of a more positive sense of themselves and propelled personal growth. Their positive interactions and connections with staff members helped them feel empowered, validate, respected. In addition, they began to feel as if they deserved to be treated with respect. These findings support previous research indicating that involvement in the criminal justice system helps empower survivors (Fischer & Rose, 1995).

The survivor participants' encounters at the San Diego FJC showed them, or in some cases reminded them, of what healthy abuse-free relationships can be like. This, therefore, gave them a perspective they may have lost throughout months or years of enduring violence in their intimate relationships. For example, survivor participant Angela repeatedly spoke of how being treated with respect and love by San Diego FJC staff helped her to feel worthy of a safe life for herself and her child. Because of this, the

survivor participants were helped to find the strength to work toward an abuse-free life. Their experiences at the San Diego FJC helped motivate them to make changes, and to give back to others what they felt they received through the program.

Comforting and Safe Physical Environment

In addition to the human connections, the home-like environment of the San Diego FJC is another factor that survivor participants describe as setting this program apart from other programs they have encountered. The physical environment and emotional climate of the San Diego FJC put the survivor participants at ease, and allowed them to feel a level of comfort they did not expect when dealing with such emotionally charged and legally complicated situations. The power of something as simple as the furniture and décor used in creating a comfortable environment cannot be emphasized enough. Each and every survivor participant made a comment using at least one of the words: “welcoming”, “comfortable”, “inviting”, “family”, “love” or “home” to describe the San Diego FJC.

Safety is also an area that increased survivor participants’ comfort level with the program. The fact that all that happens at the San Diego FJC occurs behind locked doors that require screening for people to be allowed through creates a safe and secure place for survivors to look for help. It has been recommend that domestic violence programs have survivor safety as their primary goal rather than having as their primary goal that survivors end the relationship (Yoshioka & Choi, 2005). The results of the present study indicate that the San Diego FJC appears to achieve this goal. This is reflected in the statements of survivor participant Diana: “Everybody here has one goal [which] is to keep the person, the people safe, to make goals as to how we're going to keep the person

safe.” It should be kept in mind that survivor participants did not use the San Diego FJC merely to meet individual service needs. The fact that survivor participants feel so comfortable and secure at the San Diego FJC appears to contribute to them using the program for ongoing support, such as coming to the FJC when they didn’t have business to accomplish.

Personalized Assistance

Staff provided both emotional and tangible assistance to survivor participants in order to help successfully address their needs. The results of the present study indicate that staff played a pivotal role in keeping survivor participants focused, and provided personalized assistance. It was often the way staff helped the survivor participants, such as by walking them through the process of whatever service they were seeking explaining things step by step, that was discussed as critical to a successful experience. The way staff provided assistance also served to help survivor participants manage their emotions by empowering them and keeping their focus on taking steps to keep themselves safe. This helped survivor participants to develop a sense of personal power by being kept in the loop about what would happen next, while at the same time creating a collaborative partnership.

The tangible supports offered by the San Diego FJC also proved to be an important element of personalized assistance for the survivor participants. The child care provided at the San Diego FJC allowed survivors to focus on their paperwork or collect their thoughts without having to simultaneously attend to their children. The resources given to survivor participants, such as cell phones, helped foster independence and

assisted them in meeting their needs by making it easier for them to connect with other agencies or people.

Imparting Knowledge about Abuse

In addition to the personalized assistance survivor participants received, the knowledge they gained about the dynamics of abuse was discussed as helpful. Learning about the cycle of violence and recognizing it in their relationships was eye opening for several survivor participants. It was not only staff, however, who imparted knowledge about abuse to survivor participants. There were other survivor clients at The San Diego FJC who educated survivor participants through sharing their own story of abuse and journey through seeking help during informal contacts they had in the communal areas. The fact the San Diego FJC is a specialized program for survivors of DV facilitates the opportunity for survivors to connect with one another and share knowledge.

Coordination of Services

The results of the current study indicate that in addition to the warmth and support of the San Diego FJC staff and the welcoming environment, the San Diego FJC has generally accomplished its goal of providing coordinated services for survivors of IPV. The San Diego FJC appears to effectively embody a coordinated community response approach to providing domestic violence services in many of the cases explored in the current study. Survivor participants described how having multiple services in one location made the process easier for them, and how pleased they were that such a place exists. The lack of coordination of domestic violence services continues to be an issue brought up by survivors of IPV in research on community responses to IPV outside of the

San Diego FJC (Eby, 2004). This speaks to the important place the San Diego FJC model has in improving community responses to IPV.

Combating Ineffective Community Response

In spite of the many helpful aspects of the San Diego FJC, there are areas for improvement that warrant discussion. Much of the negative feedback provided by survivor participants related to barriers in actually getting to the San Diego FJC rather than problems within the program itself. Research has identified ineffective community response as a risk factor for IPV (C. M. Sullivan & Bybee, 1999). Even if wonderful programs exist, ineffective community response to domestic violence may still be an issue if survivors are not being informed about these programs. The results of the current study indicate that survivors are having a difficult time finding out about the San Diego FJC, but that they generally do access the program once they know it is there. This finding supports the assertion in the literature that survivors often do not know about the existence of IPV programs and/or how to access them (Allen, Bybee, & Sullivan, 2004; Gondolf & Fisher, 1988; C. M. Sullivan & Bybee, 1999). It will be important for the San Diego FJC to continue to spread the word about the program and its resources to other people and agencies, including police, who are likely to have contact with survivors.

Police are often the first people able to provide survivors of IPV with a link to needed resources (Buzawa & Buzawa, 1996). When survivors are given information about resources by the police officer responding to a domestic violence call they are more likely to reach out for help from the legal system in the future and they are more likely to describe their experience with the police as positive (Fleury-Steiner et al., 2006; Stephens & Sinden, 2000). There were survivor participants in the present study who were given

the phone number of the San Diego FJC on a domestic violence resource sheet provided by the police, but there was no explanation given of what the San Diego FJC does or what the program is like. It is unclear whether police are not doing this because of their own lack of knowledge about the program, limitations in time, or some other reason.

Survivor participants in the current study discussed the importance of the comforting and safe features of the program, and the fact the program is specialized for survivors of IPV in helping them to feel secure about seeking help. As such, the San Diego FJC could provide information to police or other agencies in such a way that that they would be more interested and more likely to pass on that information to survivors with whom they come into contact. This would require potential referral sources to be fully educated about the unique elements of the San Diego FJC. It is also important to keep in mind that the reason that the specialized nature and comforting features of the program are so critical for survivors is because of the vulnerabilities created by both being involved in an IPV situation and considering seeking help. The extent to which the vulnerabilities discussed by survivor participants in the current study can be understood and addressed by those who have first contact with the survivors, such as police and doctors, the more secure they are likely to feel about taking steps to get help.

Communication Problems within the San Diego FJC

Gaining access to the San Diego FJC is not the only problem identified by the survivor participants in the present study. There were communication problems between staff and survivor participants noted within the program as well, where services were not explained or misinformation was provided. Because there is an expectation within the San Diego FJC that survivors' service needs will be fully assessed and adequately met

whenever possible, it is important for a thorough assessment of survivors' needs to be completed and used to guide what services are provided (Allen et al., 2004; Eby, 2004). It is also important to meet the survivor where she is in order for her to have a successful experience. Despite the intentions to address these needs in a complete and personally focused manner, at times communication problems at the San Diego FJC threatened to short circuit this process. For example, survivor participant Eve in the present study, discussed how she was initially informed that she could not access FJC services unless she filed a temporary restraining order. This miscommunication was clarified and she was able to access support services without getting the TRO, but the San Diego FJC ran the risk of losing this client had she not taken the time to clarify this for herself. As this example shows and previous research also supports, not all survivors have legal needs, or at least not legal needs related to the IPV, and some survivors only use the criminal justice system as a way to stop an incident of violence or as leverage to negotiate with a perpetrator (Allen et al., 2004; Lauren Bennett, Goodman, & Dutton, 1999; Fischer & Rose, 1995). In light of this, an assumption that legal needs are of primary importance may lead to miscommunication.

Misinformation can have retraumatizing effects on survivors as well. Survivors who are told inaccurate information may suffer additional trauma, such as when Carol in the current study was mistakenly told she would have to face her abuser. This is why it is so important to be as accurate as possible in conveying information, so as to avoid the unnecessary retraumatizing of a survivor.

If a service need goes undetected or unmet it can impact the survivor in a number of areas, including her physical or mental health, safety, outcome of any legal case, and

likelihood that she will seek help again in the future. The results of the present study indicate that there were services within the San Diego FJC that survivor participants were not told about. This is a concern because a survivor who does not know a service is available may not think to ask for it. Consistent with the research findings of Allen and her colleagues (2004) who found that survivors tend to focus on one need at a time, the survivor participants in the present study talked about being very focused on one thing, such as getting a temporary restraining order, when they sought help. It consequently may not have occurred to them to mention other issues they were struggling with. Survivor participant Irene's case provides an excellent example of this. Irene was focused on getting her legal needs met, and did not mention that she had physical injuries. Irene was not told about the San Diego FJC's Forensic Medical Unit, and missed out on the opportunity to take advantage of that service. When she was contacted by the detective a few days after the incident her injuries came up in that conversation, and the detective asked her to return to the San Diego FJC so he could photograph the bruises which had reportedly faded quite a bit at that point. This is concerning because clinical screeners at the San Diego FJC are supposed to review a list of the available services with clients, but it appears that there are times when this is not happening.

Just because a survivor comes to the San Diego FJC verbalizing one area of need does not mean that there are not other needs as well. It would be good practice to explain all services to each client regardless of what is requested. There may be specific issues such as immigration that survivors are reluctant to bring up but would pursue if they were aware of the presence of an immigration attorney. Some specific San Diego FJC services

that were either not mentioned or not provided to several survivor participants are discussed in further detail.

Risk Assessment and Safety Planning

At times services were not available due to understaffing. Because of this, staff members may have chosen not to inform survivor participants about a service since there was no one there to provide it. This may have been happening with risk assessments and safety planning, since there were limited staff and volunteers to provide these services at times throughout the data collection period of the present study. There were four survivor participants who reported not having a risk assessment completed, and seven who reported not receiving assistance with safety planning. Some of these survivor participants expressed feeling that they did not need these services because they were already aware of their level of risk and how to keep themselves safe. It is important for staff members to keep in mind, however, that research indicates a survivor's danger level generally increases when she take steps to end the relationship (Keilitz et al., 1997; Walker, 1984), and survivors may not be aware of this fact.

Although the risk assessment was described as a more powerful tool by those survivor participants who reported being unaware of their risk level, that does not mean it is not worth completing with survivors who are already have this knowledge. Even a survivor who thinks she is aware of her risk level may be misjudging it. It can be helpful to complete a risk assessment and review a survivor's safety plan even if the survivor thinks she is fully knowledgeable. Failure to identify and adequately plan for handling a high risk situation could have dire consequences for the survivor. Additionally, as will be

discussed further in the stages of change section, the impact of hearing one's risk level can be a huge motivating factor in continuing the process of ending the abuse.

The Chaplain's Office

Religion is a topic that was generally not brought up by San Diego FJC staff with survivor participants in the current study, but has been found to be a coping strategy utilized by survivors of IPV seeking help (Patzel, 2001; Shannon, Logan, Cole, & Medley, 2006; Zink, Elder, Jacobson, & Klostermann, 2004). Most of the survivor participants in the current study reported feeling fine about the omission of information about assistance from religious personnel. Heather even described preferring not to be asked about religion or spirituality. Angela and Irene both brought up God or religion on their own during their interviews. Angela was the only survivor participant to utilize services through the Chaplain's office, and she had very positive feelings about her work with the Chaplain. None of the other participants were informed about there being a Chaplain's office at the San Diego FJC. Franny had not been told about the Chaplain's office and reported that it was a service that she wished she would have been informed of, and would still be interested in receiving.

There are several possible explanations for this failure to notify survivor participants of this service. Religion can be an emotionally charged subject, evoking either strong positive or negative feelings, as evidenced by Angela, Heather and Irene's interviews. Staff members and volunteers at the San Diego FJC may feel awkward about bringing up the subject. Another possibility relates to the fact that there were several months during the time data were collected for this study when there was no Chaplain on staff at the San Diego FJC.

The Shelter Phone

In addition to breakdowns in communication leading to services being omitted, there was also a breakdown in communication related to the existence of the shelter phone. The shelter phone is located in the porch area of the San Diego FJC outside the reception window. It is accessible when the offices are closed because it is not behind a locked door, and dials directly to the domestic violence shelter hotline. This is a great resource that the San Diego FJC has come up with, but it can only be utilized if people are aware of it. The survivor participants in this study either did not notice the phone or saw it but assumed it was an internal phone for dialing within the building. Taking into consideration that the literature indicates that most intimate partner violence happens during the evening (Buzawa & Buzawa, 1996) when the San Diego FJC offices are not open, then the importance of informing survivors about the shelter phone becomes even more salient.

Stages of Change

The results of the current study build upon the limited research that has applied stages of change (precontemplation, contemplation, preparation, action, and maintenance), or what Prochaska and DiClemente also refer to as the Transtheoretical Model (TM) (Prochaska & DiClemente, 1982, 2005), to survivors of IPV. Initial research attempts to apply the TM to IPV were able to classify survivors into stages of change (Brown, 1997; Burke et al., 2004; Burke et al., 2001; Frasier et al., 2001), but more recent research has gone beyond describing the stages of change to look at the order of progression through stages and has documented a nonlinear progression (Chang et al., 2006; Khaw & Hardesty, 2007; Patzel, 2001). The findings of the present study support

the recent research indicating that progression through the stages does not occur in a linear fashion, but that survivors cycle back through previous stages. Although survivors in the present study represented the later stages of change, they were able to comment on stages they had previously been in and how they progressed through the stages.

The findings of the present study indicate that not only do survivors cycle back through the stages, but that some survivors in fact skip the preparation stage altogether. This finding is supported by the work of Chang and her colleagues (2006) as well as the work of Khaw and Hardesty (2007). When survivors go from contemplation directly into action it is almost always triggered by a threatening or violent action the perpetrator has taken. These findings, as indicated by Chang and her colleagues (2006), demonstrate the importance of incorporating safety planning even into interventions with survivors in the earlier stages of change such as the precontemplation and contemplation stages. There are thus limitations for developing interventions based solely on stage.

An additional finding of the current study that is supported by the results of the recent literature on the TM and survivors of IPV is the presence of turning points, where important decisions about readiness for change were made by survivors (Chang et al., 2006; Khaw & Hardesty, 2007; Patzel, 2001). Survivor participants in the current study brought up things that happened in the context of the relationship that prompted a shift in thinking. These events were often related to their children or had the effect of eliciting anger in the survivor. Awareness of the impact of the abuse on their children has been identified as a turning point leading to action in previous research (Zink et al., 2004). The finding that anger can be a motivator for change in survivors of IPV was also found by Shurman and Rodriguez (2006). Survivor participant Betty provides an example. Her

turning point came when the perpetrator put her life in danger while she was pregnant by grabbing the steering wheel. This event and the danger it posed to her unborn child angered her, giving her the energy to take action immediately.

A unique finding of the present study is that survivor participants described two separate courses of change, one for ending the abuse and one of ending the relationship. These occurred simultaneously for some survivor participants, consecutively for others, while some survivor participants only discussed ending the abuse. Survivors discussed the TM's stages, constructs, and processes of change for both courses of change. This complicates any attempt to place a linear application of the TM on IPV situations. The finding that survivors sometimes skip the preparation stage may help to explain why there can be two courses of change. If a survivor is triggered to move from contemplation to action by something the perpetrator does, then she may be in action related to ending the abuse but not yet have had time to consider where she stands on permanently ending the relationship. Although survivor participants acknowledge the importance of these events in prompting instant action, they do not always identify these events as their particular turning point. Consequently, service providers should keep in mind that action taken by a survivor does not automatically mean she is in the action stage of change in relation to ending the relationship. The context of the survivor's action must be taken into account in order to effectively meet the survivor's needs (Chang et al., 2006).

Constructs and Processes of Change

Constructs and processes of change describe cognitive and behavioral methods that people use to make change, and help explain how someone is able to move from one stage of change to the next (Brown, 1997; Burke et al., 2004; Burke et al., 2001;

Prochaska & DiClemente, 1982, 2005). The comments survivor participants in the current study made about the constructs and processes of change can enhance our understanding of the TM by explaining what aids survivors in making changes to their relationships. Information on how and why survivors make change has been found to be more helpful than the ability to classify survivors into certain stages (Brown, 1997; Burke et al., 2004; Chang et al., 2006; Khaw & Hardesty, 2007; Shurman & Rodriguez, 2006).

In the present study both of the constructs of change (decisional balance and self-efficacy) and all but one of the processes of change (helping relationships, consciousness raising, stimulus control, social liberation, self-liberation, self-reevaluation, dramatic relief, counterconditioning, reinforcement management, and environmental reevaluation) were discussed by enough survivor participants to constitute either a major or a minor theme. Although not all processes of change qualified as themes, all 10 were mentioned by at least one survivor participant. This expands upon previous findings that were only able to document 7 of the 10 processes of change in survivors of IPV (Burke et al., 2004). The survivor participants in the present study shared valuable information about the role of the constructs and processes of change in their courses of action. There are interconnections between the constructs and processes of change, meaning that they often co-occur or influence one another. The constructs of change will be discussed first, followed by the processes of change.

Constructs of change. The two constructs of change are decisional balance and self-efficacy. Decisional balance deals with weighing the possible positive and negative outcomes of making a change to the relationship. Self-efficacy relates to the degree of confidence a survivor has in her ability to make a change to the relationship.

The construct of decisional balance has been discussed in the literature as playing a role throughout all five stages of change (Burke et al., 2004). The survivor participants in the present study discussed the role decisional balance played while they were in contemplation about seeking help or making a change and during the process of taking action. The turning points in the relationship that were discussed previously seemed to be the time at which the pros of change outweighed the cons of change for the survivor, often precipitating immediate action on her part. Turning points appear to affect decisional balance in such a way as to help survivors move either from contemplation to preparation or directly from contemplation to action.

Decisional balance that occurred while survivors were taking action or after action had been taken was influenced by the type of help they received. When survivor participants felt supported by staff and got their needs met, that tipped the balance in the direction of continuing through the process. When survivor participants encountered problems with accessing services or did not feel supported they were inclined to feel that the cons of change outweighed the pros. This speaks to the important role connections with staff and well coordinated services can have in helping survivors perceive more positive than negative things associated with help-seeking.

Self-efficacy is the second construct of change. It has been found to operate during the later stages of change, when a survivor is in action or maintenance; the processes of change help contribute to a survivor's self-efficacy or confidence that she can make change (Burke et al., 2004). The results of the present study support the findings that self-efficacy tends to develop through the process of taking action. Survivor participants discussed how their experience seeking help through the San Diego FJC

helped them feel able to follow through with changes. Support from group therapy, staff, and contacts with other survivors contributed to survivor participants' self-efficacy. The process of developing a sense of personal power discussed by survivor participants in the present study appears to relate to self-efficacy as well. Survivor participants discussed how feeling empowered helped them feel able to succeed at making a change.

Processes of change. In addition to constructs of change, there were processes of change classified as themes in the current study. These included: helping relationships, consciousness raising, stimulus control, self-liberation, self-reevaluation, dramatic relief, counterconditioning, reinforcement management, and environmental reevaluation. Each process of change will be briefly discussed, with connections being made to stages of change, constructs of change, and the emergent themes.

Helping relationships are critical in supporting change. Survivors who do not feel supported in their efforts to seek help tend to cycle back to previous stages and show a decrease in self-efficacy (Chang et al., 2006). Consistent with the results of Burke and her colleagues (2004), the results of the present study indicate that helping relationships often play a role during each stage of change. All but one survivor participant discussed the importance of specific helping relationships either within or outside of the San Diego FJC. The statements survivor participants made about the helping relationships they established within the San Diego FJC often described a very personal quality that was friend or family like in nature. Taken together with the emergent theme of Human Connections, this suggests that regardless of how the data are coded, individual relationships and personal human connections are essential in providing the support needed to sustain change.

Even though helping relationships are important, research indicates that survivors of IPV are particularly cautious about trusting new people (Rose, Campbell, & Kub, 2000). Burke and her colleagues (2004) emphasize the importance of trust in establishing helping relationships. In the present study survivor participants Irene and Gina brought up difficulty trusting new people; trusting people affiliated with the legal system was especially difficult.

A mismatch between what survivors are looking for and what they are offered can contribute to a sense of mistrust and difficulty opening up. In a study by Rose and her colleagues (2000) it was found that when survivors sought help from community agencies it was mainly for emotional support. This means it was emotional support rather than specific services that survivors in the Rose et al. study were looking for. Survivor participant Eve in the present study discussed going to the San Diego FJC specifically for emotional support, and initially being told that before being able to access support services, she would have to obtain a TRO. This again underscores the importance of attending to what survivors are requesting.

When helping relationships are successful there can be many positive effects. An interesting finding in the research by Rose and her colleagues (2000) was that the support from helping relationships assists survivors to engage in more positive self-talk, indicating that there is a cognitive benefit resulting from this behavioral process of change. Since helping relationships play such an important role in change for survivors of IPV, it is important for those who come into contact with them to take time to establish rapport and trust. It should also be kept in mind that support rather than services may be a

survivor's primary need, and it is the survivor herself who will be able to tell staff what she is looking for if she is asked.

The consciousness raising process of change involves searching for information that will help the survivor understand the abuse, and has been shown to help survivors move into contemplation and into action (Burke et al., 2004). The consciousness raising process of change category in the current study had a great deal of overlap with the emergent theme of Education about IPV. In the present study, learning about the cycle of violence, completing a risk assessment, and reading pamphlets or books were forms of consciousness raising. Survivor participants spoke about how powerful it was to see their relationship in the cycle of violence, and how this confirmed their belief that there was in fact something wrong in the relationship that likely could not be fixed. The realization that the cycle of violence described their relationship with the perpetrator motivated several survivor participants to make a change. Survivor participants discussed gaining valuable information about the problems in the relationship through the risk assessment process at the San Diego FJC. In these ways, the consciousness raising process of change at times gave information that provided a rationale for taking action and utilizing stimulus control.

Stimulus control is a behavioral process of change in which the survivor attempts to take charge of situations that might lead to violence. This process of change appears to operate during the later stages of change once a survivor is preparing for or taking action (Burke et al., 2004). Survivor participants in the current study talked about taking steps to control potentially violent situations by doing things such as getting a TRO, documenting physical injuries, moving, seeking custody of their children, and participating in the

criminal case against the perpetrator. There were often other processes of change that prepared survivor participants for stimulus control. Survivor participants also talked about having more self-efficacy once they got to the point of using stimulus control.

Self-liberation deals with choosing to make a change and committing to do so, and like stimulus control has been shown to operate from the preparation stage on (Burke et al., 2004). The results of the present study indicate that there was often an accompanying realization, often about the need to protect children, which prompted the choice and commitment to change. This is consistent with the results of prior research on IPV and stages of change that indicate children often provide motivation for survivors to make changes to the relationship (Burke et al., 2004; Khaw & Hardesty, 2007; Zink et al., 2004). Due to the limited research available on the TM and IPV with women who are not mothers, there is a lack of information about what propels self-liberation in these survivors.

Previous research has also found that realizations, such as potential danger to children, factor into decisions to make a change, and that these realizations often connect to the turning points in the relationship and lead to reframing thoughts about the relationship as well (Patzel, 2001). The comments by survivor participants in the present study about self-liberation that were not related to children often had to do with how a shift in their thinking becoming more positive helped them commit to change. New information they learned about the dynamics of abuse at times contributed to a positive shift in thinking.

Self-reevaluation is a process of change that involves a survivor rethinking her values in relation to the abuse and has been shown to operate between the contemplation,

preparation and action stages of change (Burke et al., 2004). In the current study survivor participants discussed how learning about abuse from staff at the San Diego FJC or from hearing the stories of other survivors there helped them reevaluate their thoughts about their own relationship. Although this is a cognitive process of change, the results of the present study indicate that emotions can propel a survivor toward reappraising her values. Several of the statements survivor participants made related to this process of change referenced the role of their feelings, such as feeling overwhelmed and at the end of their rope, in letting them know it was time to think differently about the situation.

Even though survivor participants discussed their feelings in the context of self-reevaluation, the role of feelings in the change process constitutes its own process of change called dramatic relief. Dramatic relief, involving experiencing and expressing feelings related to the abuse, was a theme in the results of the present study. Burke and her colleagues (2004) failed to find evidence of the use of dramatic relief in their research. Anger, fear, sadness and confusion were among the emotions discussed by survivor participants in the current study. As previously mentioned, anger was described as fueling some survivors to take steps to protect themselves from further abuse. These unpleasant emotions seemed to get to the point of causing enough distress that the survivors were willing to seek help.

Previous research indicates that survivors tend to use emotion-focused coping strategies more than problem-focused strategies (Shannon et al., 2006). Emotion-focused coping strategies are so called because they help survivors manage their emotions, whereas problem-focused coping strategies are used to deal directly with the abuse. In the study by Shannon and her colleagues (2006) the survivors who used problem-focused

coping strategies also used more resources overall and a higher number of community resources and services. These results indicate that survivors may need help to be able to engage in problem-focused coping strategies. The results of the current study, evidenced by the emergent themes of Managing Trauma and Personalized Assistance, support this finding. Survivor participants in the current study frequently went to the San Diego FJC with a problem-focused agenda. The emotions brought up by their trauma, however, often infringed upon the process. This would result in their shifting into an emotion-focused rather than problem solving stance. San Diego FJC staff were often able to help survivor participants manage their emotions and regain a problem focused position. This once again underscores the importance of providing emotional support, and not focusing solely on the provision of services.

In addition to dramatic relief, the two other processes of change that were not found in the research study by Burke and her colleagues (2004) are counterconditioning and reinforcement management. Counterconditioning has to do with engaging in different behaviors and reinforcement management deals with getting rewarded for making some form of change. In the present study, counterconditioning and reinforcement management appeared to operate after action had been taken by the survivor participants.

In the current study standing up for themselves to protect themselves from abuse, getting involved in support services, reading, and getting back on a spiritual path were steps classified as counterconditioning. Spirituality or religion in the form of faith or prayer has been identified in other research as a form of counterconditioning survivors engaged with that helped propel change (Patzel, 2001; Shannon et al., 2006; Zink et al., 2004).

The ways that survivor participants in the current study were reinforced for making changes to the relationship were through finding more fulfilling life paths, and through feeling happier, safer and calmer once they sought help and steps were taken to protect them from the perpetrator. This relates to the positive trajectories toward which survivor participants' lives are now headed as they develop a sense of personal power.

Environmental reevaluation involves thinking about how the survivor's environment is affected by the abuse. The few statements that were made about this process of change in the present study related to the survivor participants' children as the aspect of the environment that the abuse was affecting.

The process of change that did not qualify as a theme, social liberation, is the one that was found to be furthest into the maintenance stage by Burke and her colleagues (2004). The one survivor participant in the current study who spoke about social liberation was Angela. It makes sense that Angela would be the one to speak about this process of change since she appears to be by far the furthest along in the maintenance stage of all of the survivor participants, as evidenced by being the only survivor participant who is a member of Voices, a group of former clients at the San Diego FJC who have successfully left an abusive relationship. Consequently she has been able to see what it is like to have a life free from abuse for a longer period of time.

There are some additional research findings relating to the process of change that are worthy of discussion. One study of the process of leaving abusive relationships found that survivors of IPV who have taken steps to leave the relationship tend to be unrealistically optimistic about the likelihood that they will remain out of the relationship (Martin et al., 2000). This would be important for staff working with IPV survivors to

know. It was also suggested that this optimistic bias allows the survivor to deny vulnerability and feel a possibly false sense of control, while in fact leaving them more vulnerable. While this sort of cognitive process may be happening for some survivors, it was not supported by the results of the current study. Survivor participants in the present study appeared to be in touch with their sense of vulnerability, and to be in the process of working toward gaining real control rather than a false sense of control. The optimistic bias may be a way of coping for survivors who do not have adequate support. Survivor participants in the current study experienced many facets of vulnerability, and were helped to cope with those vulnerabilities by San Diego FJC staff. Not only were the survivor participants better able to cope with their vulnerabilities, the process of seeking help through the San Diego FJC also aided survivor participants in moving beyond vulnerabilities and developing personal power. It is possible that the supportive nature of the San Diego FJC helps survivors view their situations more realistically and express their authentic feelings surrounding help-seeking.

Ideas for Service Improvement at the San Diego FJC

There were several ideas offered by survivor participants about additional services that would be beneficial or ways to improve the program. Advocacy and job assistance are two services that were asked for and warrant further discussion. In terms of service delivery, there are cultural considerations worthy of note as well.

Advocacy

Advocacy is a form of support offered by service providers that involves helping survivors formulate safety plans; educating survivors about how to obtain needed resources from the community and the legal system; explaining, helping survivors

prepare for, and escorting them through different stages of the legal process; and giving survivors emotional support in addition to whatever previously mentioned assistance is being provided (Bell & Goodman, 2001). It has been clearly demonstrated that survivors receiving advocacy are more effective at obtaining needed resources and receive more social support than their non-advocacy controls. In addition they also maintain these improvements in effectiveness over time (Allen et al., 2004; Fleury-Steiner et al., 2006; C. M. Sullivan & Bybee, 1999; C. M. Sullivan, Campbell, Angelique, Eby, & Davidson II, 1994; C. M. Sullivan, Tan, Basta, Rumpitz, & Davidson II, 1992). Taking into account these research findings on advocacy interventions, as well as the importance of individual relationship building reported by survivor participants in the current study, there may be benefits to incorporating more advocacy into the San Diego FJC's operations. These additional advocacy services would likely improve the experiences of survivors within the San Diego FJC. It has been shown that the benefits of advocacy are not limited to survivors with certain service needs, but are helpful regardless of what constitutes the particular need (Allen et al., 2004).

A more in depth form of advocacy than is generally available at the San Diego FJC, was explored in a series of research studies by Sullivan and her colleagues. These advocacy interventions occurred for four to six hours a week, lasted for approximately 10 weeks, and proved to be very effective (Allen et al., 2004; C. M. Sullivan & Bybee, 1999; C. M. Sullivan et al., 1994; C. M. Sullivan et al., 1992). It would therefore appear that should the San Diego FJC institute advocacy services, the more comprehensive these advocacy services are the more effective they will be.

Davies and Lyon (1998) found that advocacy is more effective if the survivor rather than the advocate is the one to identify her service needs. For example, in the current study survivor participant Diana spoke about her desire to have a San Diego FJC staff member function as an advocate, accompanying her to each service provider with whom she came into contact. Diana was able to identify the type of assistance she specifically felt she needed. The need may be, such as in this case, simply accompanying the survivor from one room to another. In other cases, more comprehensive assistance in the form of linking with outside resources may be sought. In any case, this indicates that any advocacy services instituted at the San Diego FJC should utilize a survivor directed approach to the identification of service needs.

Job Assistance

At the time the present study was conducted the San Diego FJC did not provide assistance with obtaining employment. When survivors were asked to identify their own needs, however, job assistance is a service that was often brought up in previous research (Allen et al., 2004; Davies & Lyon, 1998; Fleury-Steiner et al., 2006; Gondolf & Fisher, 1988) and was brought up by survivor participants in the current study as well. Women with jobs are more likely to intend to use the criminal justice system again if needed (Fleury-Steiner et al., 2006). A survivor's employment status affects her finances and eligibility for health insurance coverage. All of these factors have been shown to be related to the likelihood a survivor will seek help to end the abuse (Zink et al., 2004).

If women's employment status is related to their willingness to seek help then it seems like an area to which it is worth devoting more resources. An idea offered in this study's pilot study focus group was to have a job board in the kitchen area of the San

Diego FJC that is continually updated. In this way, survivors would have easy access to this information. Previous research has also offered suggestions as to how job assistance can be incorporated into a coordinated community response approach. It has been suggested that businesses in the area as well as local colleges, universities and vocational programs be included in the coordinated community response (Allen et al., 2004; Fleury-Steiner et al., 2006; Gondolf & Fisher, 1988). The San Diego FJC could reach out to educational programs and businesses in the area and invite them to be community partners.

Cultural Considerations

Several of the survivor participants in this study described the San Diego FJC as a discrimination-free environment. While it is certainly positive that survivor participants did not feel discriminated against, a point of concern is that none of them reported having their culture taken into account in any way. An indication of the importance of taking culture into account is the fact that sample in the present study, as well as the researcher's participant observations, verify that more ethnic minority survivors (n=7) than Caucasian (n=3) survivors are seeking services at the San Diego FJC. This is at odds with statistics in the state of California that indicate that there are more Caucasian survivors than ethnic minority survivors attempting to access domestic violence services (NCADV, n.d.b).

The literature suggests that the staff members of domestic violence programs be diverse and bilingual, representing cultures from the surrounding communities (Bhuyan & Senturia, 2005; Kasturirangan et al., 2004). Another indication of the importance of taking culture into account is that staff members in the pilot study focus group expressed concern about whether the San Diego FJC was effectively able to meet the needs of

minority survivors who do not speak English. The present study did not address this particular issue due to the researcher being monolingual English speaking and consequently having non English speakers excluded from participation. Of the survivor participants who were bilingual none were asked which language they preferred to speak, although none reported finding this problematic.

The research and literature available on culturally competent counseling practices indicates that it is important to take culture into account when providing services and not treat each person exactly the same because people from different cultures respond best to different styles and approaches (Arredondo & Toporek, 2004; Constantine, 2002; Pope-Davis et al., 2002; Reese & Vera, 2007; Sue & Sue, 2003; Wohl, 2000). Wohl (2000) indicates that service providers often subtly adjust their practices by making slight changes to their communication style based upon the culture of the person to whom they are speaking. It is possible that rather than neglecting the survivor participants' culture altogether, that San Diego FJC staff were making culturally appropriate modifications. However, that information cannot be ascertained from the data gathered in this study.

Irene was the only survivor participant who discussed how it would have been nice to have someone to speak with who was familiar with her culture. She was also the only participant who spoke of the role of cultural gender expectations in IPV, describing the expectation in her Filipino culture that women be submissive. Acculturation can help a survivor feel comfortable seeking help (Kasturirangan et al., 2004), and Irene discussed how her acculturation assisted her in attempting to end the relationship. Irene discussed her experience at the San Diego FJC as positive despite not having the opportunity to speak with someone with awareness of the Filipino culture. Therefore in this particular

case, the lack of bilingual services did not interfere with an overall positive experience for Irene at the San Diego FJC.

Helpful aspects of the program at the San Diego FJC figured prominently in participant survivors' experiences in addressing issues of IPV. In spite of these positive experiences, suggestions having to do with combating ineffective community response to IPV, and addressing communication problems at the San Diego FJC, along with ideas for improving the program that included addressing the role of culture in meeting client needs were significant areas that warranted discussion.

Implications for the San Diego FJC

There are many ways in which the San Diego FJC is achieving what it set out to do. Once survivors make it to the San Diego FJC their experiences are overwhelmingly positive. Survivors notice and are pleased with the uniqueness of the one-stop-shop model. They appreciate the time and energy they save by having multiple services located in the same building, and also are happy that the services are specialized for survivors of IPV. They feel a sense of belonging when they get to the San Diego FJC because it is specialized to address their specific needs, which helps them feel better about making difficult decisions regarding their relationships. They appreciate the opportunities to connect with other survivors; to learn from and give back to people in similar circumstances.

They are no longer alone once they walk through the doors of the San Diego FJC, and that helps give them strength to do the things they felt incapable of doing before. Survivors acknowledge many ways in which seeking help for IPV makes them vulnerable, but discuss how developing their personal sense of power helps them

overcome their sense of vulnerability. The supportive environment helps them manage the wide array of feelings that come up when seeking help for IPV. It is important for the San Diego FJC to maintain this supportive environment.

Staff help keep survivors focused on the tasks they want to complete while simultaneously being supportive and understanding. San Diego FJC staff members are well trained and generally able to help meet survivors' needs in an efficient manner. Staff provided education about the dynamics of abuse and how they apply to the particular relationship being discussed, which helped survivors feel confident that they were taking the right course of action. The warmth and kindness of staff and the personal connections are at the core of every successful experience that was shared. It is important to survivors that staff went out of their way to help them by devoting time or providing tangible support, and more importantly that they did this in a way that came across as something they truly wanted to do and not just something that it was their job to do. This investment of staff with survivors is a feature of the program at the San Diego FJC that it is important to maintain.

Survivors are elated that such a program exists, and the little details do not go unnoticed. Survivors spoke about the pastries donated by Starbucks as well as other food available, and the comfortable furniture and blankets that contribute to the home-like set-up of the program. The efforts that have been made to provide a safe environment are very much appreciated by survivors, and help put their minds at ease so they can focus on other things. They are similarly thankful for the playroom and the childcare available. All of these elements make up a program that people want to return to, and that people use for ongoing support; and should be maintained by the San Diego FJC.

What survivors want is more. More services, more staff, more open hours, more communication between the community partners, more explanation of what services are already there to take advantage of, and more ways for people in need to find out about the program. Survivors generally come to the San Diego FJC once they find out about it, but would like information about the program to be accessible in more places where survivors are likely to come across it before they have necessarily decided to seek help. Survivors are asking the San Diego FJC to get the word out about the program and what it is like to as many places and in as many ways as possible. Survivors want more legal help, especially with custody, divorce and child support issues. Survivors want help figuring out what to do next if there is a conflict preventing their legal needs from being met at the San Diego FJC. Survivors want more advocacy in general, and assistance with obtaining employment and housing in particular. Survivors want to know about all the San Diego FJC has to offer, and not find out about a useful service after the need has passed. Survivors want evening and weekend hours, especially for support services involving weekly appointments, to be able to access services while maintaining employment so that they can support themselves and their children.

In summary then, attention by staff to presenting information to survivors about the breadth of services offered by the San Diego FJC is an area for improvement; adequate staffing to ensure that referrals can be made to resources that exist on paper is again an area for improvement. Attention to communication between community partners is an additional area for improvement at the San Diego FJC, as is outreach to those who first respond to incidents of IPV. The overwhelmingly positive response to their experiences at the San Diego FJC is a testament to the effectiveness of the program.

Some of the many suggestions for additional services, such as the job board, could be immediately implemented without a significant drain on current resources. Others of the suggestions for additional services that require more financial or human resources should be prioritized so that they can be incorporated into the program as resources become available to support them.

Limitations to the Current Study

The current study consisted of a self-selected sample of women accessing services at the San Diego FJC. There may have been something the survivor participants had in common leading them to participate in the study. There was some difficulty in obtaining the sample. The inclusion and exclusion criteria were not altered, but it took six months to obtain 10 participants which was a longer time period than expected. There were several potential participants who initially agreed to participate in the study but did not return for the interview. There were also several potential subjects who were interested in participating but did not meet inclusion criteria due to the fact that there had not been an incident of physical violence in the relationship. There is therefore a large pool of San Diego FJC clients who are victimized in ways other than physical violence whose experiences are not represented in the current study.

The small size of the sample may limit the generalizability of the results. In addition, all of the survivor participants had children, with only one of the survivor participants' children being grown. This limits the generalizability of the results as well. In terms of the stages of change component of the present study, children were found to frequently be a key factor in commitment to change. This leaves the question about what helps survivors without children commit to change unanswered.

Efforts were made to obtain a sample of survivor participants who had accessed a wide range of services at the San Diego FJC. None of the survivor participants in the sample utilized the immigration attorney, possibly indicating that women with immigration issues were unrepresented in the sample. Only one survivor participant accessed each of the following services: the chaplain's office, meeting a lawyer for legal advice, the military liaison, and therapy for children. This means that any statements made about these particular services are based on the experiences of one person, limiting the generalizability of such statements.

The fact that the current study did not focus more centrally on stages of change is also a limitation, because more information may have been elicited in this area were it the sole focus of attention during the interview. An additional limitation arises by virtue of each participant having already taken a step to seek help. This means that the first three stages of change (precontemplation, contemplation and preparation) are underrepresented in the sample, and any statements made about those stages were done in hindsight. Consequently, the results relating to stages of change are skewed to represent patterns for women in the action and maintenance stages of change.

Directions for Future Research

Future research might compare the experiences of survivors of IPV at the San Diego FJC with survivors accessing domestic violence services from other agencies. Additionally, the experiences of survivors obtaining assistance with temporary restraining orders within the San Diego FJC might be compared to survivors accessing TROs directly through the courts. There may also be helpful information gleaned by comparing survivors' perceived risk level regarding the dangerousness of their partner's behaviors to

their actual risk level. It is this type of risk that is assessed by the San Diego FJC's risk assessment measure. The risk level looked at in previous research by Martin and her colleagues (2000) dealt with women's perception of their personal risk for returning to their abusive relationship rather than the risk of danger from the perpetrator.

Future research at the San Diego FJC might further explore the unanswered questions in this study about the role of culture. Bilingual researchers would be able to include bilingual research participants who could better speak to the program's ability to meet their needs. This might also facilitate the inclusion of survivors accessing the services of the immigration attorney. Research at the San Diego FJC might look for ways to quantify the implicit culturally sensitive behaviors of staff members. Much of the research on the importance of multicultural competence in service delivery has been done on counseling and therapy. Future research could explore whether this construct is important in the provision of non-counseling services as well, since several of the San Diego FJC services are legal or medical services rather than counseling services.

There are several directions in which research on stages of change could head. With the recent addition of turning points to the research on stages of change it may be useful for future research to explore the role of turning points further. Future research could explore whether there are in fact two separate courses of action operating for survivors of IPV, one for ending the abuse and one for leaving the relationship. Future research might explore whether there is a relationship between different batterer typologies and a survivor's trajectory through the stages of change. Additionally, with the shift in focus to the constructs and processes of change rather than stage-based

interventions, it would be helpful to continue to tease apart ways that domestic violence programs can assist survivors in engaging in the constructs and processes of change.

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Appendix A

Field Note Goals

1. Assess the physical environment of the FJC and what efforts are made to help survivors feel comfortable during their time at the program.
2. Assess the FJC's ability to identify survivors' service needs and link them with appropriate services.
3. Assess how the FJC accomplishes a coordinated community response approach and any barriers to doing so.
4. Assess staff members' training, sense of preparation to do their jobs, and use of supervision and consultation.
5. Assess how cultural factors and customs are considered in service delivery.
6. Assess the FJC role in working with IPV survivors who may be ambivalent about leaving the relationship.
7. Assess how the stages of change can be applied to survivors of IPV at the FJC.
8. Assess how traumatic reactions to intimate partner violence are taken into account in providing clinical interventions.
9. Assess survivors' levels of satisfaction with FJC services and experiences within the program.

Appendix B

San Diego FJC Staff Demographics Questionnaire

Date: _____ Name of participant: _____ Age: _____

Address:

Phone number:

E-mail:

Race and ethnic background:

Primary language spoken in the home:

Other languages spoken fluently:

Educational background:

What is your job title:

What department/ community partner do you work for:

Length of time employed at the San Diego FJC:

Please write a brief description of your job duties:

Please indicate any other job experience you have working with survivors of intimate partner violence, length of each position, and a brief description:

Appendix C

Focus Group Questions

The purpose of this focus group is to help the researcher learn as much as possible about the San Diego Family Justice Center, including its strengths and limitations. Staff members are being asked to participate as collaborators with the researcher in exploring the program. This will help the researcher hone and focus the questions that survivors will be asked in the semi-structured interviews.

1. **Goal: Assess staff members' level of and need for awareness of traumatic reactions to intimate partner violence and ability to provide clinical interventions.**

- a. (Scale) How important is it for you or your colleagues to be aware of traumatic reactions in survivors of intimate partner violence (IPV) in your daily practice?

Scale: (1) not important; (2) somewhat important; (3) important; (4) very important

- b. (List) What are the most common traumatic reactions that you encounter or need to be aware of in your setting?
- c. (Scale) How would you characterize your level of awareness regarding traumatic reactions to IPV relative to other professionals in your field?

Scale: (1) fair; (2) good; (3) excellent; (4) need more knowledge

- d. (Open-ended) What could survivors experience as traumatic at the FJC?
- e. (Open-ended) How do you and your colleagues help avoid re-traumatizing the survivor?
- f. (Open-ended) What would you do if you saw that a survivor you were working with was having a traumatic reaction?
- g. (Scale) How prepared do you feel to provide brief guidance, counseling, education, and assistance with forming a safety plan?

Scale: (1) need more training; (2) somewhat prepared; (3) prepared; (4) very prepared

- h. (Open-ended) How important is it for you and your colleagues to be able to provide brief guidance, counseling, education about IPV, and/or assistance with forming a safety plan in comparison to other domestic violence programs and why?

- i. (List) What barriers might prevent you from effectively providing this assistance?
2. **Goal: Assess staff members' ability to identify survivors' service needs, utilization, and satisfaction.**
 - a. (List) What FJC services do survivors access most often?
 - b. (List) What FJC services are survivors most in need of?
 - c. (List/Open-ended) In your experience, which services do you think would be helpful but are underutilized? Why do you think these services are not accessed more?
 - d. (List) What skills do the survivors of IPV you work with need to acquire to be able to function outside of the abusive relationship?
 - e. (List) What services do survivors request that the FJC does not currently offer? How often are survivors referred out?
 - f. (Open-ended) Do you currently have adequate referrals for these services?
 - g. (Open-ended) What have survivors told you about their satisfaction level with FJC services?
 3. **Goal: Assess staff members' ability to identify how the FJC accomplishes a coordinated community response approach.**
 - a. (Open-ended) How do you and your colleagues work as a team?
 - b. (Scale) How important is it for different parts of the program to coordinate their services?

Scale: (1) not important; (2) somewhat important; (3) important; (4) very important

 - c. (Open-ended) How do different parts of the program coordinate and communicate with one another?
 - d. (Open-ended) How easy or difficult is it for you to get survivors linked with other FJC services for which there is a need?
 - e. (List) What barriers do you encounter to effectively coordinating services between different departments of the program?
 - f. (Open-ended) How have you seen any staff conflicts that arise affect the clients?

4. **Goal: Assess staff members' impressions of the FJC.**

- a. (Open-ended) What, if anything, is the most important part of the FJC and why?
- b. (List) What barriers to effective service delivery do you encounter in your work at the FJC?
- c. (Open-ended) What is your sense of what makes the FJC a unique and effective program?
- d. (List/Open-ended) What is your primary goal when working with a survivor and why?

5. **Goal: Assess staff members' training, sense of preparation to do their jobs, and use of supervision and consultation.**

- a. (List) What training have you received at the FJC on issues related to IPV?
- b. (List) What types of ongoing training does the FJC offer? And which have you found helpful?
- c. (List) What types of training does your particular community partner offer, and which have you participated in?
- d. (List) What types of training did you receive on how to manage your own feelings that may arise in your work, and/or how to do self-care?
- e. (List) What are your particular skills you bring to your team?
- f. (Scale) How competent do you feel to do your job?

Scale: (1) need more knowledge; (2) somewhat competent; (3) competent; (4) very competent

- g. (List) What are your particular areas of competency in comparison to your colleagues?
- h. (List) What topics would you like additional training on or what would you like to learn more about to help you in your job?
- i. (List/Open-ended) What types of supervision and consultation are available to you and how do you utilize them?

6. **Goal: Assess staff members' perceptions of the role of culture in IPV, and the importance of cultural factors in service delivery.**

- a. (Open-ended) What is your understanding of the role that cultural factors play in IPV?
- b. (List) What cultures do your clients at the FJC represent?
- c. (Scale) To what extent does the FJC employ diverse staff that includes people who are bilingual?

Scale: (1) not very much; (2) somewhat; (3) a good amount; (4) very much

- d. (Scale) How important is it for you to know how a survivor's culture defines violence?

Scale: (1) not important; (2) somewhat important; (3) important; (4) very important

- e. (Open-ended) How do you decide what the important cultural factors or customs are in each case? And how do you take these into account in your work?
- f. (List) What are some barriers you face to providing culturally sensitive practices?

7. **Goal: Assess staff members' perceptions of their level of cultural competency.**

- a. (List) What training have you received on cultural issues?
- b. (List/Open-ended) What cultures do you feel most competent working with and why?
- c. (List/Open-ended) What cultures do you feel least competent working with and why?
- d. (Open-ended) How do you employ culturally competent practices in your work?

8. **Goal: Assess how staff members perceive their role in working with IPV survivors who may be ambivalent about leaving the relationship.**

- a. (Open-ended) As you encounter survivors of IPV at the FJC, do you think it is possible to have a role in helping them decide whether to leave or return to an abusive relationship? If yes, how?

- b. (List) What barriers might prevent you from accomplishing this?
- c. (Scale) How important is it for you and your colleagues to learn specific communication techniques for talking with survivors of IPV who may be experiencing ambivalence about leaving or returning to their relationship?

Scale: (1) not important; (2) somewhat important; (3) important; (4) very important

- d. (Scale) To what extent is the FJC able to communicate with ambivalent survivors better than other Domestic Violence programs?

Scale: (1) not at all; (2) somewhat; (3) a good amount; (4) very much

- e. (Open-ended) How do you manage or address feelings that may arise in you when working with a survivor who is hesitant to leave the relationship?

9. **Goal: Assess staff members' impressions of how the stages of change can be applied to survivors of IPV at the FJC. (see handout)**

- a. (List) (Precontemplation) If a survivor comes to the FJC and it seems like she is not ready to acknowledge that the abuse is a problem, what services is she likely to access?
- b. (Open-ended) How could you best assist her?
- c. (List) (Contemplation) If a client is acknowledging that the abuse is a problem but is trying to decide whether to make any changes to her relationship, what services is she likely to access?
- d. (Open-ended) How could you best assist her?
- e. (List) (Preparation) If it seems like a survivor is getting ready to make a change to her relationship, what services is she likely to access?
- f. (Open-ended) How could you best assist her?
- g. (List) (Action) If a survivor comes to the FJC and is already taking steps to end the relationship or end the violence in it, what services is she likely to access?
- h. (Open-ended) How could you best assist her?
- i. (List) (Maintenance) What services would a survivor access at the FJC if she has already ended the relationship or the abusive behavior has stopped?
- j. (Open-ended) How could you best assist her?

- k. (Open-ended) Do you see any change in what stage your clients are in after they have received services at the FJC? If yes, what changes have you observed?
 - l. (List) What do you think would help survivors move from one stage of change to another?
 - m. (Open-ended) If a brief screening tool were available to identify what stage of change a survivor is in, how likely would it be for you or your colleagues to use it in your work setting? Why or why not?
10. **Goal: Assess staff members' work experience outside the FJC and how it compares to their experience at the FJC.**
- a. (List) What training have you received on issues related to IPV outside of the FJC?
 - b. (List/Open-ended) What other work have you done with IPV survivors outside of the FJC and how did that work prepare you for your current job?
 - c. (Open-ended) How is the FJC program different from other domestic violence programs or settings you may have worked in?
 - d. (Open-ended) How is the FJC program similar to other domestic violence programs or settings you may have worked in?
11. **Goal: Assess staff members' ability to identify how to make survivors feel comfortable at the FJC.**
- a. (Open-ended) How does the FJC try to make itself a welcoming program?
 - b. (Scale) How important is it for survivors to feel at ease and secure while receiving services at the FJC?
- Scale:** (1) not important; (2) somewhat important; (3) important; (4) very important
- c. (List) What aspects of the program, its physical set up, or interventions offered are designed to help survivors feel at ease and secure?
 - d. (Open-ended) How do you and your colleagues help survivors feel comfortable while receiving services at the FJC?

Handout for Staff Focus Group Question 11

Stages of Change for Intimate Partner Violence

Stage of Change	Definition
Precontemplation	The woman does not recognize the abusive behavior as a problem and is not interested in change.
Contemplation	The woman recognizes the abusive behavior as a problem and has an increasing awareness of the pros and cons of change.
Preparation	The woman recognizes the abusive behavior as a problem, intends to change, and has developed a plan.
Action	The woman has actively engaged in making changes related to ending the abusive behavior.
Maintenance	The abusive behavior has ended, and the woman is taking step to prevent relapse.

Note. From “Ending Intimate Partner Violence: An Application of the Transtheoretical Model,” by J.G. Burke, J.A. Denison, A.C. Gielen, K.A. McDonnell and P. O’Campo, 2004, *American Journal of Health Behavior*, 28(2), p. 124.

Focus Group Worksheet for Individualized Responses

Professional Title/Occupation: _____

Please respond to each of the following questions (circle your response) when your focus group leader indicates it is time to do so:

.....
1a. How important is it for you or your colleagues to be aware of traumatic reactions in survivors of intimate partner violence (IPV) in your daily practice?

- (1) not important;
- (2) somewhat important;
- (3) important;
- (4) very important

1c. How would you characterize your level of awareness regarding traumatic reactions to IPV relative to other professionals in your field?

- (1) fair;
- (2) good;
- (3) excellent;
- (4) need more knowledge

1g. How prepared do you feel to provide brief guidance, counseling, education, and assistance with forming a safety plan?

- (1) need more training;
- (2) somewhat prepared;
- (3) prepared;
- (4) very prepared

.....
3b. How important is it for different parts of the program to coordinate their services?

- (1) not important;
- (2) somewhat important;
- (3) important;
- (4) very important

.....
5f. How competent do you feel to do your job?

- (1) need more knowledge;
- (2) somewhat competent;
- (3) competent;
- (4) very competent

6c. To what extent does the FJC employ diverse staff that includes people who are bilingual?

- (1) not very much;
- (2) somewhat;
- (3) a good amount;
- (4) very much

6d. How important is it for you to know how a survivor's culture defines violence?

- (1) not important;
- (2) somewhat important;
- (3) important;
- (4) very important

.....
8c. How important is it for you and your colleagues to learn specific communication techniques for talking with survivors of IPV who may be experiencing ambivalence about leaving or returning to their relationship?

- (1) not important;
- (2) somewhat important;
- (3) important;
- (4) very important

8d. To what extent is the FJC able to communicate with ambivalent survivors better than other Domestic Violence programs?

- (1) not at all;
- (2) somewhat;
- (3) a good amount;
- (4) very much

.....
11b. How important is it for survivors to feel at ease and secure while receiving services at the FJC?

- (1) not important;
- (2) somewhat important;
- (3) important;
- (4) very important

Appendix D

Semi-Structured Survivor Interview Questions

Intro- I'm interested in your story at the FJC. I first want to remind you not to discuss the details of your case to protect your personal information. I would like you to walk me through your experience here at the FJC. I may ask some questions along the way to help me get a better understanding of your story. Assume that I know nothing about the FJC.

1. Assess survivors' impressions before coming to the FJC?
 - a. How did you first hear about the FJC?
 - i. What brought you here?
 - b. What were you hoping would happen when you first came to the FJC?
 - c. What services did you know about before coming?
 - d. Looking back, what worried you about coming to the FJC?

2. Assess the physical environment of the FJC and what efforts are made to help survivors feel comfortable during their time at the program.
 - a. Tell me about the physical environment of the FJC, the building itself, its surroundings, the offices inside the building, the different rooms within the program.
 - i. Probe for feelings
 - ii. Was it comfortable? Welcoming? What did or did not make it that way?
 - b. What were you told about the safety features here?
 - i. Were you aware of the bullet resistant glass in the reception area? *How does that change your feeling about the FJC?*
 - ii. Were you aware of the police department being upstairs, and available to come down to help with emergencies? *How does that change your feeling about the FJC?*
 - iii. Were you aware of the phone on the porch that is available after hours for a direct line to the shelter hotline? *How does that change your feeling about the FJC?*
 - c. What was your experience like while you waited in the kitchen?
 - i. Who did you come with? Were there many other clients? Did you hear other people telling their stories and what was that like? Were there people who came with other clients? What is it like having those other people there?

3. Assess survivors' service needs and satisfaction with services received.
 - a. What services did you receive at the FJC?
 - i. *Probe for details of each service.*
 - ii. Tell me about the risk assessment?
 - iii. Did you feel like you left with an effective safety plan?
 - iv. How well did the FJC help explain the TRO process?

- b. Were your needs met?
 - i. How satisfied were you with the services you received?
 - c. Describe your most positive experience.
 - i. Describe your most negative or upsetting experience.
 - d. How much time did you spend here?
 - i. Did feel like you had enough time to spend with each person you met with?
4. Assess how the FJC accomplishes a coordinated community response approach and any barriers to doing so.
 - a. How do you feel the different departments worked together on your case?
 - b. Did the FJC help prepare you to work with the criminal justice system? How so, or why not?
 - c. How consistent was the information you were given or told? *Explain*
 - d. How many times did you tell the story of your relationship?
 - i. How was that helpful or unhelpful for you?
 5. Assess what survivors may experience as traumatic at the FJC, and any efforts that are made to avoid re-traumatizing the client.
 - a. Tell me about anything you might have experienced as really upsetting while at the FJC.
 - b. Tell me what it was like working with the staff here.
 - i. In what ways did you feel supported? Or not?
 - ii. How were the volunteers?
 6. Assess how cultural factors and customs are considered in service delivery.
 - a. How were any special needs you had taken care of?
 - b. Tell me how the staff considered your culture or customs.
 - i. How did that affect your experience here?
 - ii. *Bilingual Clients:* Did anyone ask you which language you preferred? How would that have affected your experience here?
 - iii. Did anyone ask you about religion or spirituality? How would that have affected your experience here?
 - iv. What values are important to you? How might those have been taken into account here at the FJC?
 7. Assess how the stages of change can be applied to survivors of IPV at the FJC
 - a. (Precontemplation) How has coming here changed your thinking about your relationship? What kept you from coming before? What helped you take that 1st step to come here?
 - b. (Contemplation) Are you thinking about making a change to your relationship right now? Before you actually got to the point of doing something, what helped you start thinking about whether to make a change to your relationship? How did the FJC help you feel more confident about making decisions, if at all?

- c. (Preparation) What helped you get ready to leave the relationship or make changes to end the abuse? What at the FJC helped you prepare to make a change? What kept you from leaving or making some other change?
 - d. (Action) If you are no longer in the relationship- Did the FJC help you with leaving your relationship or ending the abuse? What could they have done differently? Have you made any other changes to your relationship, and if so what helped you make these changes?
 - e. (Maintenance) What would help you keep an abuse-free lifestyle? How could the FJC help?
8. Assess what survivors would change about the FJC.
 - a. Let's talk about if you were in charge here. What would you do to help people in situations like yours? What's missing here at the FJC? What would you change?
9. Assess survivors' overall impressions of the FJC.
 - a. What is the best thing about the FJC?
 - b. What are your overall impressions of the program now after going through it?
 - c. Would you feel comfortable coming to the FJC if you needed services in the future? Why or why not?

Appendix E

Sample Recruitment Flyer

Exploring the Family Justice Center Program

Looking for women over the age of 18 who are beginning to receive services at the San Diego Family Justice Center.

- You may be eligible to participate in research for a paper for a doctoral degree exploring what your experience with the Family Justice Center is like.
- The study involves:
 - journaling about the services you receive,
 - completing a few questionnaires, and
 - participating in an interview.
 - The study is expected to take about 2 hours.
- You will receive a \$25 grocery store voucher for participating in this study and will help the FJC improve its services through sharing your experiences.

Please contact Katey Gibson, M.A., at (619) 847-7150 if you are interested in participating.

Appendix F

San Diego FJC Client Demographics Questionnaire

Date: _____ Name of participant: _____ Age: _____
Address:

Phone number:

E-mail:

Race and ethnic background:

Primary language spoken in the home:

Religion:

Do you consider yourself religious?

Please indicate your approximate household annual income:

Are you employed?

If yes, part or full time?

Are you currently in therapy?

If so, is this at the San Diego FJC?

What were the reasons that brought you to the San Diego FJC?

How did you hear about the San Diego FJC?

What services do you hope to access at the San Diego FJC?

Have you accessed San Diego FJC Services before?

Do you have any ongoing criminal cases against the perpetrator?

What is your relationship to the perpetrator?

How long did the abuse occur?

List sex and ages of all of your children, and indicate which ones live with you:

Which, if any, of your children were fathered by the perpetrator:

Please check the statement that best describes your living situation and how you feel right now:

_____ I am currently living with my partner and do not intend to separate in the next six months.

_____ I am currently living with my partner and am thinking about separating in the next six months.

_____ I am currently living with my partner and am thinking about separating in the next 30 days.

_____ I am no longer living with my partner and have been separated for less than six months.

_____ I am no longer living with my partner and have been separated for longer than six months.

_____ I have never lived with my partner.

If you have attempted to leave the relationship in the past, how many times?

Have you begun making any other changes to your relationship? If so, what changes?

Have you begun preparing to make any changes to your relationship? If so, what are you doing to prepare?

Have you begun thinking about making any other changes? If so, what are you considering?

Appendix G

Journal Target Questions

Note: For your protection please do not discuss any details of any criminal or civil case in this journal.

1. What service(s) did you come to the San Diego FJC seeking today?
2. What service(s) did you end up receiving?
3. How was your experience today?
4. What was helpful or unhelpful about it? Please be specific.

Appendix H

**Informed Consent Agreement
(San Diego FJC Staff)**

Alliant International University, San Diego Campus
10455 Pomerado Road
San Diego, CA 92131
Institutional Review Board, 858/635-4448

Through the Eyes of Survivors:
An Exploration of the San Diego Family Justice Center

You are being asked to participate in a research study. However, before you give your consent to be a volunteer, we want you to read the following and ask as many questions as necessary to be sure that you understand what your participation will involve.

STUDY INVESTIGATOR

Katherine Gibson, M.A.
Nicole Taylor, Ph.D.

WHY IS THIS STUDY BEING DONE?

This is a study of what the experiences of survivors of intimate partner violence have been like at the San Diego Family Justice Center (FJC). The purpose of this study is to gain a better understanding of what works about the San Diego FJC program, and what challenges the program faces in providing effective services to its clients. Your experience working with survivors of intimate partner violence puts you in a unique position of being able to contribute to our understanding of survivors' experiences within this program. You will be asked to complete a basic background information form. You will participate in an audio-taped focus group, the results of which will be used to help generate questions for a semi-structured interview with survivors who access San Diego FJC services.

HOW LONG WILL I BE IN THE STUDY AND HOW MANY PEOPLE WILL TAKE PART?

You will be involved in this study for a period of up to two hours. Up to ten staff will participate in the focus group.

WHAT IS INVOLVED IN THE STUDY?

If you agree to participate in this research, you will be provided with a Demographics Questionnaire, this consent form, and a Permission to Audiotape form to be signed and returned. The Demographics Questionnaire is being used to make sure that you meet all of the criteria for inclusion in this study. Once it is determined that you meet the inclusion criteria, you will be informed of the date, time, and location of the focus group.

This is what will happen if you are in the focus group:

You will arrive at the agreed upon time and place. The focus group will be conducted somewhere within the San Diego FJC offices. You will be asked a series of different types of questions. Some will allow for dialogue with other staff members present, and some will require a brief written response. Focus group questions will address staff experiences with survivors they have worked with, and impressions of how the program is meeting the needs of the survivors.

The focus group will be audio-taped so that accuracy of the answers may be ensured.

The researcher will let you know if there are any changes to the study or any new information that may change your mind about being in this study. You will be informed of any significant new findings developed during the course of the research.

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks. People who work with clients who have been traumatized can experience some trauma themselves. Should you experience any emotional discomfort, you can be provided with a counseling referral upon request.

ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?

You will not receive any direct benefits from participating in this study, but the information you offer may have the benefit of helping to identify how to improve services for survivors of intimate partner violence.

ARE THERE ALTERNATIVES TO THIS STUDY?

There are no alternatives other than what has been described at this time. However, you do not have to participate in this research.

WHAT ABOUT CONFIDENTIALITY?

You have a right to privacy, and every reasonable effort will be made to keep the information you share confidential. All names and other identifying information will be removed from the questionnaire and focus group transcript. All identifying information will be changed into code numbers for protection purposes. All identifying information, code numbers, audiotapes and data will be kept in locked containers that will be stored at the San Diego FJC. At the completion of the study the audiotapes will be destroyed, but all de-identified information, including transcripts and summaries of the focus group, will be kept for one year after completion of the study. However, while you are in the study, all records may be made available to the Institutional Review Board at Alliant International University, San Diego campus and members of the research team. Your records will not be released without your consent to the extent that laws allow. If the study results are published or presented, you will not be identified.

WHO DO I CONTACT IF I HAVE QUESTIONS?

For questions about the study, contact the researcher:

Katey Gibson, M.A.
(619) 533-3548

WHAT ARE THE COSTS OR COMPENSATION FOR PARTICIPATING?

There is no cost to participate, and no compensation is being provided.

WHAT ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

Your participation in this study is voluntary. You may choose to withdraw at any time. Your decision to leave will not result in any penalty.

We have tried to explain all the important details about the study to you. If you have any questions that are not answered here, please feel free to contact the researcher for more information.

SIGNATURE AND CONSENT TO BE IN THE STUDY

My signature below indicates that I have read the above information and I have had a chance to ask questions to help me understand what my participation will involve. I acknowledge being informed of my right to withdraw from the study at any time. You will be given a copy of this agreement and a copy of the Subject's Bill of Rights. I have been told that by signing this consent form I am not giving up any of my legal rights, and I am agreeing to participate in this study.

SIGNATURE OF SUBJECT

AGE

DATE

SIGNATURE OF WITNESS

DATE

PARTICIPANT'S BILL OF RIGHTS

As a participant in a research study you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of the research and that your consent be offered willingly and with complete understanding. To aid in your understanding, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.
2. To be given an explanation of all procedures to be followed and of any device to be utilized.
3. To be given a description of any risks or discomforts that can be reasonably expected to occur.
4. To be given an explanation of any benefits that may be expected to come to the subject as a result of this research.
5. To be informed of any appropriate alternative procedures or devices that may be advantageous and their relative risks and discomforts.
6. To be informed of any treatment that will be made available to the subject if complications should arise from this research.
7. To be given an opportunity and encouraged to ask questions concerning the study or the procedures involved in this research.
8. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without any penalty.
9. To be given a copy of the signed and dated written consent form if requested.
10. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.

If you have any further questions or concerns about your rights as a research subject, please contact the Alliant International University Institutional Review Board at 858/635-4448.

Appendix I

Informed Consent Agreement (San Diego FJC Clients)

Alliant International University, San Diego Campus
10455 Pomerado Road
San Diego, CA 92131
Institutional Review Board, 858/635-4448

Through the Eyes of Survivors:
An Exploration of the San Diego Family Justice Center

You are being asked to participate in a research study. However, before you give your consent to be a volunteer, we want you to read the following and ask as many questions as necessary to be sure that you understand what your participation will involve.

INVESTIGATOR

Katherine Gibson, M.A.
Nicole Taylor, Ph.D.

PURPOSE OF THE RESEARCH

This is a study of what the experiences of survivors of intimate partner violence have been like at the San Diego Family Justice Center (FJC). The purpose of this study is to find out what is helpful and what could be improved about the services you receive at the San Diego FJC. Learning about your particular experience will help us to understand what survivors of intimate partner violence need, and how the community can provide it. Your participation will require two face-to-face meetings and maintaining a journal of your experiences between the two meetings. The second in person meeting will consist of an audio-taped interview. Your participation in this study could be greatly helpful.

HOW LONG WILL I BE IN THE STUDY AND HOW MANY PEOPLE WILL TAKE PART?

You may be involved with this study for a period of up to several weeks. Your involvement in the interview portion of this study will last for up to two hours. Up to fifteen survivors of intimate partner violence will participate in the study.

WHAT IS INVOLVED IN THE STUDY?

If you agree to participate in this research, you will be provided with a Demographics Questionnaire, this consent form, and a Permission to Audiotape form to be signed and returned. The Demographics Questionnaire is being used to make sure that you meet all of the criteria for inclusion in this study. Once it is determined that you meet the inclusion criteria, you will be given a journal with target questions written inside to help guide your journal entries. If you are unable to write in a journal other arrangements may be made. The journal will remain at the San Diego FJC at all times. The researcher will verify that the journal is in the appropriate location before scheduling an interview. The researcher will contact you three weeks after you join the study. If you have completed your involvement with the San Diego FJC, then an interview time will be set up. If you are still accessing therapy services the researcher will contact you again in five weeks to set up an interview time.

Once the interview is scheduled, you will arrive at the agreed upon time and place for the interview. The interview will be conducted somewhere within the San Diego FJC offices. The interview will address various aspects of the San Diego FJC program, and how the program has or has not met your needs. The content of the interview will purposely avoid discussing any details related to the abuse you have endured. Interview questions will address feelings about your experience with the San Diego FJC.

All interviews will be audio-taped so that accuracy of the answers may be ensured.

The researcher will let you know if there are any changes to the study or any new information that may change your mind about being in this study. You will be informed of any significant new findings developed during the course of the research.

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks. You will not be asked to answer any questions about the abuse and you will be prohibited from discussing any details of any criminal or civil case that may be ongoing. Questions are focused on the San Diego FJC program. There is a possibility that talking about your experiences with the San Diego FJC may bring back memories of the trauma you have been through. Should you experience any emotional discomfort, you may be provided with a counseling referral.

ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?

You will not receive any direct benefits from participating in this study, but the information you offer may have the benefit of helping to identify how to improve services for survivors of intimate partner violence at the San Diego FJC.

ARE THERE ALTERNATIVES TO THIS STUDY?

There are no alternatives other than what has been described at this time. However, you do not have to participate in this research.

WHAT ABOUT CONFIDENTIALITY?

You have a right to privacy, and every reasonable effort will be made to keep the information you share confidential. All names and other identifying information will be removed from the questionnaire, screening form, and interview transcript. All identifying information will be changed into code numbers for protection purposes. All identifying information, code numbers, audiotapes and data will be kept in locked containers that will be stored at the San Diego FJC. At the completion of the study all audiotapes will be destroyed, but the de-identified information, such as transcripts and summaries, will be kept for one year after completion of the study. However, while you are in the study, all records may be made available to the Institutional Review Board at Alliant International University, San Diego campus and members of the research team. Your records will not be released without your consent to the extent that laws allow. If the study results are published or presented, every effort will be made to protect your identity.

WHO DO I CONTACT IF I HAVE QUESTIONS?

For questions about the study, contact the researcher:

Katey Gibson, M.A.
(619) 533-3548

WHAT ARE THE COSTS OR COMPENSATION FOR PARTICIPATING?

There is no cost to participate in this study. Upon completion of the interview you will be provided with a \$25 grocery store voucher as compensation for your time.

WHAT ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

Your participation in this study is voluntary and will not affect your ability to access San Diego FJC services. You may choose to withdraw at any time. Your decision to leave will not result in any penalty.

We have tried to explain all the important details about the study to you. If you have any questions that are not answered here, please feel free to contact the researcher for more information.

SIGNATURE AND CONSENT TO BE IN THE STUDY

My signature below indicates that I have read the above information and I have had a chance to ask questions to help me understand what my participation will involve. I acknowledge being informed of my right to withdraw from the study at any time. You will be given a copy of this agreement and a copy of the Subject's Bill of Rights. I have been told that by signing this consent form I am not giving up any of my legal rights, and I am agreeing to participate in this study.

SIGNATURE OF SUBJECT

AGE

DATE

SIGNATURE OF WITNESS

DATE

PARTICIPANT'S BILL OF RIGHTS

As a participant in a research study you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of the research and that your consent be offered willingly and with complete understanding. To aid in your understanding, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.
2. To be given an explanation of all procedures to be followed and of any device to be utilized.
3. To be given a description of any risks or discomforts that can be reasonably expected to occur.
4. To be given an explanation of any benefits that may be expected to come to the subject as a result of this research.
5. To be informed of any appropriate alternative procedures or devices that may be advantageous and their relative risks and discomforts.
6. To be informed of any treatment that will be made available to the subject if complications should arise from this research.
7. To be given an opportunity and encouraged to ask questions concerning the study or the procedures involved in this research.
8. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without any penalty.
9. To be given a copy of the signed and dated written consent form if requested.
10. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.

If you have any further questions or concerns about your rights as a research subject, please contact the Alliant International University Institutional Review Board at 858/635-4448.

Appendix J

Permission to Audiotape

Through the Eyes of Survivors:
An Exploration of the San Diego Family Justice Center

I, _____ agree to participate in an interview session/focus group (circle one) which is part of a clinical dissertation, and understand that this will be audio-taped.

I consent to participate in the research study, and I consent to allow myself to be audio-taped. I understand that the audiotapes, case notes and transcripts of the interview will be held in strict confidence and will be used only for the purposes of this dissertation. Only the researcher and committee members will have access to these materials. I further understand that all audiotapes will be destroyed immediately after the research is completed, and the remaining information (transcripts, notes, and summaries) will be kept for one year after the completion of the study. Some information in the written dissertation may be changed to protect my identity.

I understand that if I have further questions I can contact the researcher, Katey Gibson, M.A. at (619) 533-3548.

My signature below indicates that I have read, understand, and agree with all of the above.

Participant Signature: _____ Date: _____

Witness: _____ Date: _____