Satisfaction and Mental Health of Residents of Monika’s House Shelter

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Abstract
Although domestic violence is a problem across racial, economic, religious and cultural backgrounds, few studies in the past 30 years have examined what resources for survivors of domestic violence are actually useful, and if the women who use them improve. The current study examines the satisfaction and mental health of residents of Monika's House, a domestic violence shelter in Washington County, Oregon. The results of the study suggest that overall mental health of the residents of the shelter improved over the course of their 4 week stay, and the residents were very satisfied overall with the quality of services they received.

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SATISFACTION AND MENTAL HEALTH OF RESIDENTS OF MONIKA’S HOUSE SHELTER

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY, HILLSBORO, OREGON

BY
AMANDA J. GROVERT
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY
APRIL 8, 2011

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ABSTRACT

Although domestic violence is a problem across racial, economic, religious and cultural backgrounds, few studies in the past 30 years have examined what resources for survivors of domestic violence are actually useful, and if the women who use them improve. The current study examines the satisfaction and mental health of residents of Monika’s House, a domestic violence shelter in Washington County, Oregon. The results of the study suggest that overall mental health of the residents of the shelter improved over the course of their 4 week stay, and the residents were very satisfied overall with the quality of services they received.
Introduction

Every year in America, between 1.5 and 3.6 million women are raped or physically assaulted by an intimate partner. With multiple assaults per individual, this adds up to approximately 4 to 6 million intimate partner physical and sexual assaults every year – and there are many more that go unreported (Matthews, 2004; Tjaden & Thoennes, 2000).

In 2001, domestic violence made up twenty percent of all nonfatal violent offenses against adult women – around 600,000 crimes. In 2000, about 1200 women were killed by an intimate partner. This number made up about 33 percent of female murder victims (Matthews, 2004).

Among adult African-American women (aged 15-59), assault by an intimate partner is the leading cause of premature death (US Department of Justice, 1998). Among Native American and Alaska Native communities, 19% of female homicide victims were killed by family members (Matthews, 2004). Among Asian Americans, there was a 300% increase between 1995 and 1999 in the number of individuals provided with services by the Asian Task Force Against Domestic Violence (Matthews, 2004). In Latino culture, 34% of Latinas reported experiencing domestic violence in either their country of origin or in the United States. Clearly, domestic violence is prevalent across subcultures in the U.S. It is also important to note that domestic violence rates are five times higher among families below poverty levels, and also twice as likely to be committed by unemployed men than by men who are working full time (Matthews, 2004; US Department of Justice, 1998). However, without controlling for socio-economic status, domestic violence occurs equally in urban, suburban, and rural areas (McCue, 2008).
In terms of lost productivity, women who are currently involved in or have recently left a violent relationship are 33% less likely than those in nonviolent relationships to maintain stable employment (Wettersten, et.al., 2004). Estimated medical expenses from domestic violence range from $3 to $5 billion annually. This does not include the $100 million lost by businesses from sick leave, lost wages, non-productivity and absenteeism due to domestic violence (Matthews, 2004).

Because of the widespread prevalence across cultures, subcultures, and socio-economic status, effect on the economy, and severity of the crimes, the intricacies of domestic violence and violent relationships must be better understood by mental health professionals in order to provide more helpful and relevant services, and improve access to those services, for those who seek them. Since around 1980, more and more people are becoming aware of domestic violence, more literature is being published, and some of the common myths are being dispelled (Matthews, 2004; McCue, 2008). The last decade in particular has seen a surge of newfound awareness and programs for domestic violence. The implications of this research and the logical next steps must be integrated and discussed in order to provide the best possible treatments, services, assessments and preventions for victims of domestic violence.

*Definitions and Focus of This Literature Review*

For the purposes of this review, domestic violence is defined as rape, physical assault and stalking perpetrated by current and former dates, spouses and cohabitating partners (Tjaden & Thoennes, 2000). This definition can include both same- and opposite-sex couples; however, the present investigation will focus only on opposite-sex couples, as domestic violence in same-sex couples has its own unique complexities and
attributes (McCue, 2008). While other studies and reviews define domestic violence as encompassing both psychological and emotional abuse, the focus of this review will be mainly on physical violence. This is due to the fact that psychological and emotional abuse tends to be underreported and are studied less frequently than physical abuse (Koss et al., 1994; Matthews, 2004). Nearly all physically abusive relationships, however, include an element of emotional and psychological abuse (Weiss, 2000), making it difficult to separate out the different components.

Men are also frequently victims of domestic violence – anywhere from 80,000 to 800,000 men report being physically or sexually assaulted by an intimate partner every year (Tjaden & Thoennes, 2000; US Census Bureau, 2007). However, for the purposes of this review, only data from domestic violence against women will be examined. While it is certainly a worthwhile and much needed endeavor to examine domestic violence as pertaining to men, it is beyond the scope of this paper to do so. Although more information is being disseminated on domestic violence against men (Tjaden & Thonnes, 2000; Turner, 2002), there is much more research available on domestic violence perpetrated against women. Abused men also have a different experience than abused women, in that they struggle less with being controlled and being isolated, but more with stigma and discrimination (Matthews, 2004; McCue, 2008). Due to these differences and for simplicity’s sake, in this review I will refer to perpetrators of domestic violence as male and the victims as female, with the understanding that both sexes commit and experience domestic violence.

This literature review will be divided into three sub-sections. In the first sub-section I will discuss the cycle of violence that occurs within the relationship. Violent
relationships tend to follow a cyclical pattern, containing “honeymoon,” tension building, and serious battering phases, then repeating (Matthews, 2004).

In the second sub-section I will discuss the tendency of many abused partners to stay in and return to the abusive relationship, and possible reasons why that might be. The most often cited reason is economic dependency (Bornstein, 2006; Matthews, 2004; Repucci, Woolard & Fried, 1999; Rothman et al., 2007; Wettersten, et al, 2004). Other reasons include the presence of children, threats made upon leaving or upon broaching the subject of leaving, and a lack of resources to turn to, such as shelters, counseling, or legal services (Matthews, 2004; Sullivan et al., 1994; Weiss, 2000).

In the third sub-section I will discuss what motivates or allows abused partners to leave abusive relationships permanently, and what protective factors are available to help them remain independent. There are resources available such as shelters and non-profit organizations, as well as the legal system, social workers, religious or spiritual communities, and law enforcement. The efficacy and availability of these resources will also be discussed.

Literature Review

Cycle of Violence

Abusive relationships tend to follow a cyclical pattern (Matthews, 2004; Walker, 1979; Weiss, 2000). The changes between the various stages presented are subtle, and vary depending on the relationship and the nature of the abuse.

In the beginning phase of the abusive relationship, some type of abuse occurs. This abuse can be sexual or emotional and is most often subtle, in the form of verbal insults or accusations (Walker, 1979; Weiss, 2000). Sometimes, though, the initial
incident is physical. After the first episode of physical abuse, an abuser may not have to beat his partner again to gain or maintain control. The threat of violence may be enough, because his partner knows he is capable of following through on his threats (Salber & Taliaferro, 1995).

Following this initial incident there is a tension building phase (Matthews, 2004; Walker, 1979). The abuse continues in this phase, and while it might be physical, it continues to be more subtle. Weiss (2000) describes a woman who was boiling a pot of soup when her husband walked by and knocked her forward with his elbow, causing her to fall forward, burning her hand severely in the boiling liquid. Later on, he denied being in the kitchen at all. In this second phase, the abused partner may feel the need to keep the abuser calm, and she may feel as if she is constantly “walking on eggshells” (Walker, 1979; Weiss, 2000). She may also feel that she is at fault for the abuse, and begin to believe that if she were only a “better partner” the abuse would stop. For example, the abused woman may start to imagine if she dressed differently, was a better cook, or was more agreeable her partner would treat her better (McCue, 2008; Salber & Taliaferro, 1995; Weiss, 2000).

Building an abusive relationship takes time – if the abuse started occurring on the first date, far fewer women would stay in the relationships as long as they do. Survivors of domestic violence describe a “brainwashing” that occurs, which is difficult to quantify in empirical studies. Weiss (2000) describes interviews with women in which they say the tension-building phase happened so gradually they almost did not realize it. They describe abusers who picked at their self-worth by making off-hand comments about their food intake, or their merit as a wife or a girlfriend, most being careful to temper these
remarks by saying they were only looking out for their partner’s well-being. Eventually the women begin to believe that their partners must be right in their critiques – after all, he was only looking out for their best interests (Weiss, 2000).

The next stage is referred to as the explosion, and after the slow progression of the tension building stage it may not come as a shock (Matthews, 2004; Turner, 2002). In this stage, the abuse reaches a crescendo. Weiss (2000) reports stories from women whose partners have attempted to push them from moving cars, brutally raped them, broken their noses, deliberately twisted their legs after painful knee surgery, or otherwise hurt them severely. One woman noted that, as severe as the beatings were, her partner always made sure to leave bruises on her arms, legs, and torso rather than her face, so that the marks could be hidden by clothing.

In the making-up stage, the abuser may apologize for the abuse. He may promise that it will never happen again, or blame the abused partner for forcing him to hurt her (Walker, 1979). Other common themes in this stage are the abuser claiming his victim is exaggerating the abuse, or even claiming that it never happened, as in the case of the man who pushed his wife toward the boiling soup.

Often in this stage, the abuser apologizes profusely and swears that he will change (Walker, 1979; Weiss, 2000). The abused partner, whether or not she believes this claim, may be so relieved that the abuse has stopped for the time being that she accepts him saying he will change and stays with him. More possible reasons why abused women stay in violent relationships will be discussed in the next section.

Finally comes the calm, or honeymoon stage (Matthews, 2004; Walker, 1979; Weiss, 2000). In this stage, the abused partner may begin to hope that her partner really
meant it when he said it would never happen again. The abuser may give gifts to his partner, and treat her kindly for a period ranging anywhere from a few days to several months (Matthews, 2004; Weiss, 2000). Inevitably, the situation will again decline into tension building, explosion, and so on.

The specifics of these stages are as unique as the women who live them. As such, there are few academic studies examining what specifically these stages look like. The details come from the voices of the women who have lived these stories, and survived them.

Some women report their relationships being wonderful until they got married, at which point the tension began building, sometimes slowly, sometimes quickly (Weiss, 2000). In the early stages of the relationship, many women report this tension building stage as their partner’s efforts to gain control over their lives (Bornstein, 2006; Matthews, 2004). The abusers will attempt to isolate their partners from their family, friends, and careers (Bowker, 1983; Sullivan et al., 2004). One woman reported that her husband did not tell her parents when she gave birth to their first grandchild, although he told his wife he had and that they did not care enough to visit. He continued to create situations like this throughout their marriage, effectively separating her from her family. Another woman reported that her husband told her landlord and a social worker who lived nearby that his wife was addicted to alcohol and painkillers, which meant they did not think as much of it when they heard yelling coming from the apartment (Weiss, 2000).

In the early stages of an abusive relationship, the escalating tension can be implied rather than overt violence. The abusive partner may hit, kick, or break furniture or other inanimate objects, while the abused partner watches. Displays of violence such
as this are prophetic – the woman watching knows that even though the violence is
directed at a piece of furniture this time, it may be her next time (Matthews, 2004; Salber
&Taliaferro, 1995; Tjaden & Thoennes, 2001). The abuser may also threaten or harm the
family pets as well (Weiss, 2000).

In some relationships, the tension building stage does not appear to be present at
all. Weiss (2000) describes a woman whose husband would physically abuse her
seemingly out of the blue. In the course of his apologies, he would also twist the incident
around until she believed it was somehow her fault, subtly conveying that she had pushed
his buttons until he had no choice but to explode. This woman described her situation as
follows:

The first time there is violence, Andrea reflects, we don’t believe it. Next, we
explain it away. Then we do whatever we can to cope. With no prior experience
of abuse, no way to make sense of what was happening to her, Andrea coped by
putting herself into a state of suspended animation. She still went to work at the
hospital every day. She still wrote prescriptions and made careful notes in medical
charts…. But she felt nothing. She deliberately made herself numb. (p. 139)

It is not uncommon for women, after leaving a violent relationship, to wonder
how they had believed they were somehow at fault for the abuse they endured. It is
important to note, however, that even if this tension building stage does not appear to be
present, it almost always is. It may come, as mentioned previously, in the form of
comments about appearance, cooking, temperament, or others, in the guise of “just trying
to help.” The quotation above is an example of how one abused woman who was made to
believe the violence was her fault explained what was happening to her (Weiss, 2000).
In other situations, the tension building stage is more overt, but still subtle. It may not involve the sort of physical violence mentioned earlier, directed at the woman, pets, or inanimate objects (McCue, 2008; Weiss, 2000). Instead it can be verbal, emotional, or covert. For example, the abuser may accuse his partner of having an affair, which can serve as a means to later “punish” her (Matthews, 2004; Weiss, 2000).

Violent relationships can be broken down in this cyclical nature, but as the interviews from Weiss (2000) illustrate, no violent relationship is the same as any other, despite surface similarities. Each woman’s relationship is unique, as are the reasons she may stay in it or return to it.

The work of Weiss (2000), cited frequently in this review, is one of the only references found that allows survivors of domestic violence to be heard in their own words. As stated above, it can be difficult to quantify the details of what happens in violent relationships, particularly in the stages leading up to the actual physical violence, which is why books like Weiss’ are so important. Weiss interviewed women who had experienced domestic violence and had escaped the relationship. After each interview she provided her own thoughts on what had been said in light of her own experiences as a survivor of domestic violence and in terms of the research she had done, consolidating the interviews into themes, while allowing each woman a forum to tell her story. This source is largely a discussion of anecdotal examples, but essential for understanding what goes on in the minds of abused women, something that will be discussed further in this review.

*Reasons to Stay*
A review of the research yields a myriad of reasons why abused women stay in abusive relationships, or return to them. The most pressing of these reasons is safety. A woman who has been abused may fear retaliation from her abuser if she leaves the abusive environment or makes efforts to improve her situation (Turner, 2002). The abuser in the situation may have made specific threats, stating that if the abused partner leaves, he will hurt or kill her, her children, or himself (Matthews, 2004). Statistically, the most dangerous time for a woman in an abusive relationship is just after leaving that relationship (Salber & Taliaferro, 1995; Turner, 2002). In fact, women who are divorced or separated are 14 times more likely to report being the victim of violence by a spouse or ex-spouse. Separated and divorced women make up 10 percent of American women, yet they report 75 percent of intimate partner violence (McCue, 2008; US Department of Justice, 1998). It is possible that women who are separated or divorced are more likely to report violence from their partner, when in fact it could have occurred while they were married as well. Regardless, these statistics speak to the danger that comes with leaving a violent relationship, and why some women may choose to stay and survive day to day rather than escape (McCue, 2008).

Women who have limited support from friends, family, or their communities may find it more difficult to leave abusive relationships (Sullivan et.al, 1994). Women who have received help and support from family and friends report it as being very important in allowing them to leave their abusers (Bowker, 1983). Support can come in both tangible and intangible forms. Close friends and family can provide emotional support in stressful times, which can help reduce the risk of falling ill due to great amounts of stress (Sullivan, et al., 1994). These friends and family members can also provide safe places
for women and children to stay, store belongings, and be available to assist abused women in rebuilding their lives after leaving an abuser (Bowker, 1983). Women who do not have that support face even greater obstacles than those who do.

Social isolation has been shown to be associated with domestic violence. Severely abused women tend to be extremely socially isolated, and have no one in their limited social network who can provide the types of support listed above (Levendosky, Bogat, Theran, Trotter, von Eye, & Davidson, 2004). Additionally, women who are educated are less likely than those who are not to return to an abusive partner. It was hypothesized that higher education can contribute to the presence of social networks (Schutte, Malouff, & Doyle, 1988).

In abusive relationships, the abuser will often slowly work to isolate the abused partner socially by not allowing her to work, not allowing her to have a car, or not allowing her to leave the home (Matthews, 2004). Abusers may also prevent their partners from maintaining relationships with friends and family, via phone, letters, Internet or community activities, such as church services, as a way of maintaining control (Levendosky, et al., 2004; Turner, 2002). This may explain part of the correlation between lack of social support and severe abuse. This also limits the woman’s access to all resources, both practical and social, which makes her less likely to eventually leave the abusive partner.

Among communities made up primarily of immigrants, social isolation is intensified. In many situations a woman’s greatest barrier to getting help is the inability to speak or understand English (Mathews, 2004; McCue, 2008). Female immigrants tend to have a poorer command of English than do their husbands or children, since children
can learn English in school, and the men may need to have a rudimentary command of the language in order to get a job (McCue, 2008). This language barrier can mean that an abused immigrant woman does not know her legal options or rights, and can also mean that if she does manage to call someone for help, there is a chance that no one will be able to understand her.

The social isolation component can also be intensified for women living in rural areas. There is a belief that domestic violence occurs more often in urban areas than rural, and the reason for this is that violence among rural women is vastly underreported. There are fewer resources available, such as shelters and social service programs. Access to everyday resources can be limited, too: there may be fewer job opportunities, quality child care, housing opportunities and health care, and access to what resources are available can be confounded by distance or poor roads. Responses to domestic violence by law enforcement and medical services can be slow or inadequate (McCue, 2008). Most women experiencing domestic violence deal with isolation across all areas, but for women in rural areas being isolated geographically makes it even worse. They may not have neighbors for miles, which means there is no chance of a neighbor or passerby suspecting trouble and calling for help. It may be more difficult for a rural abused woman to reach safety, be that a shelter or the home of a friend or family member. McCue (2008) specifically mentions Native American women as potentially lacking phone service or access to any sort of transportation. For example, in many areas of the Navajo Nation, located in the Four Corners region of the United States, there is no cell phone service. A woman isolated by domestic violence can, therefore, be further isolated by geography,
lack of resources, and lack of communication with people outside her household (McCue, 2008).

Shame or guilt about abuse may represent another reason abused women do not have adequate social support, and thus may indirectly influence their inability to leave their abusers (Levendosky, et al., 2004). This shame may come from a lack of public awareness about the causes and effects of domestic violence (Matthews, 2004; Sullivan, 1994; Turner, 2002). For example, nearly half of abused women seek help from their religious leader (Gordon, 1996). However, members of the clergy may also know the abuser in the relationship, and may be sympathetic to him. Additionally, clergy may be committed to maintaining a marriage, even an abusive one, and advise the women against leaving their abusive partners. Only about 15% of women who confided in their religious leader reported it to be helpful (Gordon, 1996).

Some women are raised to believe that their husbands or male partners are in charge and are hesitant to report abuse (Matthews, 2004; Weiss, 2000). A woman’s abuser may also be her main source of affection when he is not being abusive, which is particularly dangerous when she is socially isolated (Salber & Taliaferro, 1995). Many women interviewed by Weiss (2000) mentioned growing up in a household where divorce was not only frowned upon, it was absolutely not an option. These particular women tended to be the ones who mentioned the belief that they were the ones at fault for their partners’ abuse, believing that if they were better wives to them, the abuse would stop. Immigrant women face unique challenges in this realm as well. They may experience extreme pressure to remain silent for fear of the family “losing face” in the
community. Reporting domestic violence has the potential to cut the abused woman off from her community completely (McCue, 2008).

Abusive partners may also use a woman’s children to coerce her into staying in the relationship. The abusive partner may threaten to harm the children, take them away, or physically hurt the children in front of their mother in order to maintain control of her (Salber & Taliaferro, 1995).

A 1992 study reported that half of the participants in their sample of abused women were dissatisfied with the police response to their assailants (Sullivan, Basta, Tan, & Davidson, 1992). The criminal justice system (defined as law enforcement officers, lawyers, and judges) is used more often by abused women than any other community service (Gordon, 1996). However, police officers were as frequently unhelpful as they were helpful (Hamilton & Coates, 1993; Sullivan, et al., 1992). Police reportedly would frequently question the abused partner’s story, criticize her for staying in the relationship, or fail to inform her of other agencies that may help her (Hamilton & Coates, 1993). It has also been reported that police presence has caused violence to increase (Gordon, 1996; Sullivan et al., 1992).

Economic concerns were the most often reported reason for why women stay in abusive relationships. If a woman is cut off socially and not allowed to work, her partner may be her only means of financial support (Matthews, 2004; Salber & Taliaferro, 1995). Rural women were mentioned above as facing unique challenges in accessing resources and leaving their abusers. In terms of economic reasons for staying in abusive relationships, rural farm families are often one-income families, most or all of their income coming from the farm. A woman whose family finances are tied up in land and
equipment may face the choice of staying in an abusive relationship or leaving with no
means of income – or leaving her partner with no means of income, since she may be a
key part of the farming business. She may also have strong emotional ties to the farm
animals and land, and fear that the animals may be neglected or harmed in some way if
she leaves them (McCue, 2008; Salber & Taliaferro, 1995). Additionally, restraining
orders against abusers are less viable for women living on rural farms because the
abusive partners cannot be kept away from the family farm if it is their only source of
income (McCue, 2008).

A 1981 study found that when an abused woman leaves her abuser, there is a 50%
chance her standard of living will drop below the poverty line. The women who were
most likely to return to the abusive relationship were those who had been married the
longest or had fewer skills or less work experience than those who were less likely to
return home (Martin, 1981).

Bornstein (2006) describes economic dependency as “the degree to which one
person relies on another for financial support, and is used to describe situations in which
one member of a dyad has exclusive…control over financial resources” (p. 598).
Economic dependency can occur if one person is the sole provider in the family and
denies his partner access to resources, but also when one person uses threat or
intimidation to take control of finances. Women receiving welfare or in low-income
occupations are significantly less likely than other women to terminate abusive
relationships (Woffordt et al., 1994). Economic dependency can also be influenced by the
presence of children, availability of alternate housing, and access to financial resources
beyond job income (Bornstein, 2006). Additionally, anywhere from 37% to 96% of
women in abusive relationships have reported being impacted at work as a result of the abuse (Wettersten et al., 2004). They have a hard time keeping a job or getting promotions, may miss work due to abuse-related hospital visits, or may not be allowed to work by their abusers.

Bornstein (2006) points out that it is important to realize that links between economic dependency and abuse are bi-directional. High economic dependency may lead some women to tolerate physical abuse, but repeated abuse may lead to economic dependence. Women in violent relationships who do work may have trouble concentrating, be harassed at work by an abusive partner, and have low self-efficacy due to abuse. The abuse can affect work performance to the point where they may lose their jobs, contributing to their economic dependency on their partners (Wettersten et al., 2004).

One final, somewhat controversial, reason women may stay in violent relationships is the theory of learned helplessness. This theory is controversial because some researchers feel it takes a stance of “blaming the victim,” (McCue, 2008; Walker, 1989), and implies she should be able to somehow control what is happening to her. Walker points out, though, that learned helplessness is not passivity, but rather a sophisticated set of coping skills (Walker, 1989; McCue, 2008). Abused women may use defense mechanisms to cope with what is happening in their relationships, such as minimizing, dissociation, and denial (Walker, 1989).

Every woman who stays in a violent relationship will have her own reasons to do so. Her abuser could have made threats to her or her children, she could be facing poverty if she left, she may have been out of the workforce for years and lack skills and
experience necessary to obtain employment, she may be a rural woman with few resources, or a recent immigrant dealing with a language barrier. She may have reached out to police or clergy in the past and found them to not be helpful. She may be focused on surviving day to day instead of focusing on escape. She may feel ashamed of what she has endured, or guilty for leaving her partner. Whatever the specific reasons, there is no universal answer for why women stay in abusive relationships, it may well be for multiple reasons, and it is much more complicated than “just leaving.”

**Motivations to Leave, Protective Factors and Community Resources**

The specific reasons individual women give for why they eventually leave their abusive partners are as diverse and numerous as the women who give them. Every one of them, however, can be summed up in one quotation: “There was no other choice.”

Since the early 1990’s, research on preventive interventions for domestic violence has increased (Repucci, et al., 1999). As has been demonstrated thus far in this review, domestic violence is extremely complex, and no single strategy or intervention is going to eradicate it.

Some of the more effective strategies are interventions for children who have witnessed abuse. Although this review has focused on female, adult victims of domestic violence, children experience this violence as well, through actually witnessing the abuse, hearing but not seeing it, being injured in the “cross-fire” of violence, and being manipulated by the abuser (Faller, 2003). Around half of children who are exposed in some way to domestic violence display emotional and behavioral problems, such as cognitive deficits, post-traumatic stress disorder, and depression (Faller, 2003; Kot & Tyndall-Lind, 2005). In addition to these, children who have witnessed domestic violence
are more likely to either be the victim or perpetrator of violence in adult relationships (Faller, 2003; Osofsky, 2003). There are certain protective factors that help lower these risks, such as a stable relationship with an adult. This can be a complicated process for children exposed to violent relationships between one or both of their parents, but children may have opportunities to receive support from relatives, friends, or even a sensitive police officer (Osofsky, 2003). Further education of mental health professionals, educators, law enforcement officers, and others who may come into contact with children affected by domestic violence will be helpful in recognizing and stopping the ripple effect that so often occurs, and providing support to children when they need it the most (Faller, 2003; Osofsky, 2003). Kot and Tyndall-Lind (2005) outline an empirically supported play therapy for child witnesses of domestic violence that emphasizes a corrective therapeutic relationship based on trust, safety and mutual respect. There is at this point little research on preventative measures outside of childhood.

At that point, then, it is necessary for reactive resources, which are the resources most commonly used in response to abuse. The resources abused women most often turn to are the legal system, mental health professionals, support groups, and shelters.

In 1994, Sullivan recruited women in domestic violence shelters, and randomly assigned half of the 141 participants to receive the free services of an advocate for the first 10 weeks following their shelter stay. Sullivan’s study was the first to examine the effects of providing women access to an advocate – prior to this study, most research on domestic violence had focused on prevalence and factors keeping women in abusive relationships.
As explained earlier in this review, many abused women lack community resources that would make escaping abusive relationships possible, such as affordable housing, employment, child care, legal assistance, and social support. The purpose of the advocate is to assist victims with accessing these resources. Advocates are a part of most domestic violence shelter staffs. Sullivan found that following a 6-months post-shelter stay, two-thirds of the women were no longer involved with their abusive partners, and there were no differences between the experimental and control groups on this factor. Women who had worked with advocates reported greater effectiveness in obtaining desired resources, increased social support, and higher quality of life compared to women in the control group, although both groups tended to regress toward the mean by the 6 month follow up, displaying fewer differences than at the 10-week follow up.

Sullivan had a good retention rate for his study – 95% of his original sample was interviewed at 10 weeks post-intervention, and 93% were interviewed at the 6-month follow up. Sullivan’s study also showed a wide range of diversity within the sample. Of the participants, 45% were Caucasian, 43% were African-American, 8% were Latina, and 1% were Asian American. At least 78% had one child living with them. At least 60% lived below the federal poverty line, 82% were unemployed, and 81% were receiving some type of government assistance.

Sullivan’s sample is representative of many of the women who stay in shelters (Gordon, 1996; Levendosky et al., 2004). They tend to be unemployed, many rely on their partners for financial support, and many live below the poverty line. Women who stay at least one night in a domestic violence shelter, on average, seek help six times from other community resources, such as the police, mental health professionals, or the clergy,
before entering the shelter (Gordon, 1996). These women who come to the shelter after several unsuccessful attempts to get help elsewhere are likely the ones who are socially isolated, who do not have easy access to family, friends, or co-workers, or who may have a language barrier preventing them from seeking help. For example, women who are employed outside the home are more likely to contact the police or other social services than women who do not (Gordon, 1996; McCue, 2008; Turner, 2002).

At the beginning of this section, it was explained that women who were able to permanently leave their abusive partners often did so because there was no other choice. Weiss (2000), a domestic violence survivor herself, interviewed women who had been victims of domestic violence and were able to escape. Her book allowed women to explain their experiences in their own words, giving voice to the women behind the statistics.

Many times, Weiss said, the actual thing that pushes a woman to leave her abusive partner is a last straw, that may seem minor to others. One woman, while out with her husband, reported that a passerby heard an exchange between the couple and called the abusive partner a rude name. The woman left her husband later that week. Some do not leave so quickly. They spend months or years planning their escape until that last straw, the one that leads them to say they have no other choice.

Many women report that it was when they became pregnant that they found the courage to leave. They realized that their partners were not just hurting them anymore, they were hurting a child, too. Some women leave once their baby is born, when the child becomes a player in the abuse. One woman reported leaving after her partner calmly threatened their baby daughter with a shotgun.
Another woman decided to leave her husband during a Passover Seder, when her family was recounting their people’s escape from slavery. Making the connection to her own situation, she resolved that night she would no longer be controlled by anyone. Yet another resolved to leave after waking up from a coma that her partner had put her in.

Abuse, Weiss states, is not about anger, but about power and control. This is why, statistically, the most danger to an abused woman comes in the 6 months after leaving her abuser, because by doing so she sends a clear message saying he no longer controls her (McCue, 2008; Turner, 2002; Weiss, 2000).

**Rural Women and Recent Immigrants**

Only a single author reviewed in this research (i.e., McCue, 2008) discussed at length the unique challenges faced by women attempting to leave violent relationships who are recent immigrants or who live in a rural setting, although others mentioned this topic briefly or cited statistics. A closer look, however, at rural and immigrant populations is certainly needed before any broader conclusions can be drawn regarding these women. For example, much research has focused on links between employment and domestic violence. McCue points out that women in rural farming communities will most often work on the family farm, meaning that although they may get the sense of purpose or mental respite gained by women employed outside the home (Rothman et al., 2007), they will not have the additional benefits of increased social support, increased safety, and financial gain, since any earnings would be put back into the family farm.

Many perpetrators of domestic violence, as a means of control, will not allow their partners to work outside the home at all (Levendosky et al., 2004; Matthews, 2004; Turner, 2002). If this is the case, and it frequently is, it will not matter how many benefits
there are to employment. Add to this the lack of employment opportunities in rural areas, and the social isolation that comes from geography alone, and it seems clear that women in rural areas have unique challenges that deserve further study in order to begin to provide more effective treatments. These populations, however, are harder to study, which is likely a reason why research has been conducted so much on employed women in urban settings – it is far simpler to find participants at a large hospital of 16,000 employees, as did Rothman et al. (2007), than it is in a small farming community of 5,000, where domestic violence is underreported anyway (McCue, 2008).

The lack of research concerning domestic violence in immigrant populations is a similar concern, and one that is also difficult to access. In many recent immigrant populations, adult women have a poorer command of English than their husbands or children (McCue, 2008). They may also face more shame or guilt in talking about abuse to someone outside their culture, and may not understand their legal rights (McCue, 2008). However, recent immigrant women face challenges like those of rural women, and are equally, if not more, overlooked. Rural and immigrant women are in need of services to help escape domestic violence, as much as urban, English-speaking women, but with the lack of research concerning their experiences and distinct needs, those services are difficult to develop and make effective.

*Resources for Abused Women*

Few questions are asked more often of abused women than, “why didn’t you just leave?” (Weiss, 2000). There is a great deal of research to answer this question, as discussed previously. There is a lack, however, of research surrounding how abused partners find the resources and support to actually leave. Most of the research on
prevention in this area focuses around interventions with children, which is certainly a worthwhile area of study, considering the ties between witnessing violence as children and perpetrating or experiencing it as adults. There is almost no research on preventative interventions for adults. Researchers have demonstrated some success using rape education programs, showing post-intervention changes in rape (Repucci et al., 1999). The same sort of changes may be possible for domestic violence. This is a worthwhile direction for future research. Many colleges already educate incoming students on rape myths and safe behavior (Repucci et al., 1999). Education surrounding domestic violence could be incorporated into that as well.

Sullivan (1994), as stated earlier, was the first to examine the effects of providing women access to an advocate after staying at a shelter. While it is true that the staff at most shelters provide advocacy services during the shelter stay, few researchers since 1994 have examined the efficacy of services either during or after shelter stay. Also, although Sullivan’s sample was representative of women who stay in shelters (Gordon, 1996; Levendosky et al., 2004), he did not examine, at least overtly, immigrant populations and non-English speaking populations. It can be hypothesized that recent immigrants, even working with an advocate, may not experience the same gains as the other women in the study due to language and cultural barriers (McCue, 2008).

There is also little research on other community resources and responses to domestic violence. Sullivan, after examining various social and community supports for domestic violence survivors, concluded that advocacy services, shelter services, or police interventions on their own will not significantly reduce the amount of domestic violence a woman may experience. In fact, women already rate police interventions as particularly
ineffective in comparison with the other resources mentioned (Gordon, 1996). Instead, all of these services must be part of a larger package designed to work with abused women (Sullivan, 1994).

As stated previously, there is a great deal of qualitative research concerning issues like the links between employment and domestic violence (Bornstein, 2006; Levendosky, et al., 2004; Rothman, et al., 1997; Wettersten, et al., 2004). There are books like Weiss’ (2000) collection of interviews, which are invaluable. Research like Sullivan’s 1994 study on advocacy intervention is a step in the right direction in terms of providing more detailed insight to help prevent and treat domestic violence. Gordon (1996) conducted a meta-analysis of 12 studies examining perceived usefulness of services most frequently utilized by abused women. The studies making up the meta-analysis consisted mostly of questionnaires and structured interviews, allowing for a certain level of detail in responses. Gordon’s findings, that some of the most utilized resources, like the criminal justice system or the clergy, were some of the lowest rated in perceived usefulness by abused women, are startling. Gordon also points out that women in the 12 studies were ones who were not under such strict control that they do not have the opportunity to respond to surveys, which lends support to the point that there is an important population of women out there that is not being heard.

Need for Research on Resource Effectiveness

The next step, then, in domestic violence research is an obvious one. More research should be done on which community resources are effective or not, and why. Salber and Taliaferro (1995) provide a reference guide for physicians on how to recognize signs of domestic violence and what to do about it. This reference is useful,
first of all, in that it shows that the medical community is working to dispel myths
surrounding domestic violence, such as misconceptions about who it happens to and why
a woman who has been abused may not readily admit it to a physician. The Salber and
Taliaferro article is also useful for educating providers about broad concepts, and in fact
cites many of the same articles used in this review. Yet women seek help from
community providers an average of six times before coming to a shelter (Gordon, 1996).
Why are these resources not helping? Providers’ lack of education in the intricacies of
domestic violence is an obvious answer, but examination cannot stop there. Women
surveyed reported that physicians, psychiatrists, psychologists, and in particular, social
workers, are helpful for all types of abuse (Gordon, 1996). This is a start, but it is not yet
enough. What will help people in the legal system, the education system, and the mental
health field gain the expertise needed to help women escape violent relationships without
having to seek services six times before going to a shelter? Finally, what can shelters do
to further assist the women who stay there? These are the questions facing the next group
of researchers, who have information about prevalence and what happens in violent
relationships, but not what helps end them. It is this research yet to come that will provide
the treatments, services, assessments, and methods of prevention for the societal problem
of domestic violence.

Monika’s House Shelter

Monika’s House Shelter is a domestic violence shelter at a confidential location in
Washington County, Oregon. Monika’s house provides emergency accommodation and
services for adults and children escaping physical danger from domestic violence
situations. The shelter has 27 beds in seven rooms (five reserved for families and two for single women).

Monika’s House is named for Monika Voits, who was murdered by her husband in January of 1999. The staff at Monika’s House provide parenting groups, children’s groups and activities, assist with safety planning, and staff a 24-hour crisis line, which answers 2100 calls every year. Staff also provide referrals for housing, legal assistance, vocational services, and help the residents enroll their children in school and obtain passes for public transportation. Residents at Monika’s House are provided with food, clothing, linens, supplies for children (such as diapers and toys), shampoo, and many other supplies, largely through donations from the community (http://www.dvrc-or.org/domestic/violence/resources/C35). Residents of Monika’s House may remain there up to six weeks.

Monika’s house serves a large need for the Portland, Oregon metropolitan area. In 2008, there was a 36% increase in the number of requests for shelter that could not be met. That same year, 188,694 calls were made to domestic violence help lines in the state of Oregon – 53,784 of those calls came from Washington, Multnomah or Clackamas counties, the main counties served by Monika’s House. In 2008, 2,553 adults, 324 teens and 1,921 children made use of a shelter. The largest number of these came from the Tri-County metro area – 784 adults, 658 children, and 116 teens (DHS Children, Adults and Families Division, 2008).

The purpose of this study is to look at the satisfaction Monika’s House residents have with their stay, including things they would change, and examine these based on demographic factors.
Method

Participants:

Participants in this study were recruited from Monika’s House domestic violence shelter in Washington County, Oregon. Participation was voluntary, and survey materials presented were included in the entrance and exit paperwork completed by residents of Monika’s House.

Measures

Demographic Questionnaire (See Appendix A). The demographic questionnaire included such items as the individual’s age, if they have children, their level of education, immigration status, ethnicity, first language, sexual orientation, disabilities, relationship to the abuser, how long they were in the relationship, religious or spiritual beliefs, length of time in Oregon, and services sought prior to arrival at the shelter.

Outcome Questionnaire 45 (See Appendix B). The Outcome Questionnaire 45 (OQ 45) is a 45-item scale used to measure general symptom distress, interpersonal functioning, and social role. Participants are asked to rate symptoms on a four-point scale (never, rarely, sometimes, frequently and almost always). This measure is appropriate for individuals age 18 and over who read at a 6th grade level or above.

Satisfaction Survey (See Appendix C). The Monika’s House satisfaction survey was developed for this study. It was administered when residents leave the shelter. Participants were asked to rate their overall level of satisfaction with their stay, report which services they found most helpful, and which services they found least helpful.

Procedure
This research protocol was implemented with the approval of the Pacific University Institutional Review Board and the Domestic Violence Resource Center. Participants read a statement of consent, including a brief written description of the study, emphasizing that participation was voluntary and there would be no penalty for discontinuing participation. When completing the initial Monika’s House paperwork upon arrival, participants completed the demographic survey and the OQ-45. Upon leaving the shelter, residents were asked to again complete the OQ-45, as well as the satisfaction survey. The combined surveys took no more than 15 minutes.

Data Analyses

Study data was analyzed with a focus on the following:

- Differences in mental functioning (as determined by the OQ-45) from time of arrival at Monka’s House to time of departure were determined through use of t-test analysis.

- A descriptive analysis of participant responses was conducted to determine, across participants, the overall level of satisfaction with Monika’s house as well as the level of satisfaction with each of the services provided. This information was further examined in light of the demographic information provided by participating residents. For example, satisfaction (both overall and by service) was correlated with age, level of education, and number of children.

- Qualitative analysis of the participants’ responses to the open-ended question on the satisfaction survey were conducted to highlight consistent themes that might be present.
Results

Sample Characteristics

In total, 9 women completed both the entrance and exit surveys. An additional 10 completed the entrance, but not the exit, paperwork. The participants ranged in age from 18 to 47 years, with a mean of 31.4. All but two had children, with a mean of 2.3 children per participant. All but one participant completed high school. All sought out resources prior to arriving at Monika’s House, mainly utilizing the Portland Women’s Crisis Line. Fifty-five percent of participants endorsed some kind of religious or spiritual beliefs. They described their sexual orientations as heterosexual, lesbian, bisexual, and asexual. They described their ethnicities as Caucasian, Latina, Native American, Biracial, and Pacific Islander. The length of time spent in the abusive relationship ranged from 1 month to 13 years. The length of time spent in Oregon ranged from 1 week to 47 years.

Mental Functioning

Upon entering Monika’s House, participants had a mean total OQ-45 score of 83.5. Their mean scores on Symptom Distress, Interpersonal Relationships, and Social Role were 49.5, 20.2, and 13.8, respectively. Each of these mean scores is above the established clinical cutoff. After leaving Monika’s House, the mean total score was 52.21, Symptom Distress was 26.1, Interpersonal Relationships was 17.1, and Social Role was 9.1. The post-test mean total score, Symptom Distress score, and Social role score are below the clinical cutoff.

T-test analyses were conducted to determine the relationship between pre- and post-test data on the OQ-45. Paired samples t-tests indicated significant change at the \( p < \)
.01 level between the pre- and post-test OQ-45 data, with residents improving in all domains during their stay at Monika’s House (see Table 1 below).

Table 1. Comparison of pre- and post-test scores on the OQ-45.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean (intake)</th>
<th>Mean (exit)</th>
<th>t-test Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total OQ-45 Score</td>
<td>83.5 (SD=20.84)</td>
<td>52.21 (SD=22.09)</td>
<td>( t(9)=4.64, p=.000 )</td>
</tr>
<tr>
<td>Symptom Distress</td>
<td>49.5 (SD=15.07)</td>
<td>26.1 (SD=17.60)</td>
<td>( t(9)=4.35, p=.000 )</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>20.2 (SD=4.39)</td>
<td>17.1 (SD=3.33)</td>
<td>( t(9)=2.84, p=.011 )</td>
</tr>
<tr>
<td>Social Role</td>
<td>13.8 (SD=3.77)</td>
<td>9.1 (SD=3.10)</td>
<td>( t(9)=6.23, p=.000 )</td>
</tr>
</tbody>
</table>

The largest predictor of improvement on the OQ-45 was endorsement of religious belief. Residents who endorsed some sort of religious or spiritual beliefs were more likely to show improvement in all domains of the OQ-45 than those who did not. When the question of religious belief was isolated, the mean total OQ-45 score on the pre-test was 89 for those who had no religious beliefs, and 80 for those who did. On the post-test, individuals without religious beliefs had a mean total score of 63, while those with religious beliefs had a mean score of 45. A score of 63 is considered the clinical cut-off for the OQ-45 total score. Paired samples t-test analyses show significant change at the \( p<.01 \) level for individuals who had religious beliefs in all domains of the OQ-45. Among
individuals who did not endorse religious beliefs, only the Social Role scale showed significant change (see Tables 2 and 3 below).

Table 2. Comparison of pre- and post-test scores on the OQ-45 (Endorsed religious belief).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean (intake)</th>
<th>Mean (exit)</th>
<th>t-test Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total OQ-45 Score</td>
<td>80.3</td>
<td>45.9</td>
<td>$t(5)=4.17, p=.002$</td>
</tr>
<tr>
<td>Symptom Distress</td>
<td>47</td>
<td>21.7</td>
<td>$t(5)=3.89, p=.003$</td>
</tr>
<tr>
<td>Interpersonal Relations</td>
<td>20.3</td>
<td>16.1</td>
<td>$t(5)=3.13, p=.01$</td>
</tr>
<tr>
<td>Social Role</td>
<td>13.1</td>
<td>8.2</td>
<td>$t(9)=4.17, p=.002$</td>
</tr>
</tbody>
</table>

Table 3. Comparison of pre- and post-test scores on the OQ-45 (Did not endorse religious belief).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean (intake)</th>
<th>Mean (exit)</th>
<th>t-test Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total OQ-45 Score</td>
<td>89</td>
<td>63</td>
<td>$t(4)=2.12, p=.078$</td>
</tr>
<tr>
<td>Symptom Distress</td>
<td>53.2</td>
<td>33.6</td>
<td>$t(4)=2.01, p=.091$</td>
</tr>
<tr>
<td>Interpersonal Relations</td>
<td>20.1</td>
<td>18.2</td>
<td>$t(4)=.71, p=.507$</td>
</tr>
<tr>
<td>Social Role</td>
<td>15</td>
<td>10.6</td>
<td>$t(4)=3.99, p=.007$</td>
</tr>
</tbody>
</table>

Demographic Considerations

Correlation analysis was used to determine how the OQ-45 data related to demographic characteristics of the women sampled, and how this demographic information related to reported satisfaction with their stay at Monika’s House. None of
the demographic information collected was found to relate to scores on the OQ-45.
Likewise, none of the demographic information collected showed a relationship with the degree of overall satisfaction.

*Resident Satisfaction*

Residents generally reported a high degree of satisfaction with their stay at Monika’s House, with a mean score of 4.75 on the overall satisfaction scale. For this measure, 1 = very dissatisfied, 2 = somewhat dissatisfied, 3 = neutral, 4 = somewhat satisfied, and 5 = very satisfied. Residents were generally least satisfied with transportation services, with a mean of 3.4, and the food, with a mean of 3.5. They were most satisfied with the friendliness of the staff, with a mean of 4.6, and the safety of the facility, with a mean of 4.5 (see Table 4 for a breakdown of reported satisfaction with each domain assessed).

Table 4. Reported Satisfaction.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean Score</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>4.75 (SD=.46)</td>
<td>4-5</td>
</tr>
<tr>
<td>Food</td>
<td>3.5 (SD=1.51)</td>
<td>0-5</td>
</tr>
<tr>
<td>Staff Friendliness</td>
<td>4.6 (SD=.97)</td>
<td>2-5</td>
</tr>
<tr>
<td>Safety of the Facility</td>
<td>4.5 (SD=.97)</td>
<td>2-5</td>
</tr>
<tr>
<td>Availability</td>
<td>4.3 (SD=1.16)</td>
<td>2-5</td>
</tr>
<tr>
<td>Children’s Program</td>
<td>3.9 (SD=1.73)</td>
<td>0-5</td>
</tr>
<tr>
<td>Support Groups</td>
<td>3.7 (SD=1.77)</td>
<td>0-5</td>
</tr>
<tr>
<td>Transportation Resources</td>
<td>3.4 (SD=2.07)</td>
<td>0-5</td>
</tr>
<tr>
<td>Housing Resources</td>
<td>4 (SD=1.56)</td>
<td>0-5</td>
</tr>
<tr>
<td>Other supplies (i.e.,)</td>
<td>4.3 (SD=.95)</td>
<td>2-5</td>
</tr>
</tbody>
</table>
Discussion

The primary aim of this study was to provide relevant and useful data regarding a single facility that is working to help individuals who are attempting to leave a violent relationship. The main purpose of the study was to determine if there were any changes in resident mental health over the duration of the stay at Monika’s House shelter, and to see if ethnicity, first language, age, religious beliefs, or number of children impacted those changes. Additional information regarding resident satisfaction with various services provided by Monika’s House was gathered as well.

Significant differences were found between the participants’ OQ-45 pre- and post-test scores. Scores decreased on the Symptom Distress, Interpersonal Relationship, and Social Role scales, as well as the total score. Based on these scores, the participants would be classified as “improved and recovered.” The differences in scores were not significantly affected by ethnicity, number of children, length of time in Oregon, length of time in the abusive relationship, first language, sexual orientation, level of education, or disability status. The only variable that significantly affected OQ-45 scores was religious beliefs.

Women who endorsed some kind of religious belief showed significant improvement across all subscales of the OQ-45, as well as the total score. Those who did not showed significant change only on the Social Role subscale. The religious beliefs endorsed included “Christian,” “spiritual but not religious,” “Catholic,” “nature-based spirituality,” “Native American,” and a belief in God and guardian angels.
One of the hallmarks of an abusive relationship is isolation (McCue, 2008; Weiss, 2000; Sullivan, et.al, 1994). Perhaps women who have a religious community, or some sense of religious faith do not feel that isolation as strongly – even when physically isolated they still feel connected to something. Women who are part of a religious community may also have faith-based resources they can turn to, even if those resources come from strangers, which may or may not be resources that are open to individuals outside a particular faith.

Interestingly, in previous research women who confided in a member of the clergy regarding their abuse on average did not find it helpful. Half of abused women seek help from their religious leader, but only 15% of those find it useful (Gordon, 1996). Clergy may be committed to preserving a marriage, even an abusive one, and may not always provide assistance for an abused spouse to leave the marriage, focusing instead on how to maintain the relationship. Women who grew up in a household where men were very clearly in charge, and where divorce was absolutely not an option, are more likely to believe they are the ones at fault for their abusive relationships (Weiss, 2000). Although these beliefs are not necessarily religious in nature, women who endorsed them in previous research were more likely to come from religious backgrounds.

Perhaps, then, it is this sense of community that is most important. An individual with religious beliefs will be less likely to feel alone, no matter how socially isolated they are. Whatever the reason, the relationship between religious beliefs and mental health improvement while staying in a shelter is certainly one worthy of further study.

It is worthwhile to again mention the small sample size. It is possible, given more participants, more differences on OQ-45 scores and satisfaction scores would have been
noted based on demographics. It is well within the realm of possibility that there are significant differences among the demographic groups mentioned above that were not observed due to the small sample size.

Due to personnel changes at Monika’s House during the course of the study, it was, at times, difficult to maintain consistency in terms of data collection. Given that data was being collected primarily from a distance, I was unable to train and engage the new staff in the study, meaning that some participants filled out the entrance but not exit paperwork, and vice versa.

Few comments were made on the satisfaction survey. There are a number of reasons why this might have occurred. The simplest explanation is the women had already filled out extensive paperwork aside from the study, and were not inclined to write further comments. It is also possible that more effort could have been made to relay to the participants the benefit of writing in the comment section. The comments that were made expressed gratitude to the staff, called Monika’s House a “wonderful place to be,” and talked about how the children had enjoyed their stay. The one constructive comment made indicated that it was difficult to work full time because of the early curfews.

This study was designed in order to assist the staff of Monika’s House, and its parent organization, the Domestic Violence Resource Center, by having measurable outcomes of their success in the work they do with individuals recovering from abusive relationships. Future research in this area with other similar organizations is much needed. Future qualitative research would be incredibly useful and potentially empowering for survivors. In the course of the literature review, only one book was found dealing exclusively with qualitative interviews (Weiss, 2000). Allowing the
women utilizing resources like Monika’s House to speak freely about what is helpful, what is not, and why, will add a valuable degree of richness to the research.

The link between religious beliefs and improved mental health is also one that merits further study. Future research could assess women of many different faiths, and examine the degree of involvement in respective religious communities to see if there is additional support found there. In general, future research could examine if abused women who have religious beliefs feel less isolated than those who do not. The relationship between religion and mental health of domestic violence survivors is an interesting and important one, and certainly one meriting further exploration.

The most important finding from this study is that women who were suffering from a myriad of mental health concerns upon entering the shelter dramatically improved over their stay. From this, we can extrapolate that the women in the shelter were not inherently impaired, but reacting to their environment. When the environment was no longer toxic, the mental health concerns were no longer immediate. Clearly, shelters like Monika’s House are effective at helping survivors of domestic abuse recover and get started on the next chapter of their lives.
References


Appendix A
Demographic Survey

1. Your age: _____________

2. Do you have children? Y    N
   If so, please list the appropriate gender and age
   __________________                        ________________
   __________________                        ________________
   __________________                        ________________
   __________________                        ________________

3. How many years of school did you complete? _________________________

4. What is your ethnicity? ____________________________

5. When did you arrive in the US (mark N/A if born in US) _______________________

6. What is your first language? _____________________________

7. What is your sexual orientation? ____________________________

8. Do you have any disabilities? ________________________________

9. What is your relationship to your abuser (ie husband, boyfriend)? _______________

10. How long were you in a relationship with your abuser? _______________________

11. What are your religious or spiritual beliefs? _______________________________
12. How long have you lived in Oregon? ________________________________

13. What services did you seek prior to arriving at Monika’s House?

____________________________________________________________________
____________________________________________________________________

____________________________________________________________________

Thank you for completing this survey.
Appendix B

Outcome Questionnaire 45
Appendix C

Satisfaction Survey

Please respond to each of the following regarding your stay at Monica’s House:

1. How satisfied were you with your stay here at Monica’s House? (Please circle one of the following):

   1  2  3  4  5
   Very  Somewhat  Neutral  Somewhat  Very
   Dissatisfied Dissatisfied Satisfied Satisfied

2. Please rate your satisfaction with each of the following services provided by Monika’s House by placing an X in the appropriate box:

<table>
<thead>
<tr>
<th>Food</th>
<th>Very Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Neutral</th>
<th>Somewhat Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Safety of the Facility</td>
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<td>Availability</td>
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<td>Children’s program</td>
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<td>Support groups</td>
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<td>Transportation resources</td>
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<td>Housing resources</td>
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<td>Other supplies (ie, clothing, bedding, etc)</td>
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</table>

3. In the space below, please provide any comments you would like to make regarding your stay at Monika’s house.