

Promoting Safety and Well-Being for Survivors of Domestic Violence

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### Introduction

### Holistically responding to the needs of domestic violence survivors requires multi-disciplinary collaboration.

Following decades of relationship building and planning, the Family Peace Center (FPC) opened its doors in late 2015 to meet the various needs of families impacted by violence in a single facility with a multi-disciplinary, colocation approach. Current partner agencies operating from the FPC include Advocate Aurora Health providing a health navigator connecting clients to healthcare options as well as care for sexual assault survivors, the African American Breastfeeding Network supporting pregnant and postpartum individuals and their babies, Children's WI Behavioral Health Clinic providing mental and behavioral health therapy to children, Children's WI Milwaukee Child Advocacy Center serving victims of child maltreatment, Goodwill of Southeastern Wisconsin connecting survivors to job and career resources, Jewish Family Services providing therapy and counseling for adult survivors, Legal Action of Wisconsin providing survivors with advice and representation in the civil legal arena, Milwaukee County District Attorney's Office Intimate Partner Violence Unit reviewing intimate partner violence cases for criminal charging, Milwaukee Police Department Sensitive Crimes Division serving victims of crime, Milwaukee Public Schools social worker navigating school related issues for child survivors and their families, and Sojourner providing advocacy, support, and emergency shelter to domestic violence victims.



The overall evaluation strategy at the FPC is designed and executed under the leadership of the Director of Outcomes & Evaluation, Dr. Erin Schubert, in collaboration with all FPC partner agencies. Representatives from each partner agency sit on the FPC Outcomes & Evaluation Committee which meets monthly to guide evaluation at the FPC. Data collected and analyzed by the Outcomes & Evaluation Committee are used to form data-driven recommendations for partner agencies leadership and other FPC committees to implement.

### **Survivor Interviews**

In order to gain an in-depth understanding of survivors' experiences and well-being over time, we conducted interviews with the survivors we serve over the first year of service engagement with a group of survivors who voluntarily participated. The interviews we describe in this report were conducted between 2016 and 2021. See previous reports on this project on our website: https://www.familypeacecenter.org/fpc. In these interviews, we assessed satisfaction with FPC services, gathered information on survivors' exposure to trauma and their experience in abusive relationships, and tracked their safety and well-being over time. We interviewed survivors after their initial connection to services for a baseline interview and again at 3 planned follow up points: 3 months, 6 months, and 1 year after the baseline interview. The current report focuses on survivor safety and well-being at each of these follow up points.



### Who We Serve

We interviewed a total of 125 adult survivors ranging in age from 19.4 to 59.1 years old (avg 36.6 years). The majority were people of color (73.6%). See Figure 1 for additional details on race & ethnicity of survivors interviewed. While we serve individuals of any gender, all of the adults in the sample were all female. Most (64.8%) were single and had never been married (see Figure 2).

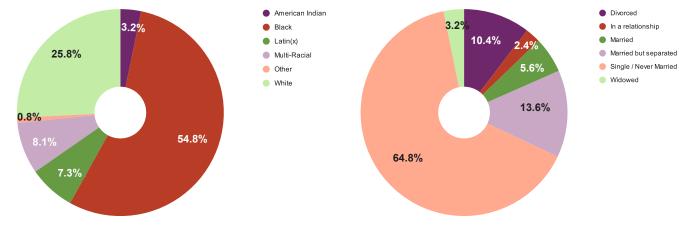


Figure 1 – Survivor Race & Ethnicity

Figure 2 - Survivor Marital Status

### **Survivors' Educational Attainment**

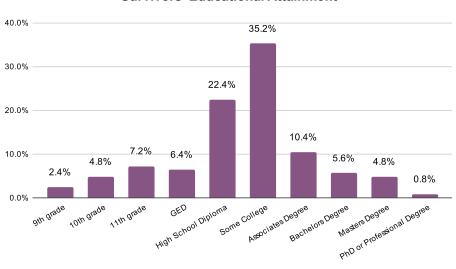




Figure 3 – Highest level of education reported by the survivors we interviewed

Survivors' educational attainment ranged widely from 9th grade completion to holding a PhD or professional degree, though the largest percentages had some college with no terminal degree (35.2%) or a high school diploma (22.4%; See Figure 3). The majority (54.4%) were unemployed at the time of their interview. Over a third (36.8%) of the survivors we interviewed reported living with a disability. Taken together, these data highlight an opportunity to connect the people we serve to educational and career opportunities as a means to promote their ability to support themselves and their children.

### **Survivors' Employment Status**

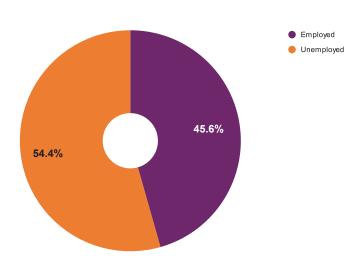


Figure 4 – Survivors' employment status at the time of their baseline interview

While this report focuses on our adult survivors, the vast majority, 78.4%, of participating women were mothers, 5.6% of whom were pregnant at the time of the interview. See our earlier report *Hope & Healing for Children Who Experience Domestic Violence* for more information about how these children are impacted by the abuse their parents experience and importantly how supporting these children allows them to thrive despite these challenging experiences.

### **Survivor Defined Goals**

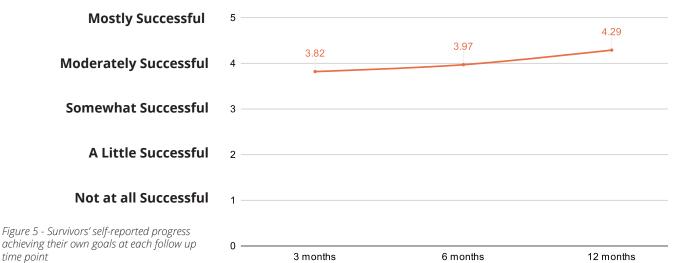
A core service tenant at the Family Peace Center is allowing survivors to be in charge of their own healing. That is, we do not impose goals upon the survivors we work with, but rather encourage them to define what they are looking for so that we may then advocate for and support them in that pursuit. Survivor's self-defined goals vary widely, but can be generally grouped into 11 categories (see Table 1). The two most common goals are securing employment / financial stability (20.0% of survivor goals) and securing housing (19.5% of survivor goals). Survivors mention goals such as, "being financially stable," "sustain my family financially," and "getting my own place" here. Other common were goals centered around educational attainment (13.5% of survivor goals; e.g., "going back to school," and "finishing nursing school") and staying safe / avoiding continuing abuse (11.2% of survivor goals; e.g., "get out of abusive relationship" and "keeping unhealthy relationships out of my life."). Further, some survivors described goals around their own mental, spiritual, and emotional well-being (10.2% of survivor goals; e.g., "focusing on self-care," and "getting my mind together from what I've been through") while others described goals related to supporting their children's wellbeing (9.8%; e.g., "getting help for my kids," and "providing a positive environment for my daughter").

Survivor-Defined Goals table 1			
Employment / Financial Stability	20.0%	Successfully navigate CPS case - get children back	5.1%
Housing	19.5%	Miscellaneous	3.7%
Educational Goals	13.5%	Helping Others / Giving Back	3.3%
Stay Safe / Avoid Abuse	11.2%	Physical Wellness	2.3%
Mental / Spiritual / Emotional Wellbeing	10.2%	Maintaining Sobriety	1.4%
Supporting Children's Wellness / Parenting	9.8%		



While survivor-led care is critical to our service model, it does present a challenge for evaluation because survivors are not all pursuing the same outcomes. For instance, one survivor may be striving to complete her education while another may be motivated to better support and nurture her children. Therefore, measuring a change in one goal (e.g., achievement of educational outcomes) across all survivors does not make sense. To capture the diversity of survivor goals but also measure progress toward those goals, we track survivors' self-reported progress on their own goals. At each follow up appointment, survivors rate how successful they have been at achieving their goals. Survivors who were interviewed reported moderate success at achieving their goals, with the highest level of success reported at the 12 month follow up time point (see Figure 5).

## **Survivor Success Achieving Their Goals**



When we asked survivors what has been most helpful and meaningful to them in the services they've received, survivors most commonly responded by saying that the support and feeling of connection to someone who cares was most impactful for them. Survivors shared the following thoughts:



time point

"I think just [my advocate's] presence helped me through."



"Just having support from the advocate and having someone to talk to. Some people don't understand. I don't really talk to my family. I feel like I can talk to my advocate for everything and she always has an open ear."



"[My advocate] has helped me with this transition. They gave me more confidence. No matter what I'm facing, they tell me I can do it. Always standing behind me. It was invisible, but it was there."



"[The most helpful thing was] just having an advocate to turn to. Someone to reach out to when you need help or guidance. Having someone in your

### **Survivor Defined Practice**

To determine if the people we serve feel that staff do indeed let them define their own goals and healing process, we ask their perception of how staff at the center have treated them. The vast majority of survivors (93.7%) agree that Family Peace Center staff do allow survivors we work with to define their own goals and the services delivered to them (see Figure 6).

## 80.00% 60.00% 60.00% 60.00% 32.7% 20.00% Strongly Disagree Disagree Agree Strongly Agree

### Figure 6 - Survivors' perceptions of whether Family Peace Center staff let them define their own goals and healing

### **Survivor Well-Being**

**Perception of Safety** Survivors' safety from abuse and violence is a key focus of our work. We asked survivors about their experience of on-going abuse, their perception of their safety, and how their situation has changed over the course of the year receiving services from the Family Peace Center.

At each follow up interview, we ask survivors if they have experienced on-going abuse since their last interview. While the majority report no on-going abuse, a sizeable minority do report on-going abuse at each time point (up to 32.8% of survivors; see Figure 7). There are many reasons why abuse does not stop immediately for the survivors we serve. Sometimes the safest option for survivors in the short term is to remain in their current situation while putting pieces in place to make a safe escape later. Other times, survivors do not desire to leave the relationship and would rather like the person hurting them to heal and stop the abuse. In other situations, perhaps a survivor has received a restraining order, but their abuser refuses to abide by those restrictions. Still other survivors may indeed leave the relationship around the time of reaching out for services yet still be experiencing on-going abuse (e.g., stalking, contact during exchanges of children, etc.) as we know that abusers typically escalate their behavior in the months following a survivor leaving as a last resort to attempt to maintain power and control, making the dissolution of the relationship statistically the most dangerous time for survivors.



### Survivors' Experience of On-Going Abuse

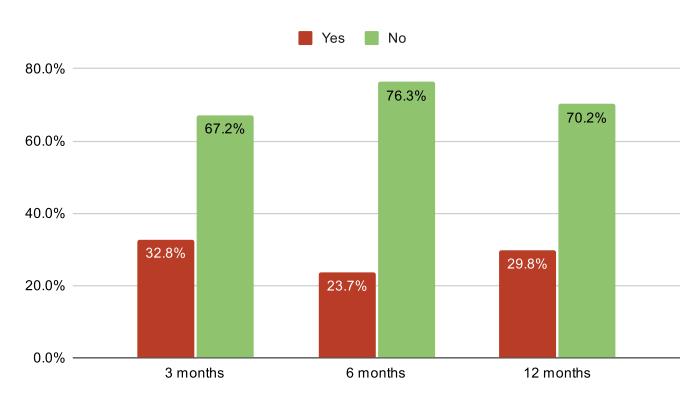


Figure 7 - Survivors' self-reported experience of on-going abuse at each follow up time point

### Do you feel safer as a result of our services?

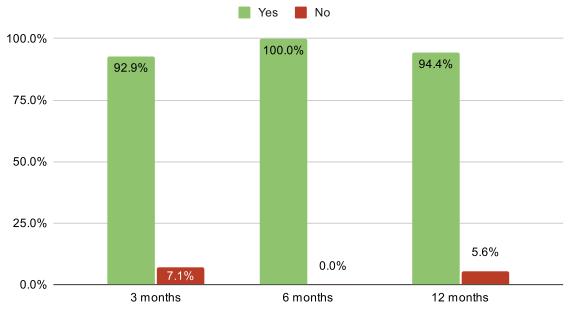


Figure 8 - Survivors' perception of increased safety at each follow up time point

While a considerable minority of survivors report experiencing on-going abuse at follow up time points, a much larger majority (over 92%) report at each time point that they are indeed **safer than they were prior to receiving services at the FPC** (see Figure 8). There are many reasons why we may see this pattern. For instance, perhaps the physical assaults have ceased and the on-going abuse reported is stalking or cyber harassment. Alternatively, the frequency and severity of assaults may have decreased, so they may report some on-going abuse but overall they are safer.





Finally, we ask survivors about how their overall situation has changed, allowing them to reflect on circumstances that go beyond the abuse. Here as well we see that the **vast majority of survivors report that their overall situation has improved since first reaching out for help at the FPC** (see Figure 9). Case scenarios here might include a survivor who reports experiencing some on-going abuse yet also reports that that overall their situation has improved if, for instance, they were followed out of work and verbally threatened by their abuser recently yet they have left the relationship, have their own place, and their children are no longer witnessing the abusive behavior.

### Since working with Sojourner, how has your overall situation changed?

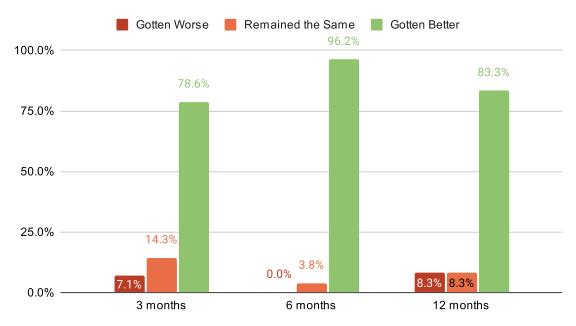
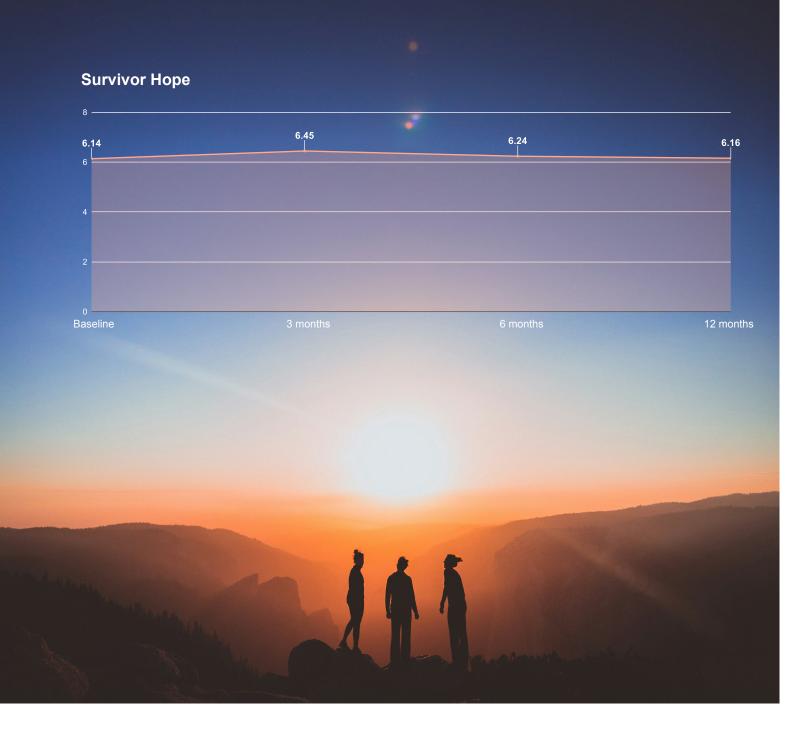
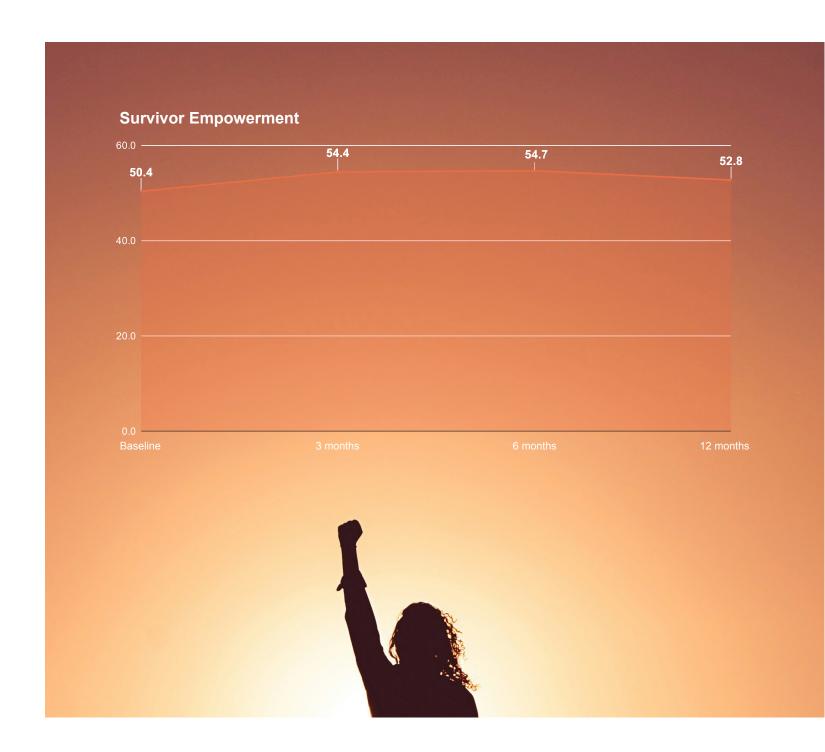


Figure 8 - Survivors' perception of changes in their overall situation at each follow up time point



Hope Hope is defined as an individual's motivation to achieve future goals as well as their belief that they have the ability and means to achieve those goals. An individual's level of hope is related to a host of positive outcomes including education, physical and mental health, and career outcomes (Gwinn & Hellman, 2018; Hellman et al., 2018; Munoz et al., 2016). Survivors we interviewed told us how hopeful they were over time using the Dispositional Hope Scale (Snyder et al., 1991). Survivors' hope scored increased from intake (6.14) to the 3 month follow up (6.45). Survivors' hope scores at 6 months (6.24) and 12 months (6.16) were still higher than at baseline, although they decreased from their scores at 3 months. See the Future Directions section of this report [page 15] for what we are doing to address this pattern.

**Empowerment** Survivors' feelings of empowerment was measured using the Measure of Victim Empowerment Related to Safety (MOVERS; Goodman, 2014). This survey was designed specifically for domestic violence programs to measure how much survivors felt they have the internal tools necessary to achieve their safety related goals, their expectations of support from friends, family, and the community, and their belief that achieving safety involved tradeoffs (e.g., creating more problems for themselves or those they love). Survivors we interviewed report feeling increased empowerment from baseline (50.38) to 3 months (54.44), 6 months (54.69) and, though to a lesser extent, at 12 months (52.75).





**Mental Health** Alongside physical dangers, individuals who experience abuse and domestic violence understandably experience difficulties with their mental health and well-being in reaction to what they have endured. We ask survivors about their mental distress (e.g., How often do you feel nervous? Depressed? Restless? Etc.) at baseline and each follow up time point. **Survivors report less mental distress as time goes on, indicating better mental health and well-being** (See Figure 9). Survivors' mental health improves over time and importantly it remains better at 12 month follow up. The improvements in their mental health that survivors achieve after connecting to Family Peace Center continue throughout the year.

### **Future Directions**

The information presented in this report demonstrates the Family Peace Center's success in improving lives of survivors who have experienced domestic violence. We have described our successes in promoting survivor safety, inspiring hope and healing, and positively impacting the lives of survivors. Data presented in this report draw our attention to the following areas we will address in the upcoming years.

Future Direction 1 | Examine match of program offerings to survivor-defined goals. Knowing what survivors' own goals for themselves are allows us to reflect on our program offerings and partnerships to ensure we can offer relevant services or support. Some of this work falls squarely within Sojourner's mission (e.g., staying safe / avoiding abuse, mental / spiritual / emotional well-being) while other survivor goals require that we collaborate with partner agencies that offer services designed to meet those needs (e.g., employment, housing, educational goals). No one agency can meet all of an individual's needs. Collaboration and partnership is key to our work and providing the best for the individuals and families we serve.

Future Direction 2 | Compare survivors experiencing on-going abuse to those reporting no on-going abuse. While the majority of survivors report that they feel safer and that their overall situation has improved since first seeking services at Sojourner, nearly a third (32.8%) of survivors report experiencing on-going abuse in some form. We will further compare the group of survivors who reports on-going abuse to those who report no ongoing abuse. This type of comparison can allow us to uncover important aspects of survivors' situations or service delivery that are working well to help avoid on-going abuse and promote broader use of those strategies among all survivors. Programmatically, we respond to cases at the highest risk for experiencing on-going abuse through our interventions for particularly high risk cases including the Domestic Violence High Risk Team and our on-scene advocacy response.

**Future Direction 3** | **Bolster program offerings at 6 months and 12 months to improve survivor outcomes at these time points.** For some of the survivor well-being outcomes we measure over time (i.e., hope and empowerment) we see an initial increase at 3 and 6 month follow up time points, but a drop in these score at the 12 month follow up. It is important to note that not all survivor well-being outcomes worsen at 12 months. The improvements in survivors' perceptions of safety, perceptions of their overall situation, and survivors' mental health all remain high at 12 month follow up. We plan to examine our programming offerings and create intentional opportunities for advocates to check in at key follow up points to sustain the gains in hope and empowerment that our survivors report earlier in their healing journey.

By working together, we can improve outcomes for domestic violence survivors and their families.



Survivor served at the Family Peace Center



**Contact Information** 

Erin Schubert, PhD
Director of Outcomes & Evaluation

erins@familypeacecenter.org