NEEDS ASSESSMENT: AN ADVENTURE THERAPY PROGRAM FOR CALIFORNIA SHELTERS SERVING BATTERED WOMEN

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Abstract

of

NEEDS ASSESSMENT: AN ADVENTURE THERAPY PROGRAM FOR CALIFORNIA SHELTERS SERVING BATTERED WOMEN

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Domestic violence is a tragedy in the lives of thousands of women. Traditional interventions and resources available to battered women include seeking safety in a shelter, individual and group counseling, support groups, employment assistance, self care, and legal assistance (Domestic violence shelter staff, personal communication, January 23, 2008; Shostack, 2001). Few of the resources available to victims of domestic violence include any participation in outdoor activity. Researchers have identified the benefits associated with outdoor activity in the lives of battered women, specifically adventure therapy used in conjunction with pre-existing interventions (Israel, 1989; Kelly, 2006; Miki, 2004; Oliver, 1988; Pfirman, 1988; Ross, 1996).

This project examined and identified the level of need and desire for an adventure therapy program uniquely designed for battered women staying in California shelters. Data was gathered through telephone surveys conducted with shelter staff members at 40 California shelters serving battered women. Using a Likert scale of 1 (no need) to 7 (definite need) shelter staff members reported a mean level of need as 2.94. When asked their level of interest for an adventure therapy program in
members reported a mean level of interest as 5.85. Shelter staff stated their low level of need was heavily based upon their current lack of funding, but they would consider an adventure therapy program if the programmer approached them with a pre-planned and fully funded program.

In addition to identifying the level of need, this project detailed services currently offered by California shelters, examined key elements to planning and implementing a successful adventure therapy program with battered women, and outlined possible challenges and benefits to such a program.

Beth Erickson, PhD

Date
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Chapter 1

INTRODUCTION

Domestic violence continues to be one of the least reported yet most detrimental crimes within society, tearing apart families and leaving physical, sexual, emotional, social, and financial scars on the victims (Mooney, 2000). This violent crime has no preference, harming individuals from every race, religion, age, sex, sexual orientation, education level, and financial status (J. Lake, personal communication, March 3, 2008). Women, men, and children fall victim to this tragedy and each face their own challenges to escape the relationship and begin a journey toward recovery (US Department of Justice, 2007).

Escape and recovery are unique for each survivor, but may include a few common themes. Initially, the victim seeks a safe place where their life no longer feels threatened. Individuals who escape and succeed in achieving a violence free environment often gain assistance from family, friends, community services, and shelters (Dutton, 1992). From these sources they may receive individual and group counseling, financial and employment assistance, classes on nutrition, parenting, communication, and anger management. They may also build relationships with people who will support and encourage them through their healing process (Domestic violence shelter staff, personal communication, September 10, 2008).

Intervention strategies for victims of domestic violence have three common goals: 1) help the victim find safety from the violent relationship, 2) empower the
victim to regain and implement their personal power and control, and 3) help the victim heal from the effects of the abuse (Dutton, 1992). Traditional interventions within and outside of shelters that strive to accomplish these three goals are counseling and support groups. Though traditional methods of treatment are still common, recent advances in intervention strategies have included alternative techniques. The use of outdoor adventure as therapy is being explored and applied as a legitimate and valuable therapeutic approach for a variety of individuals (Ewert, McCormick & Voight, 2001; Peel & Richards, 2005; Ross, 1996). Research has been conducted with several populations, including people with disabilities, those with terminal illnesses, troubled youth, and mental health patients, each revealing positive outcomes from participation in programs that use outdoor adventure as therapy (Herbert, 1998; Hill, 2007; Kelley & Coursey, 1997; Stevens et. al., 2004; Sugerman, 2005; Werhan & Groff, 2005).

Since the integration of outdoor adventure into therapeutic interventions, few adventure therapy programs have been implemented with female victims of domestic violence and sexual assault. And even fewer studies have been conducted to examine those adventure therapy programs (Israel, 1989; Kelly, 2006; Miki, 2004; Oliver, 1988; Pfirman, 1988; Ross, 1996). However, the previous research with battered women revealed similar positive outcomes as a result of their participation in adventure therapy programs, just as any other population. Battered women
participating in adventure therapy programs have displayed an increase in self-esteem, trust, empowerment, and improvement in communication skills, problem solving abilities, and anger management. Also, researchers have recorded decreases in feelings of helplessness, hopelessness, negative self thoughts, suicidal ideation, and low self esteem.

The researcher wanted to narrow the focus of this project by revealing the need and/or desire that may exist for an adventure therapy program specifically designed for and implemented with female victims of domestic violence living in California shelters. In this project, the researcher identified how domestic violence was defined, what services are currently provided to victims in California, what elements compose the framework of an adventure therapy program, how battered women in California shelters may benefit from an adventure therapy program, and what is the level of need and desire for an adventure therapy program in California shelters.

A clarification is necessary to explain the content of the following project. The researcher recognized that women, men, and children may be victims of domestic violence and sexual assault. However, the researcher only examined the program needs for women, since they are victims of domestic violence more often than men and comprise the majority of recorded domestic violence incidents (Dobash and Dobash, 2000; US Department of Justice, 2007). Given that women are the primary victims of domestic violence, and receive the bulk of services offered to battered adults, this project focused on women.
Need for the Project

Outdoor adventure agencies such as the Women’s Wilderness Institute, National Outdoor Leadership School, Wilderness Inquiry, and the Colorado Outward Bound School offer programs designed for battered women, but these agencies do not approach shelters to provide their services. Battered women or their advocates must actively seek out an outdoor adventure program which is a disadvantage, considering few victims and advocates are even aware of such programs and their benefits. The researcher did not identify an outdoor adventure agency or program that reaches out to battered women while they are in a shelter. The lack of outreach to battered women in shelters may keep them from an opportunity to experience a treatment intervention outside of their norm. A battered woman’s stay in a shelter holds a very significant role in her healing and recovery where an adventure therapy program may have a positive and lasting impact.

While discussing the subject of domestic violence, Jennifer Lake, Director of Programs for the YWCA Sonoma County Safe House stated that thousands of women suffer daily from domestic violence, silently living as Prisoners of War in their own homes. Lake described domestic violence as cyclical, one phase melding into the other, appearing to leave no chance of escape. However, the victim may break this cycle and escape if she is educated about abuse and determined to gain safety, independence, and a violence free environment. Many of the wounds and consequences from the cycle of violence will heal while others will not. Various methods assist in the healing process, such as the common practice of traditional
psychotherapy and support groups held in shelters (personal communication, March 3, 2008).

To date, few programs have been developed which replace traditional methods of intervention, or incorporate innovative methods into their existing therapy (Concepcion, 2004; Ross, 1996). Most often, recovery includes conventional methods of treatment such as individual and group counseling, domestic violence education, anger management, life skills, and parenting classes, as well as legal, housing, and employment assistance (Domestic violence shelter staff, personal communication, December 22, 2008; Loseke, 1992; Shostack, 2001). Though conventional methods are the norm delivered to battered women by most shelters, more research is revealing the benefits of activity in nature for female victims of domestic violence (Concepcion; Kelly, 2006; Levine, 1994; Miki, 2004; Ross). Some innovative shelter programs include allowing traditional treatment groups time in a natural setting. Researchers are finding that time spent in nature is a valuable alternative to established methods of healing and has the potential to aid in the recovery process.

However, even with this new evidence, few shelters incorporate regular outdoor activity into their shelter structure and treatment. The therapeutic value of nature is always available, but battered women often do not have access to the outdoors because of physical, emotional, or social barriers (Domestic violence shelter staff, personal communication, December 22, 2008). Constraints to a battered woman's participation in outdoor activity may include severe physical disabilities, chronic mental illness, fear of the outdoors due to her abuse, and prior social
obligations, such as employment, legal appointments, and establishing childcare (J.
Lake, personal communication, March 3, 2008).

Purpose of the Project

Due to the lack of shelter outreach by outdoor adventure agencies, the
researcher examined the need for a program format that solicits battered women more
assertively than current agency procedures, therefore providing the evidence needed
to develop an innovative adventure therapy program that would replace or coordinate
with traditional treatment interventions. This project assessed the need for a
specifically designed adventure therapy program that would be offered by an outdoor
agency. The agency would contact California shelters serving battered women and
contract with the shelter, therefore reaching the battered women where they are. The
adventure therapy program structure would be similar to that of other outdoor
adventure agencies, but their approach would include individually contacting and
contracting with shelters to introduce and implement the program with shelter
residents.

Shelters offer a variety of services for clients, such as classes on anger
management, domestic violence education, communication, fitness and nutrition,
parenting, employment assistance, and life skills (Domestic violence shelter staff,
personal communication, January 23, 2008; Shostack, 2001). For this project, shelter
staff members statewide were asked to identify a level of desire and need for an
adventure therapy program for their clients, programming elements that should be
included in the adventure therapy structure, and the challenges or benefits that may occur from the implementation of such a program. Combined, their input provided the foundation for future program planning, development, and implementation of an adventure therapy program that would contract with California shelters serving battered women.

Personal Interest

The researcher’s interest in this project arose from several years of working in shelters for battered women as a Case Manager and Child Advocate, and a lifelong passion for outdoor adventure. Nature has always been a pure source of joy, peace, healing, energy, freedom, and self-reflection that the researcher has found nowhere else. Not only has the researcher experienced the power of transformation in her life but has also witnessed how spending time in the outdoors can change others.

While working at shelters for battered women, she incorporated outdoor activities into the programming as much as possible intending to expose participants to the influence nature could have in their lives. Through planning and delivering nature experiences, the researcher learned how valuable and influential those trips were for her clients and wanted to delve deeper into the need for an adventure therapy program in California shelters. One of the researcher’s major goals in the future is to design an adventure therapy program that contracts with California shelters and meets the survivors where they are physically and emotionally.
**Major Questions**

Several questions led the research to this project:

1) Will staff members in California shelters express a need and/or desire for an adventure therapy program to reach out to their clients?

2) What challenges and benefits do staff members in California shelters believe would occur if an attempt to include an adventure therapy program in the existing shelter structure was initiated?

3) What programs and services do California shelters already offer clients and how would an adventure therapy program fit into their existing structure?

**Definition of Terms**

The following definitions have been included to clarify reoccurring terms and phrases the reader will find within this document. Definitions are meant to provide a brief introduction to each term or phrase which will be followed up with more detailed explanation throughout the document.

- **Domestic Violence**: “physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy” (Centers for Disease Control and Prevention, 2008). Also known as intimate partner violence, battering, spouse abuse, marital violence, and wife beating (Dutton, 1992).
- **Battered Woman**: a woman who is or has been victim to a violent and abusive relationship. Also referred to as female victim of domestic violence (J. Lake, personal communication, March 3, 2008).

- **Survivor**: a battered woman who has escaped her abusive relationship. “Survivor” is used instead of “victim” to promote healing and empowerment while avoiding re-traumatization (Hoff, 1990; J. Lake, personal communication, March 3, 2008).

- **Shelter**: a building, often a converted home, which provides a safe and confidential residence for battered women. Separate bedrooms, common living spaces, and a yard comprise the client’s new environment. Shelters provide an abundance of resources including connections to employment, education, legal assistance, housing, support groups, transportation, and children’s services (Loseke, 1992; Shostack, 2001).

- **Community Resource Agency**: an agency accessible to individuals and families living in the community, offering services to battered women, children, and men. Survivors as well as abusers are provided services. Counseling, legal advice, employment assistance, childcare, domestic violence education classes, and healthy living skills are a few of the services offered at these facilities (Dobash, Dobash, Cavanagh, & Lewis, 2000; Hanmer & Griffiths, 2000; Loseke, 1992; Shostack, 2001).

- **Adventure Therapy**: “refers to therapeutic interventions that utilize experiential and risk-taking activities, that are both physically and emotionally challenging, and usually involve an outdoor setting” (Ewert, McCormick, & Voight, 2001, p. 108). For
the purpose of this project “adventure therapy” will imply therapeutic interventions in
the outdoors, or outdoor adventure therapy.

- **Outdoor or Nature Activity**: is an activity held in the out of doors, such as walking,
going to a park, or swimming. An emphasis is placed on the value of being active in
nature, enjoying scenery and nature, relieving stress, finding peace in nature,
enjoying life, and relaxing. Outdoor activities are also frequently used as a medium in
education and teambuilding. Neither outdoor adventure nor therapy needs to be a
component in an outdoor or nature activity.

- **Needs Assessment**: “a systematic inquiry about needs, attitudes, behaviors, and
patterns of both participants and non-participants” (Jordan, DeGraaf, & DeGraaf,
2005). For the purpose of this project the needs assessment instrument was a survey
administered by telephone.

**Assumptions**

The following were chief assumptions for this project: 1) an adventure
therapy program offers several benefits for battered women who participate,
including empowerment, increased self-esteem, increase in trust of self and others,
and decreased helplessness, 2) a number of battered women in California shelters will
be at a level of stability to participate in and benefit from an adventure therapy
program, and 3) there is a place for an adventure therapy program in the structure of
California shelters serving battered women.
Limitations/Delimitations

The choice to administer a needs assessment over the telephone was made due to participants being spread statewide. Only California shelters and community resource agencies serving battered women were selected, which excluded services to men and children. A single method of gathering data, a telephone survey, was chosen for this project. Staff member responses during the telephone survey were recorded by hand and not audio taped. The researcher was limited by how complete of a response she could write. Though most responses were summarized, several direct quotes were gathered by the researcher. In addition to summarizing responses, Thomas, Nelson, and Silverman (2005) highlighted a major limitation of using a self-report instrument as being the reliance on participant honesty to acquire accurate results. When asking questions about interests, behaviors, and attitudes the researcher must be conscious of the participant’s level of truthfulness in answering the questions.

Summary

Domestic violence continues to be a prominent and detrimental crime. Not only are individuals and families impacted, but the community as a whole is affected. Battered women fortunate enough to escape their brutal relationship have limited options to survive and thrive. Shelters are one of the most common hiding places for battered women and offer a range of services; few of which include any outdoor activity (Loseke, 1992; Shostack, 2001).
Battered women who have participated in an adventure therapy program exhibit signs of lasting positive outcomes (Kelly, 2006; Levine, 1994; Ross, 1996). Outdoor adventure as therapy is being recognized as an alternative intervention with battered women (Ross). Though still not common practice, programs using outdoor adventure as a means of therapy are available and valuable to battered women. These programs offer much benefit to battered women but fall short by not approaching them during their stay in a shelter. This project identified current services offered to battered women in California shelters and any need or desire that may exist for an adventure therapy program within shelter programming structure.
Several traditional methods exist for intervening in the traumatic situation of domestic violence. A few examples of interventions include staying in a shelter, attending groups to obtain support, receiving counseling, learning life-skills, and utilizing assistance for housing and employment (Loseke, 1992; Shostack, 2001). Such traditional interventions are valuable and familiar. However, this project assessed the need for an alternative technique, something innovative that removes the survivor from the norm of treatment and routine of her everyday life. An example of an innovative and alternative treatment method is using the outdoors as a medium for healing and self-exploration. Such a method may provide an environment that is different from the battered woman’s past abusive situation and may support her current healing and recovery structure.

Three main themes emerged during the review of the literature. First, domestic violence remains one of the most commonly occurring and severe crimes within the general population, yet treatment methods have seen minimal development and innovation (Heise, Ellsberg, & Gottemoeller, 1999; Ross, 1996). In recent years, some improvement has been achieved in law and policy directed toward domestic violence (Roberts, 1996; Roche & Sadoski, 1996). These changes in policy have affected the approach to a victim’s escape, recovery, and reintegration into their community. However, while policy has changed, little transformation has occurred to
the methods incorporated into a victim’s treatment (Domestic violence shelter staff, personal communication, December 5, 2008). Group and individual counseling, and several in-shelter classes, such as domestic violence education, communication, and anger management, continue to be the traditional methods of healing (J. Lake, personal communication, March 3, 2008; Loseke, 1992; Shostack, 2001). Surveying shelter staff members revealed that few shelters and practitioners actively incorporate time in nature into their shelter programming structure.

Second, was the confirmation that adventure therapy programs result in positive outcomes for participants. Adventure therapy programs have been identified as means for increased self-esteem, trust, communication, and empowerment, as well as decreased feelings of depression, helplessness, anger, and anxiety (Autry, 2001; Burg, 2001; Ewert, McCormick & Voight, 2001; Fischer & Attach, 2001; Gillis & Bonney 1986; Hattie, Marsh, Neill, & Richards, 1997; Peel & Richards, 2005; Ross, 1996). Programs bringing about these effects range from a half-day trip to several months in the wilderness (Gass, 1993a).

The third theme was an emphasis on using adventure therapy programs for troubled youth, mental health patients, people with disabilities, and those with terminal illnesses, but not women or victims of trauma (Herbert, 1998; Hill, 2007; Kelley & Coursey, 1997; Stevens et. al., 2004; Sugerman, 2005; Werhan & Groff, 2005). Battered women are not included in the primary groups served by adventure
therapy programs, but have been shown to gain similar benefits following program participation (Concepcion, 2004; Kelly, 2006; Levine, 1994; Miki, 2004; Ross, 1996). Because there are so few adventure therapy programs developed and implemented with and for battered women, this results in a limited opportunity for research and understanding of their experience. Research most relevant to this project, addressing battered women and nature as a healing place, was minimal (Kelly; Levine; Miki; Ross). Researchers who studied the primary populations recommended that future programming and study break away from these classic adventure therapy groups and focus on others who may benefit from such a program.

Correlating with the aforementioned themes identified in the literature, the following review is divided into six focus areas that are discussed in the subsequent paragraphs. The first theme found in the literature addressed domestic violence and has been expanded upon in the sections defining domestic violence, revealing the effects of domestic violence, and detailing the services provided by shelters and community resource centers. The second theme in the literature identified and confirmed positive outcomes for adventure therapy participants. Further detail has been provided on this theme in the sections that define adventure therapy and detail the benefits of adventure therapy. The third theme drawn from the literature revealed an emphasis on the populations most served by adventure therapy, which excludes battered women. Finally, the last section of the literature review discusses the place of adventure therapy in the lives of battered women.
What is Domestic Violence?

One in every three women in the United States will be abused in her lifetime, and may be victimized more than once (Heise, Ellsberg, & Gottemoeller, 1999). Battering is defined as, “physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy” (Centers for Disease Control and Prevention, 2008). The abuser’s behavior may be physically, sexually, financially, verbally, or psychologically abusive, leaving the victim feeling scared, crazy, dependent, insecure, or may even result in death (J. Lake, personal communication, March 3, 2008). On average, more than three women are murdered by an intimate partner in this country every day (US Department of Justice, 2007). People from every race, economic status, sex, age, education level, religion, and occupation may fall victim to domestic violence (Lake).

Battering is the leading cause of injury to women, resulting in high physical and emotional damage to the victim, and economic loss to the community (NCADV, 2007). Nationally, the cost of domestic violence annually exceeds $8.3 billion, including $4.1 billion in direct health care expenses, $900 million in lost productivity, and $900 million in lifetime earnings. When the costs of direct property loss, ambulance services, police response, pain, suffering, and criminal justice processes are considered, the total annual cost exceeds $67 billion (Centers for Disease Control and Prevention, 2006). These statistics are based solely upon reported information.
Since domestic violence is an under reported crime, these numbers may be much higher (Mooney, 2000).

There are three cyclical stages to domestic violence (Domestic Violence, n.d.) (see Appendix A). The first stage is the tension building phase. In this beginning phase, the abuse may escalate, the victim may attempt to stop the violence by altering her behavior (e.g. cleaning the house, dressing up). The victim may be isolated from family and friends and feel powerless, as if she is walking on eggshells. Once the tension reaches a peak, an explosive episode occurs which is an intense abusive incident called the explosive phase. In this second stage, the victim is physically, sexually, or emotionally abused. To the victim it appears these behaviors came out of nowhere, but to the batterer the abuse was all part of their need for, and expression of, power and control over the victim (Domestic Violence, n.d.; Fantuzzo, Mohr, & Noone, 2000; Ferry, 2000; Walker, 1980).

Following the explosive phase is the honeymoon phase, providing an actual feeling of tension release. During this third stage, the victim may feel confused, upset, and guilty, but also calm due to an absence of tension. Unexpected gestures by the abuser follow the incident, including apologies, promises, a loving attitude, kindness, and gift giving. Each abusive event is often minimized and the victim is blamed for what occurred. This mental game continues the power and control of the victim’s behaviors, emotions, body, and freedom (see Appendix B). The honeymoon phase builds a false bond between the couple as they move back into stage one, the
tension phase (Domestic Violence, n.d; Fantuzzo, Mohr, & Noone, 2000; Ferry, 2000; Walker, 1980).

Each stage in the cycle of violence varies in duration due to the unique circumstances for every couple. In most situations, after time, the honeymoon phase usually disappears leaving only tension and continued abusive incidents (Domestic Violence, n.d.). Miki (2004), an experienced psychologist, recalled one of her patients who assigned titles to each of the stages of violence. Miki’s client named the cycle of violence the “three B’s” for buildup, battering, and beautiful gifts.

Roberts (1996) discussed the added tragedy of myths held by the general public about domestic violence. Some myths can harm a victim because the public is uneducated and unaware of how to approach or handle a battered woman. As a result of these myths, battered women may feel further victimized and find no support from their family, friends, or community (Roberts). A few myths have been selected for discussion.

Myth 1: Domestic violence is only hitting or physical abuse.

Fact: Domestic violence comes in many forms of abuse including, sexual, mental, financial, physical, verbal, and stalking. Some domestic violence involves no physical contact (i.e. putdowns, isolation, threatening, withholding money) (Cone & Cone, 1999; Dutton, 1992; Roberts, 1996).

Myth 2: Mental illness or use of drugs and alcohol by the abuser causes the domestic violence.
Fact: While mental illness, drugs, and alcohol use may increase the abuse, domestic violence is a result of the batterer’s desire for power and control over the victim and often has no connection to other factors (Cone & Cone, 1999; Domestic Violence, n.d.; Zubretsky & Digirolamo, 1996).

Myth 3: Battered women do not mind the abuse, otherwise they would leave.

Fact: Battered women have several constraints when attempting to find safety. Common barriers to leaving are fear of retaliation, abuse or abduction of their children, lack of resources, lost contact with family and friends, the feeling of being incapable of supporting herself, lack of awareness of economic and housing support, and religious or cultural beliefs. A final barrier to leaving is fear of further violence by the abuser once she escapes. Studies show that once a victim escapes, her risk of being recaptured or killed is estimated to increase by 70% (Cone & Cone, 1999; Dutton, 1992; Echlin & Osthoff, 2000; Hanmer, 2000; Hoff, 1990; Morley, 2000; Roberts, 1996).

Myths about domestic violence partnered with the actual cycle of violence and abusive incidents sets the victim up for several present and future negative results. Just as the level of abuse varies so do the effects of domestic violence on the victim.

Effects of Domestic Violence

Most of the wounds from the cycle of violence will heal, but some of them will not. Long term physical effects from abuse are common and include health
troubles such as chronic neck, back, and pelvic pain, migraines, sexual disorders, substance abuse, stammering, vision problems, STDs, and ulcers (Jarvis, Gordon, & Novaco, 2005; Webb, 1993). Wounds from physical abuse tend to heal and may only leave a visible scar. But the psychological aspect of abuse is often lifeling and presents greater barriers for the victim to overcome (Dutton, 1992; Levine, 1994).

Emotional and psychological issues found in victims of domestic violence include high levels of depression, anxiety, feelings of helplessness, powerlessness, and hopelessness, anger, rage, terror, and posttraumatic stress disorder (Concepcion, 2004; Fantuzzo, Mohr, & Noone, 2000; Jarvis, Gordon, & Novaco, 2005; Webb, 1993). Consequently, emergency room visits, hospital stays, missing work, lasting depression, loss of self-confidence, suicidal ideation, suicide attempts, and a growing fear of all men were reported during one study of battered women (Mooney, 2000). Cognitive changes are additional costs of abuse in the form of confusion, memory difficulties, phobias, flashbacks, and ruminations (Webb). Alteration to a victim’s worldview could be the most detrimental of cognitive change as a consequence of her abusive relationship (Miki, 2004).

Battered women may have a higher rate of success with addressing, managing, and overcoming the effects of domestic violence if they obtain assistance from agencies offering services to victims of domestic violence. Shelters and community resource centers are the two primary providers of services for victims of domestic violence.
Shelters, Community Resource Centers, and their Services

Shelters for battered women first appeared during the women’s movement in the 1970’s (Dobash & Dobash, 2000; Loseke, 1992; Shostak, 2001). They began, and remain today, as a safe place where the battered woman can escape to and gather resources for self-healing and establishing a violence-free life. When a battered woman arrives at a shelter her experience can be chaotic. Clients often arrive with few familiar belongings and face a period of adjustment for which they may not be ready (Domestic violence shelter staff, personal communication, December 5, 2008). Populations served in shelters are diverse and may include women who are homeless, substance abusers, those on probation, troubled youth, people of all abilities, and newborns to older adults (Loseke; Shostak).

When the victim stays in her violent relationship, there is little that can be done to assist her. Often, any attempt by a battered woman to contact community resources, if found out by the abuser, will result in further and more severe incidents. Only once the victim escapes does she gain easier access to assistance, such as legal advice, healthcare, financial aid, church support and donations, and shelters (Concepcion, 2004; Dutton, 1992).

Shelter staff members are available to support and lead clients through the healing process. Within 48 hours of entering a shelter, each client works with a case manager to complete an initial registration and assessment, plan goals and interventions, and select community services and referrals (Suderman, Marshall, & Loosely, 2000). Through this process the staff members at the shelter hold facilitator
roles and focus on empowerment, self-determination, and esteem-building, by leading, not completing tasks for clients. Encouraging and allowing the victims to take these steps is pivotal in the beginning of healing and self renewal (Concepcion, 2004; J. Lake, personal communication, March 3, 2008).

Once settled in the shelter another step toward a client’s recovery is attending group sessions. Every shelter has some form of group meetings, such as counseling, yoga, art, journaling, parenting, self-esteem, anger management, domestic violence awareness, healthy relationships, recreation, spirituality, and relaxation (Cone & Cone, 1999; J. Lake, personal communication, March 3, 2008; Suderman, Marshall, & Loosely, 2000).

Hotlines operated by shelters and community resource agencies are often the first step in escaping a violent relationship (Domestic violence shelter staff, personal communication, January 6, 2009). When a victim makes the phone call she is provided referrals to services for battered women in their community and connected to a shelter if she requests safe housing (J. Lake, personal communication, March 3, 2008). Shelters provide the safest escape for a victim, but if she cannot seek shelter she may also access resources within her community. Examples of services available to those who stay in the community include: legal and housing assistance, childcare, support and education groups, employment assistance, and counseling.

Thirty six of the 40 shelters contacted for this project operated both as a safe hiding place and a valuable source of information and resources for victims in the community. However, during review of the literature and the researcher’s discussions
with shelter staff members little departure from the traditional services offered by shelters and community resource centers was revealed. Of the few shelters that did incorporate innovative methods into their treatment plans, only four included any form of outdoor activity. And only one shelter used outdoor adventure as therapy by contracting with a private outdoor adventure agency.

Adventure therapy may not be a common technique used with battered women in shelters, but has become popular with several other populations. Four of the 40 shelters contacted for this project used some form of outdoor activity with their clients. However, none of them incorporated the actual elements of an adventure therapy program into their shelter programming structure.

What is Adventure Therapy?

Adventure therapy does not have an agreed upon definition, but experts agree on several common themes. One theme identifies adventure therapy as being a therapeutic intervention heavily based on experiential learning practices (Gass, 1993a; Levine, 1994) and some form of real and perceived risk (Amesberger, 1998; Crisp, 1998; Ewert, McCormick, & Voight, 2001). Winn (as cited in Gillis & Bonney, 1986) defined the concept of experiential learning as, “the active use of one’s body in order to confront a physical problem will generalize to the use of one’s psyche to master psychological challenge” (p. 213).

Gass (1993a) outlined key principles of adventure therapy as a form of experiential learning:
1) the client becomes a participant rather than a spectator in the therapy, 2) therapeutic activities require client motivation in the form of energy, involvement, and responsibility, 3) therapeutic activities are real and meaningful in terms of natural consequences for the client, 4) reflection is a critical element of the therapeutic process, and 5) functional change must be present as well as future relevance for clients and their society. (p 5)

Hands on, or experiential methods go beyond the normal discussion methods of therapy, moving people from the office or group therapy setting into a natural setting that is possibly more inviting, exciting, interest provoking, and less intimidating (Berman & Berman, 1995; Kugath, 1997). Outdoor activities provide a direct experience, and are designed to elicit challenge, promote growth, and address dysfunctional beliefs and behaviors (Gass, 1993a). Examples of topics focused on during adventure therapy include trust building, communication, group cohesion, self-esteem, empowerment, and problem-solving. Providing a supportive environment and time for participant reflection is also paramount (Amesberger, 1998; Autry, 2001; Berman & Berman; Burg, 2001; Crisp, 1998; Kugath).

Professionals have assigned several titles to the use of outdoor adventure as therapy, including Adventure Family Therapy, Adventure/Challenge Education Programs, Adventure Based Counseling, Therapeutic Adventure, Experiential Therapy, and Wilderness Therapy (Gass, 1993a). Many of these titles include the word, or imply therapy. There have been discussions about whether or not this is an appropriate term to use because not all populations utilizing adventure therapy have a
medical diagnosis. Many practitioners have agreed that if a program states a purpose and goals, includes an assessment, incorporates goal planning, and conducts an evaluation with the participants then it can be referred to as therapy (Autry, 2001; Ewert, McCormick, & Voight, 2001). Professionals that do not believe a program can be called adventure therapy often use the phrase, “therapeutic use of adventure” (Gass).

A variety of populations participate in adventure therapy programs. Primary groups include troubled youth, mental health patients, people with disabilities, and those with terminal illnesses. However, families, corporate personnel, youth and church groups, college students, and people who have suffered serious trauma also participate in adventure therapy programs (Autry, 2001; Burg, 2001; Crisp, 1998; Gillis & Bonney, 1986; Gass & Gillis, 1995; Kugath, 1997).

Adventure therapy programs may be conducted in natural or urban environments (Gass, 1993a). Urban locations may include residential treatment facilities, correctional facilities, rehabilitation hospitals, or gymnasiums. The use of urban centers is often dependant upon the population being served and the facilitator’s access to natural environments. Though urban settings are utilized, adventure therapy programs are more commonly held in an outdoor or wilderness setting which is often unfamiliar to the participants and may increase the positive impact of the program (Autry, 2001; Berman & Berman, 1995; Burg, 2001; Schoel, Prouty, & Radcliffe, 1988).
Regardless of the location for an adventure therapy program, facilitators believe that goal setting, by either the individual or group, is key to a participant’s success. Lewin (as cited in Schoele, Prouty, & Radcliffe, 1988) stressed the importance of goal planning and including the participant in the process:

Individuals are most successful when they define their own goals, the goals are related to their central needs and values, they are able to define the paths that lead to the accomplishment of these goals, and the goals represent a realistic level of aspiration neither too high nor too low, but high enough to challenge. (p. 16)

Examples of goals set by participants and groups include facing and conquering physical and psychological challenges (e.g. rock climbing and fear of heights), sharing of feelings (e.g. frustration, anger, defeat, joy, success), and learning new skills (e.g. setting up a tent, talking to others) (Gass, 1993a; Ross, 1996; Schoele, Prouty, & Radcliffe, 1988). Often, addressing and accomplishing these goals leads to deeper positive outcomes than the participant anticipated. Researchers have identified increases in self-concept, communication, trust, and self-esteem, and decreases in helplessness, perceived control by others, and negative self-thoughts as a result of goal accomplishment (Hattie, Marsh, Neill, & Richards, 1997; Israel, 1989; Oliver, 1988; Pfirman, 1988; Ross, 1996; Webb, 1993).

Setting goals is one similarity between most programs that include adventure as therapy. Along with establishing goals, other common elements in the adventure therapy process include selecting participants (e.g. ensuring they meet specific
criteria), creating a state of disequilibrium, using a novel setting, constructing a cooperative environment, developing unique problem-solving situations, achieving feelings of accomplishment, processing the experience, and transferring program lessons to everyday life (Amesberger, 1998; Nadler, 1993). The entire adventure therapy process may last anywhere from a few hours to months depending on the program goals and participant needs.

Of the above programming elements, disequilibrium is especially significant to the success of an adventure program. Nadler (1993) expanded on this theory when he described disequilibrium as, “a state of internal conflict that provides motivation for an individual to make personal changes. Disequilibrium must be present for change to occur in adventure experiences” (p. 59). A participant experiences disequilibrium when she is placed in an unfamiliar setting. This novel setting requires the participant to create and draw upon new skills and feelings to succeed.

Programmers select a variety of activities to implement during their adventure therapy program. Popular activities for adventure therapy programs include: backpacking, hiking, rafting, climbing, high and low ropes course initiatives, and camping (Autry, 2001; Burg, 2001; Gass, 1993a; Schoel, Prouty, & Radcliffe, 1988). Topics of focus during these activities may include trust building, communication, and self-esteem (Gillis & Bonney, 1986; Schoel, Prouty, & Radcliffe, 1988). All activities are purposefully chosen and sequenced by the facilitator to promote the greatest opportunity for participant success.
Debriefing or processing is common and essential in adventure therapy, conducted prior to, during, and after the completion of program activities. The processing of activities, behaviors, and feelings is recognized as one of the most valuable steps in adventure therapy, aiding in the experience being transferred to real life (Gass, 1993b). Gass described processing techniques as verbal (e.g. discussing the experience, individual feelings, challenges, and successes) and non-verbal (e.g. journaling, painting). Gass also established goals for processing. Processing should “1) enhance the present therapeutic value of the adventure experience, and 2) increase the positive integration of functional therapeutic change for future use by the client” (p. 219).

Autry (2001) and Gass and Gillis (1995) believed processing is a cornerstone in the adventure program procedure. Gass and Gillis expanded, saying the purpose of processing is to, “enhance the quality of the experience, assist the client in finding directions and sources for functional change, and create changes that are lasting (i.e. transferable)” (p. 63). Gass (as cited in Kugath, 1997) displayed the value of processing when he said:

Unless we assist our students in providing their own linkages, bridges, and connections to their learning, the utility of much of the education we work so hard to bring about is put away in the equipment room along with the ropes and backpacks. (p. 35)

Each element of the adventure therapy process is meant to establish a productive environment for participant change and growth. When combined and
administered properly, the programming elements have been found to result in current and future benefits for adventure therapy program participants.

Benefits of Adventure Therapy

Studies have been conducted on a variety of populations participating in adventure therapy programs and similar benefits and outcomes occur regardless of who the participants are. Examples of benefits from participation in an adventure therapy program include increased self-esteem, trust, communication skills, self-efficacy, and decreased anxiety and depression (Hattie, Marsh, Neill, & Richards, 1997). Enhanced communication skills in families, couples, foster youth, and girls at-risk have been identified during and after adventure therapy programs (Burg, 2001; Gillis & Bonney 1986; Hunt, as cited in Autry, 2001; Fischer and Attach, 2001). During Autry’s research with girls at-risk she found four main outcomes from participation in adventure therapy: 1) an increase in teamwork, 2) an awareness of trust, 3) a sense of empowerment, and 4) a recognition of personal values. When asked about their feelings during participation, one girl stated:

[The ropes course] helped me learn that I can do certain things and that there’s always hope for me...It helped me to learn who I am and what I can do, and made me feel like well, right now, I can do this, and I done it. I’m on top of things now...the ropes course makes me feel like I can instead of I can’t. (p. 298)
Referring to a hike, one of the girls said, “I feel good about myself ‘cause I conquered it and I didn’t believe in myself that I could and I actually could! So if I really want to do something, then I can!” (p. 298).

Other benefits from participation in adventure therapy programs include evidence of a reduction of recidivism for both substance abuse and deviant behavior (Berman & Berman, 1995; Kennedy & Minami, as cited in Herbert, 1998; Kugath, 1997). Fischer and Attach (2001) and Ewert, McCormick, and Voight (2001), recognized enhanced leadership skills following the completion of an adventure therapy program. Kugath, Autry (2001), and Fischer and Attach, noted an improvement in internal locus of control for troubled youth and families. An increase of self-understanding, assertiveness, and decision making (Fischer & Attach), conflict resolution skills (Burg, 2001), family cohesion (Kugath), and helping others have all resulted from participating in an adventure therapy program (Hunt as cited in Autry).

Research on the primary populations participating in adventure therapy is plentiful, but limited research is available revealing the benefits for battered women that participate in an adventure therapy program (Concepcion, 2004; Israel, 1989; Kelly, 2006; Miki, 2004; Oliver, 1988; Pfirman, 1988; Ross, 1996; and Webb, 1993). Researchers conducting these studies revealed similar benefits for battered women as other populations that participate in an adventure therapy program.

Concepcion (2004) conducted a study with battered women and found physical activity could have many positive outcomes for this population. Her study revealed a connection between empowerment, physical acceptance, and physical
activity. Physical activity positively influenced self-esteem and lowered depressive symptoms. Participants reported an improved sense of accomplishment where individuals overcame the desire to quit their task at hand. They reduced stress and anxiety and experienced relief from symptoms of Post Traumatic Stress Disorder. Some of the battered women reported "feeling normal" and expressed a sense of true freedom, recognizing a sense of hope and healing through activity. When asked about the abuse, one survivor said, "I was a sexual object for my husband and have been for a very long time. I did not have a soul. I really didn't have a name. I could have been anybody" (p.14).

As the program continued, the women's emotional states improved and when discussing that progress one of the survivors explained, "I am more confident. And more at peace...I'm not thinking about stuff. You know, I'm concentrating on the task at hand...your mind cannot focus on your everyday problems" (p.17). Another woman, when speaking of physical activity and "feeling normal" stated, "it makes you feel human, like you're doing an activity that other people do in this lush environment...It's humanizing" (p.19). Participants in Concepcion's study gained specific results from their physical activity that increased their quality of life and had begun reversing much of the harm caused by the abuse.

Using adventure as therapy has been found to restore a sense of personal power and control, empower participants, reduce substance abuse, and decrease feelings of fear, helplessness, and depression (Israel, 1989; Oliver, 1988; Pfirman, 1988; Ross, 1996). Concepcion (2004), Kelly (2006), and Miki (2004) also identified
an increase in self-esteem, life satisfaction, activity level, communication skills, anger management, and trusting others as a result from adventure therapy with battered women.

Every benefit identified during the research of adventure therapy programs is another reason why such a program should be included in California shelter programming. Not only have adventure therapy programs been shown to provide benefits when used alone, but even more so when used in conjunction with a client’s existing treatment. Battered women in shelters are receiving some form of intervention during their stay. An adventure therapy program may increase the success of their recovery when combined with their current treatment.

The Place of Adventure Therapy in the Lives of Battered Women

For those who escape a violent relationship and overcome the myths about domestic violence held by the public, much effort must be expended to thrive and achieve a violence free life. Entering a shelter, connecting with family and/or friends, or making it on her own, are all possible steps towards a battered woman’s recovery. Introduction to nature or an adventure therapy program while in the shelter may be an appropriate option in the healing process.

Most shelters require all clients to attend in-shelter treatment groups if they have no preexisting appointments or employment obligations (Domestic violence shelter staff, personal communication, January 9, 2008; Loseke, 1992; Shostack, 2001). An adventure therapy intervention could operate separately from the
established shelter groups or be used in conjunction with the women’s existing methods of treatment (Webb, 1993).

Either option, a separate group or an additional program, requires special considerations when selecting clients for an adventure therapy program, including the survivor’s level of adaptability to her current situation since leaving her household, her level of adjustment to the shelter and living with other families, and the barriers to recreation or nature that may be present since leaving the abuse (Domestic violence shelter staff, personal communication, September 10, 2008).

Miki (2004) detailed a personal account of domestic violence both in her life, and the life of one of her patients, which displayed the value of time in nature for battered women. As a psychologist, Miki had heard several accounts of domestic violence and selected one to present to readers as an in depth case study. Her patient described her past relationship, the escape from the abusive environment, and finally her healing journey. Unfamiliar experiences were one of the key factors in her renewal, including several activities in nature. Through those activities the patient rebuilt her confidence, competence, and strengthened her body and mind. Nature activities became an important means for a new beginning in life.

Oliver (1988) conducted research on the “Survivors of Violence Recovery Program” (SVRP) through the Colorado Outward Bound School. The SVRP is a three day wilderness trip for survivors of domestic violence and sexual assault. Survivors of violence face challenges during the program while participating in a variety of activities focusing on issues such as trust, communication, and
empowerment. Through his research, Oliver revealed the most impacting outcomes from the program as a sense of insight, understanding, and ability to address and overcome fearful situations.

Pfirman, (1988) also studied participants in the SVRP. Her conclusions of the effectiveness of the program included a decreased level of fear in the clients, decreased belief that others held more control over their life and actions than they did, an increased ability to trust themselves and others, and an increase in self-concept. Pfirman believed the most effective aspects of the program resulting in positive participant outcomes included structured and challenging activities, and support and encouragement by the staff and their peers to address personal fears.

Similar outcomes to those in previous studies were revealed through Israel’s (1989) research. The SVRP resulted in an increase in women’s self-concept, increase in problem-solving, and decrease in the perception that other people controlled their lives. Strengths of the program leading to participant success included risk-taking, sharing feelings, and asking for support from staff and peers.

Ross (1996) developed her own adventure therapy program for survivors of sexual trauma, Survivors of Abuse Growing Experientially through Therapeutic Recreation (SAGE TREE). Similar to the Colorado Outward Bound School’s SVRP, SAGE TREE also took survivors of abuse into the wilderness for three days. Activities during the program emphasized trust, learning of self, individual and group problem solving, and empowerment. Ross not only created SAGE TREE but also studied the participants’ progression through and outcomes gained from the program.
She witnessed an increase in the survivors' self-value, self-care, group interaction, trust in others, and personal competence. Participants also had an increase in self-in-relation to others. The survivors decreased their belief that others had more control over their lives and fate than they did.

Each of the above research studies further support the argument that adventure therapy may hold a valuable role in the healing of survivors of violence. The combination of a new environment, challenging activities, supportive staff and peers, and the freedom to express their feelings provides a strong foundation for an alternative healing method. Adventure therapy, used in conjunction with the survivor’s current treatment plan may lead to even further benefits (Webb, 1993).

Summary

Addressing the tragedy of domestic violence is a complex challenge involving a variety of techniques. Traditional treatment modalities include receiving individual counseling, staying in a shelter, completing domestic violence education classes, attending support groups, and receiving legal services. An innovative form of healing making its way into the recovery of victims of domestic violence is adventure therapy. Though not common practice, it has been used in conjunction with the client’s treatment plan and shown to add value to the overall recovery of the victim. Research conducted with battered women during an adventure therapy program has exposed comparable benefits as those achieved by other populations participating in similar programs.
The primary goal of utilizing an adventure therapy program with battered women would be to overcome the damage from their abusive relationship and improve their quality of life. A barrier to achieving this goal is that most battered women do not have access to an adventure therapy program. Outdoor adventure used as therapy is not a common enough treatment method to be included in the resources most often provided to battered women. Whether the battered woman stays in her community or in a shelter, she will rarely be given the opportunity to participate in an adventure therapy program. This barrier may be overcome by developing and implementing an adventure therapy program specifically designed for battered women while they receive services in a shelter.

While reviewing the literature traditional services offered in shelters, common barriers to client participation in outdoor activities, and benefits of client participation in an adventure therapy program were identified. To move beyond the literature and examine current shelter programming in California the researcher conducted a telephone survey with shelters staff members. She wanted to gather personal beliefs and present facts about adventure therapy programming specific to California shelters serving battered women. The telephone survey led to a better understanding of currently operating shelter programs, California shelter details (e.g. demographics, staffing, scheduling), barriers that may exist to an adventure therapy program within a shelter, the level of need and desire for such a program, and if there is a place in a shelter’s structure for adventure therapy.
Chapter 3

METHODS

The purpose of this project was to identify whether there was a need and/or interest for an adventure therapy program uniquely designed for and administered to battered women staying in shelters statewide. Using a needs assessment, this project specifically examined what services California shelters already offer clients, the need and desire for an adventure therapy program within California shelters, and what challenges and benefits would arise from clients participating in an adventure therapy program. This information may assist program planners in designing and implementing an adventure therapy program for battered women.

What is a Needs Assessment?

A needs assessment is “a systematic inquiry about needs, attitudes, behaviors, and patterns of both participants and non-participants” (Jordan, DeGraff, & DeGraff, 2005, p. 79). Five key categories should be incorporated into each needs assessment: 1) demographics, 2) current activity involvement, 3) needs and skills information, 4) attitudes, beliefs, and values, 5) preferences, opinions, interests, and intentions. Each category reveals different data and addresses a distinct component of the program (Jordan, DeGraff, & DeGraff).

Information can be gathered through various methods including advisory boards, open meetings, comment cards, focus groups or interviews, participant
observation, key informants, clinical direct assessment, surveys, and records. Programmers may choose to select only one method or a combination of data gathering techniques.

The needs assessment process includes three major steps: 1) identifying what is already known about the need, what is currently offered, and alternate sources of data, 2) gathering, analyzing, and synthesizing the data, 3) applying the information that has been gained either by adjusting a current program or developing and implementing a new program (Witkins, in Jones, 2003).

*Why use a Needs Assessment?*

Programmers have several reasons for conducting a needs assessment. Ignoring the assessment is a poor choice in program planning and development, for this step builds a foundation of knowledge. Assessing participant need is the first step in the programming cycle because it collects the voice of the constituents and considers all factors involved in program planning. A needs assessment eliminates programmer bias and provides programmers a knowledgeable path for planning and meeting the needs and desires of those they serve. Programmers have a duty to conduct a needs assessment so the program they develop is meaningful and beneficial (Jordan, DeGraff, & DeGraff, 2005).

Jordan, DeGraff, and DeGraff (2005) listed the following reasons as being most important in the needs assessment process. First, the agency should empower their participants by including them in the planning process. By approaching someone
with a needs assessment they are empowered to share their side, have their voice heard, and feel as though their input is valuable. Participants’ new ideas and opinions will influence the planning process and the final program.

Second, is a programmer’s drive to provide quality programs exceeding their participants’ expectations. Quality can be acquired through professionalism, being accountable to the participants, allocating resources efficiently, and increasing profits. If an agency is able to meet all those requirements, the program will be headed in the right direction towards success and participant satisfaction (Jordan, DeGraff, & DeGraff, 2005).

The third important reason for a needs assessment is program management. By better understanding participants, planners know what programs to provide and how to operate them most efficiently. Programmers will want to eliminate any duplicate services, keep safety as a primary concern, prioritize and plan a variety of programs, and ultimately address individual participant goals (Jordan, DeGraff, & DeGraff, 2005).

Research Design

An exploratory research design was used for this project to determine the level of need and desire for an adventure therapy program in California shelters serving battered women. The researcher could not locate an adventure therapy program that has been constructed to meet clients living in a shelter. This assessment
was designed to speak to those closest to the clients, the staff members in the shelters, and gather an understanding of their perceived need for the program.

California shelters serving victims of domestic violence were contacted by telephone. The researcher provided a brief explanation of the project and the proposed adventure therapy program for their clients. Once verbal consent was obtained from the shelter staff members, the researcher began the telephone survey verbally. When all telephone surveys were verbally completed the data was analyzed and synthesized.

To ensure the researcher was gathering relevant data and in an efficient manner, five preliminary surveys were conducted as a pilot study. Five California shelters serving battered women were contacted and a preliminary draft of the telephone survey was administered with a staff member at each shelter. Following the completion of the pilot study, the researcher identified four questions that were not relevant, and two that required changes to their wording to better gather the desired data. Once these changes were made to the telephone survey, the researcher conducted the remainder of her research without making any alterations to the instrument.

Approval from the Committee for the Protection of Human Subjects at California State University, Sacramento was not required for this project because the researcher spoke with shelter staff members and not shelter clients. Research for this project posed no risk to shelter staff members.
Data Collection

A criterion sampling strategy was used to gather participants for this project. Participants eligible to contribute to this project must have: 1) been a shelter or community resource center serving victims of domestic violence, 2) been located in California, 3) employed at least one staff member or volunteer who works directly with shelter clients.

Staff members from each of the 41 domestic violence shelters that met the sampling criteria were contacted by telephone. Upon speaking to a staff member, the researcher informed them of the purpose and benefits of the needs assessment and asked for voluntary participation. A brief explanation of the proposed adventure therapy program was also delivered to the staff member. The staff member’s consent to participate in research was gained before proceeding with the survey. Data collection began 9/10/2008 and concluded on 1/6/2009. The survey was administered once at each of the participating shelters.

Instrumentation

The researcher designed and administered a needs assessment survey with both closed and opened ended questions (see Appendix C). Questions were separated into three sections: 1) shelter operations details (e.g. scheduling, shelter classification, number of staff and volunteers), 2) programs and activities offered at the shelter (e.g. parenting, anger management, any outdoor programming), and 3) shelter client
demographics. All questions were administered over the telephone since participants were located statewide.

Data Analysis

Once the researcher completed all telephone surveys, data received during the surveys was entered into a Microsoft Excel spreadsheet. Quantitative results, or closed ended questions, were analyzed and configured into percentages and means. Examples of close-ended questions include service agency classifications (shelter or community resource agency), schedule format (structured or unstructured), and demographics. For the close-ended questions shelter staff members selected from a set of standard answers. Results for each shelter were tallied individually then combined with the total number of shelters.

Open-ended questions were also entered into the Microsoft Excel spreadsheet. Direct quotes were entered into the spreadsheet verbatim and the remainder of staff members’ responses were summarized. Similarities and differences were identified between shelters. Open-ended questions included in the telephone survey required simple answers (e.g. What groups do you offer your clients?; What benefits do you believe an adventure program would offer your clients?). For example, when asked what groups the shelter offered their clients, staff members from each shelter provided their own direct answers (e.g. DV101, Parenting). All individual shelter responses were combined to identify what percent of shelters offered each type of group. No exhaustive narratives or observations were collected
for the qualitative element of this project. Therefore, only direct data was gathered
and no interpretation was required by the researcher (Taylor & Bogdan, 1998).

Proposed Adventure Therapy Program

For the purpose of this project, the researcher designed a preliminary concept
for an adventure therapy program to be implemented with battered women staying in
California shelters. Questions on the telephone survey were created with the proposed
program in mind. For example, the researcher wanted to gather data on a shelter’s
availability of funding for such a program. Therefore, question #6 addresses the topic
of funding. While conducting the telephone surveys with shelter staff members the
researcher described the following proposed program.

The adventure program described to shelter staff during this project was a
two-day, one-night trip in a nature setting, hosted by a private adventure agency. The
agency would approach the shelter and complete a contract with them prior to their
clients’ participation. All equipment, food, transportation, facilitation, and funding
would be provided by the adventure agency. Program facilitators would be
knowledgeable in both outdoor skills and the complexities of domestic violence.

An initial activity would establish individual and group goals to be achieved
during the program. Topics of focus would include communication, trust,
empowerment, boundaries, and self-worth. Activities would vary depending on the
location but may include kayaking, rock climbing, hiking, and group initiatives. Time
would be designated for group and individual reflection to process the program
activities, personal feelings and accomplishments, the interaction between group members, and how to transfer the program’s lessons to the participants’ everyday lives.

Participants

California is comprised of 58 counties with only 52 of those offering services to battered women, including both county supported programs and private operations (CPEDV, 2007). Shelters and community resource agencies were contacted by telephone in 38 of the 52 counties offering services. Staff members from a total of 41 domestic violence shelters were contacted, and 40 of those shelter staff members completed the telephone survey (98% return rate). One staff member contacted refused to participate, saying they required a written explanation of the project and a meeting with the director before they could release any information about the shelter, their programs, and clients.

Staff member positions at the shelters that participated in the project included Case Managers, Legal Advocates, Shelter and Program Directors, and volunteers. A staff member needed to have direct contact with the clients to be eligible to complete the telephone survey with the researcher. Being in direct contact with the battered women in their shelter assured they were aware of shelter operations, client status, and client need.
Shelter Demographics

From her previous work with battered women the researcher was aware that shelter services are available to all people, regardless of identifiers such as age, sex, race, education level, and occupation. However, the researcher wanted to examine the demographic details for California shelters. Shelter staff members were asked to specify the populations they serve (e.g. women, men, children), average age and ethnicities of their clients, and what percent of their clients were non-English speaking. This information was gathered to help the researcher understand the populations who are receiving services and what items need to be considered when developing and implementing an adventure therapy program for battered women. For example, will the program need to have a translator? Should activities for children be incorporated into the programming? Will certain cultural elements need to be considered when working with clients?

Shelter Details

In addition to the demographics of shelter clients, data was gathered on the actual shelter facility and operations. Staff members were asked to share the shelter classification (e.g. shelter only, community resource agency only, both shelter and community resource center). The researcher then asked about the number of staff and volunteers working with the clients, whether the schedule for shelter clients was regulated by the shelter procedures or the clients, the maximum number of beds in the shelter, and the groups and activities that were offered to clients.
Shelter Programming

A third set of questions was delivered to shelter staff asking them to detail the programs offered by their shelter. Primarily the researcher wanted to designate those shelters already offering an outdoor program to their clients, and those that were not. Because of the vast number of programs, groups, and activities offered to battered women while they stay in a shelter, the researcher wanted specifics about those services received by the clients in the 40 shelters participating in this project. Shelter staff members were asked to list the groups and activities provided by their agency.

When a shelter listed any outdoor activity or program, the researcher probed further into the specifics of that outdoor program. Discovering shelters already offering an outdoor program allowed for a deeper understanding of program benefits and key challenges. Data from shelters currently providing an outdoor program also exposed what elements should or should not be included in an adventure therapy program specifically designed for California shelter clients.

Programming Challenges and Benefits

All programs have some level of challenge and benefit faced by their facilitators, sponsors, and participants. Two categories of challenge and benefit were drawn from this project’s data. First, the actual challenges and benefits faced by those shelters already offering an outdoor program were examined. Second, the perceived
challenges and benefits from those shelters not currently providing any form of outdoor activity for their clients were examined.

Shelters already providing an outdoor service were simply asked to list their program challenges and benefits. Shelters not providing outdoor activity to their clients were given a verbal description of the proposed adventure therapy program for this project, then asked to list their perceived challenges and benefits that would arise from their clients’ participation.

Measurement of Need and Interest

Two separate Likert scales were incorporated into the needs assessment to better understand the need for and interest in an adventure therapy program in California shelters serving battered women. Though this project was primarily used to identify a need, gathering a level of interest for the program from those shelters not currently offering the service was also of importance to the researcher. A great need was not revealed at this time; however, a high level of interest could provide grounds to continue development of an adventure therapy program for shelter clients.

The first Likert scale measured need with 1 = no need to 7 = definite need. The second Likert scale measured interest with 1 = no interest to 7 = definite interest. Four of the 40 shelters who participated in the project provided access to an outdoor program. Therefore, only staff members from the remaining 36 shelters not currently offering an outdoor program were asked to answer these questions.
Summary

Following the completion of this project, the researcher expected to gain an understanding of what services were offered to battered women in California and if those services included any outdoor activities. She expected to identify whether shelter staff members believed there was a need for an adventure therapy program to be available to their clients. Additionally, the researcher wanted to assemble suggestions, beliefs, and attitudes from the shelter staff to better prepare a foundation for development and implementation of an adventure therapy program for battered women in shelters.
Chapter 4

RESULTS

Individuals attracted to working with battered women in California shelters may be interested in learning about shelter demographics and operations, current shelter programming, and key elements to include in such a program, along with the level of need and/or desire for such a program. Telephone surveys completed with shelter staff members revealed information that may be valuable to adventure therapy programmers.

Participants

To discover services available to battered women in California, the researcher contacted staff members at shelters offering housing to battered women in 38 of the 51 counties (75% of counties in California). In total, individuals representing 41 domestic violence shelters were contacted for this project. A staff member from one shelter refused to participate, resulting in staff members from a total of 40 shelters that completed the survey (98% return rate).

Shelter Demographics

The demographics of shelter clients varied, mostly depending on the location of the shelter. The researcher included questions concerning the gender, average client age range, the primary racial/ethnic groups that use the shelters, and the
percentage of non-English speaking clients. The researcher also wanted to identify
why individuals may stay in a shelter (e.g. victims of domestic violence and/or sexual
assault). Understanding the characteristics of victims served by shelters provided
framework for how an adventure therapy program should be designed to best meet
the needs of all clients.

Women, children, and men all have access to domestic violence services. Every shelter surveyed for this project served women and children, and 15 of the
shelters also offered community resources to men who were victims of domestic
violence. No shelter allowed male victims to stay in the same facility as female
victims. However, male victims could be placed in a hotel for safety if they were
seeking shelter. Both victims of domestic violence and victims of sexual assault were
assisted by all the shelters with their escape and recovery from the violent situation.
One shelter also provided services for people who are homeless.

When asked about average client age range most shelter staff members said
they served people of all ages. When asked to provide a specific age range most often
seeking services, staff members reported a mean range from 25 to 40 years old.

Client ethnicity was important for the researcher to gather so she could
highlight what cultural needs should be provided during adventure therapy program
planning and implementation. The needs of a Hispanic client may vary from those of
an Asian client. Staff members from several shelters listed more than one ethnicity as
the primary population served in their shelter. For example, the primary ethnicities
served by one shelter were Caucasian and African-American.
The two ethnicities primarily served by California shelters were Caucasians (69%) and Hispanics/Latinos (43%). Additional ethnicities served included African-American, Asian, American Indian, and Other. Staff members from seven shelters said they serve all people equally. One shelter staff member said their shelter did not have a primary ethnicity they served, but that their clientele varied. Four shelters declined to answer (see Table 1).

Table 1
Primary Ethnicities of Clients in Domestic Violence Shelters

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Shelters</th>
<th>Percent of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>24</td>
<td>69%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>15</td>
<td>43%</td>
</tr>
<tr>
<td>Treat All Equally</td>
<td>7</td>
<td>18%</td>
</tr>
<tr>
<td>African-American</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>No Answer</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>American Indian</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Varies</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

Finally, the researcher wanted to discover what languages were spoken by the clients to reveal any need for a translator to be present during the adventure therapy program. Reports from shelter staff members revealed a range of non-English speaking clients from 1-98%, with a mean of 20.5% of clients not speaking English. Shelter staff members said their level of non-English speaking clients was most
directly a result of the shelter’s location. Shelters in communities with a higher rate of non-English speaking clients tended to serve a higher percentage of non-English speaking clients. Languages other than English reported by shelter staff included Spanish, Cantonese, French, and Japanese.

Shelter Details

Staff members from four of the shelters classified themselves as shelters only. In these facilities victims received housing and services, but the shelter did not extend services to victims in the community (10% of total shelters). Thirty six of the shelters participating in this project classified themselves as offering both shelter and community resources for victims of domestic violence.

Staff members from 37 of the 40 shelters answered question #2 on the telephone survey regarding the number of staff and volunteers working with the clients at the shelter. The number of staff members at those 37 shelters ranged from 0-50, with a mean of 11.81. Twenty four shelters used between 1-100 volunteers with a mean of 14.42. Two shelters operated with more volunteers than paid staff members.

Loseke (1992), and Shostack (2001), interviews with shelter staff identified three types of scheduling found in shelters. Some shelters completely regulated their clients’ schedules, including a wake up time, the groups they attend, meal times, and their curfew. Other shelters simply provided a safe place and suggestions for steps the clients should take, such as finding employment, attending a support group, and
obtaining legal services. Finally, there are shelters that used a combination of structured and open scheduling. An example of a mixed schedule structure would be a shelter requiring clients to attend certain groups, meeting with their case manager regularly, and waking up at a certain time, but the client decides when to schedule appointments, work, and find childcare.

Of the 40 shelters that participated in this project, 25 set a structured schedule for their clients, nine allowed the clients to regulate their schedule, and six used a mixed scheduling method.

The primary way shelters relay how many clients they can serve is by their maximum bed count (J. Lake, personal communication, March 3, 2008). Lake specified that the maximum bed count would account for how many clients they could serve at one time, not the average number of clients they serve. Shelters are not always full. To better comprehend how many victims of domestic violence a shelter is able to serve in their county the researcher asked staff members about their maximum bed count. The maximum bed count range was 6-110, with a mean of 25 beds.

Shelter Programming

Shelter staff members were asked to list the groups and activities available to their clients. Nineteen separate groups and activities were provided by the 40 shelters (see Table 3). The most common groups held were parenting (43%), support groups (38%), and Domestic Violence 101 (35%). Only four of the shelters offered a
program for battered women that included outdoor activity. Whether required or by personal choice, shelter clients had a broad range of groups and activities in which they could participate. Agencies that functioned both as shelters and community resource centers offered clients in their programs the groups and activities shown in Table 2. For example, a client in the shelter could attend a domestic violence education group and work with a legal advocate, just as a member in the community could seek those same services. Being a victim of domestic violence was the only requirement for most services offered by shelters and community resource centers.

Table 2

Groups Offered at Domestic Violence Shelters

<table>
<thead>
<tr>
<th>Group/Activity</th>
<th>Number of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>17</td>
</tr>
<tr>
<td>Support Groups</td>
<td>15</td>
</tr>
<tr>
<td>Domestic Violence 101</td>
<td>14</td>
</tr>
<tr>
<td>Legal Services</td>
<td>9</td>
</tr>
<tr>
<td>Kid's Program</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition/Healthy Living</td>
<td>5</td>
</tr>
<tr>
<td>Art</td>
<td>7</td>
</tr>
<tr>
<td>Life Skills</td>
<td>6</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>6</td>
</tr>
<tr>
<td>Finances</td>
<td>5</td>
</tr>
<tr>
<td>Employment Assistance</td>
<td>5</td>
</tr>
<tr>
<td>Personal Growth/Development</td>
<td>5</td>
</tr>
<tr>
<td>Anger Management</td>
<td>4</td>
</tr>
<tr>
<td>Outdoor Activities</td>
<td>4</td>
</tr>
</tbody>
</table>
Transitional Housing  4
Men’s Community Services  2
Yoga  2
Communication  2
Cultural Studies  1

Staff members from the four shelters offering an outdoor program to their clients were asked for further details. No shelter offered the exact adventure therapy program structure outlined for this project. However, they did all incorporate some activity time in the outdoors. The first program included horticultural therapy, and trips to the park and the ocean. They met once a week and 80% of their clients regularly participated. This was required for the clients who did not have previous obligations (e.g. work, appointments, court).

The second shelter offered “Sundays at the Park” which included weekly visits to the local park to enjoy a day playing games and bonding with the other clients and children. This was required for all clients. The third shelter operated a general outdoor program that simply got the clients outdoors and away from the shelter. The outdoor group met weekly, except during the winter and attendance was required by the shelter guidelines.

The fourth and final shelter offering an outdoor program did so on a contractual basis. Shelter staff selected prime candidates for a three day, out-of-shelter outdoor adventure trip and then contracted with a private outdoor adventure agency. Clients eligible for selection were in the later stages of their shelter stay and
had made arrangements for their children, work, and other obligations while they were away. Clients were selected and attended the outdoor adventure trip two times a year.

Each shelter staff member said the most effective aspect of their outdoor program was that clients had the opportunity to go outside and do different activities than they could in the shelter. The clients’ time outside was a personal time in a new environment that encouraged self-reflection and individual growth.

Common challenges and benefits of the outdoor programs were identified by shelter staff. Challenges included funding, safety, confidentiality, difficulty expanding shelter programming, clients still being in crisis mode, childcare, and transportation. Shelter staff members also reported benefits of their outdoor programs. New experiences, quality and free time, stress relief, time with children, increased confidence, relationship building, learning new skills, decreased depression, empowerment, learning to make decisions, and taking responsibility for their actions were all seen as benefits from participating in a shelter’s outdoor program.

Due to only four of the 40 shelters having an outdoor program, the researcher gathered the majority of her data from the shelters not offering any outdoor activities to their clients. Staff members from 29 of the 36 shelters (81%) not offering an outdoor program said they would be interested in the adventure therapy program the
researcher described. The remaining seven shelters without an outdoor program did not express interest in the proposed adventure therapy program.

Staff members from the 29 interested shelters listed the following reasons as to why they would like to include an adventure therapy program in their shelter structure:

- “Really cool for women in the shelter because they have time and are available.”
- “We encourage them to participate in healthy activities.”
- “Gives moms a new environment to get over self-consciousness.”
- “New experiences, challenges, and activities.”
- “Give the women exposure to nature and open their horizons.”
- “Great program for staff to participate in.”
- “Any activity is good.”
- “Outdoor activities help offer a different lifestyle, provide new challenges, increase self-esteem, and help the clients overcome addictions to drugs and alcohol.”
- “Great for transitional housing clients.”

The seven uninterested shelters listed the following reasons why they would not include an adventure therapy program in their shelter structure:

- “Breach of confidentiality.”
- “Clients would not be able to follow shelter guidelines.”
- “Clients will not have the opportunity (e.g. money, time) to continue outdoor activities after leaving the shelter.”
- “Clients are in crisis mode and not able to handle such an outdoor program.”
- “Not appropriate for shelter clients but may be good for community clients.”
- “We don’t allow outside people to work with our clients.”
- “Money is low and we could not afford the program.”

**Staff Perceptions and Beliefs of an Adventure Therapy Program**

The researcher looked further into the shelters that did not offer outdoor activities and were interested in the proposed adventure therapy program. She wanted
to learn more about perceptions, beliefs, and forecasts held by the shelter staff regarding the proposed adventure therapy program. What challenges and benefits did the staff believe they would face while implementing this program? What elements do they feel should be included in the programming? Would they be able to receive funding? Are their clients at a level of stability to participate?

The following data was gathered from the 29 shelters expressing interest in the adventure therapy program.

Client Participation

When asked what percent of their clients would participate in an adventure therapy program, shelter staff members reported a range of 20-100%, with a mean of 65.3%. All shelter staff said they would create a separate group for this program and not try to incorporate the adventure therapy program into an existing group. For example, they would create a specific time, place, schedule, etc. for the adventure therapy program instead of adding adventure content to a healthy living skills group.

Programming Challenges and Benefits

Perceived challenges and benefits presented by the 29 shelters not offering an outdoor program matched those shelters currently implementing such a program with their clients. Table 3 lists the potential challenges and Table 4 lists the potential benefits identified by shelter staff of including an adventure therapy program into their shelter structure. The primary challenges shelter staff members perceived were
scheduling for both staff and clients to participate in the adventure therapy program, finding funding sources, and establishing childcare for the clients with children. Shelter staff members identified the following benefits that would come from client participation in the program included harnessing the power of a new experience, being able to step away from the shelter and crisis mode, having time to themselves, working with others, and building their confidence. Overall, the majority of shelters expressed a more positive than negative tone when discussing program challenges and benefits.

Table 3
Potential Challenges of an Adventure Therapy Program

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Number of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling/Participation (staff and clients)</td>
<td>10</td>
</tr>
<tr>
<td>Funding</td>
<td>6</td>
</tr>
<tr>
<td>Childcare</td>
<td>6</td>
</tr>
<tr>
<td>Safety</td>
<td>5</td>
</tr>
<tr>
<td>Liability</td>
<td>4</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>3</td>
</tr>
<tr>
<td>No foreseen challenges</td>
<td>3</td>
</tr>
<tr>
<td>Meeting the needs of a large variety of women</td>
<td>2</td>
</tr>
<tr>
<td>No nights allowed away from the shelter</td>
<td>2</td>
</tr>
<tr>
<td>Weather</td>
<td>1</td>
</tr>
<tr>
<td>Getting out of an urban area</td>
<td>1</td>
</tr>
<tr>
<td>Language barrier</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4

Potential Benefits of an Adventure Therapy Program

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Number of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>New experience</td>
<td>17</td>
</tr>
<tr>
<td>Step away from crisis</td>
<td>9</td>
</tr>
<tr>
<td>Time to self</td>
<td>6</td>
</tr>
<tr>
<td>Working with others</td>
<td>6</td>
</tr>
<tr>
<td>Build confidence</td>
<td>6</td>
</tr>
<tr>
<td>Have fun</td>
<td>4</td>
</tr>
<tr>
<td>Empowerment</td>
<td>4</td>
</tr>
<tr>
<td>Be with children</td>
<td>4</td>
</tr>
<tr>
<td>Relax</td>
<td>3</td>
</tr>
<tr>
<td>Healthy activity</td>
<td>3</td>
</tr>
<tr>
<td>New life perspective</td>
<td>2</td>
</tr>
<tr>
<td>Overcome addictions</td>
<td>1</td>
</tr>
<tr>
<td>Learn to trust again</td>
<td>1</td>
</tr>
</tbody>
</table>

Clients' Emotional and Physical Stability

Clients' level of stability was another concern the researcher had when considering the planning and implementation of an adventure therapy program with victims of domestic violence. The researcher asked shelter staff members if their clients were at a high enough level of stability to participate in an adventure therapy program. Sixteen shelters said their clients were ready and able to participate. Thirteen programs said some of their clients were stable and some were not. No program said their clients were not stable enough to participate. An additional response to this final category was that the clients able to participate were most likely
those in the community and not in the shelter. Staff members explained that clients in the shelter were often living in a state of crisis and still trying to recover from the severe trauma of their violent relationship.

_Sheriff Staff Presence during an Adventure Therapy Program_

With client safety, confidentiality, and liability being listed as top challenges to implementing an adventure therapy program, the researcher asked shelter staff members if there was any reason why they may require one or more staff or volunteers to be present during the program. The proposed adventure therapy program included fully trained leaders in both outdoor skills and approaching the issue of domestic violence. However, the researcher understood the possible desire for one or more staff members to be available to clients during the program.

Staff members from 21 shelters said they would require at least one staff member to be present. Reasons indicated for this requirement included confidentiality, safety, clients feeling connected to staff members, added support, liability, and to ensure shelter rules were followed.

Four shelters stated they would not require a staff member to be present as long as issues are kept confidential and the leadership proved competent and knowledgeable. The remaining four shelters said they did not know if staff would need to be present, and mentioned possible scheduling difficulties because of a shortage in funding and staff numbers. Specific comments about the presence of shelter staff included the following:
having a therapist present for extra support
* desiring to pay staff but not currently having the extra money or resources
* requiring a volunteer to accompany the clients instead of a paid staff member
* having a staff member there may depend on the grant requirements

**Key Elements and Topics for an Adventure Therapy Program**

Shelter staff members offered several suggestions for topics and elements that should be included in an adventure therapy program. Staff members believed including these elements would lead to the greatest level of program success and benefit for the clients. The value of incorporating activities that increase trust and communication, teaching self-care, providing a good leader, and empowering the clients were especially emphasized. Key elements to an adventure program are listed below:

- Trust, self-esteem, relationship building, anger management, conflict resolution, boundaries, and communication activities
- “Hands on” activities that they can continue after they leave the shelter
- Learn to understand that everyone is different
- “Challenge by choice”
- Focus on moving forward; Getting “unstuck”
- Providing good leadership, familiar with the complexity of domestic violence
- Involve other local community agencies for continued programming
- Spanish speaking leader or translator
- Provide equipment, transportation, food, and schedule
- Open to all abilities and levels
- Learn how to listen to their bodies and limitations
- Learn to be personally responsible as an adult; Become self-sufficient again
- Physical, spiritual, and emotional health
- Relaxation techniques
- How to express themselves through different means than talking
- Learn they are not alone
- Empowerment; Motivation; Inspiration
- Transferring lessons learned during the program to everyday life
- Alone time
**Program Funding**

Funding was listed as a real challenge by those currently offering an outdoor program and a foreseen challenge by those shelters not providing outdoor activities. Though many benefits were listed by both shelters offering and not offering an outdoor program, lack of funding and the current budget crisis are real and detrimental to all shelters.

During the research for this project the United States economy fell victim to one of the largest financial tragedies in history. California was one of the leaders in the crisis, with businesses, corporations, non-governmental agencies, and governmental agencies laying off thousands of employees, hundreds of businesses going out of business, tax rebates and unemployment funds being withheld, and a record number of housing foreclosures and bankruptcies being experienced. Shelters for victims of domestic violence were not untouched by this tragedy. A shelter staff member reported, "The budget crisis is making us cut necessary programs and layoff staff. We cannot afford another program right now".

When shelter staff members were asked if they would be able to get funding, only one said yes. Fifteen shelters said no, six said not right now because of the budget crisis, five said they were not sure but likely not because of the lack of funding, and two said maybe. Staff members stated their primary sources for funding came from grants, city funds, fundraisers, and miscellaneous state funding. Each of these resources had been frozen or drained leaving the shelters with no financial support.
Though the majority of shelters did not have access to funds for an adventure therapy program at the time of this project, staff members wanted to highlight the fact that if the country were not in this financial crisis, funds would most likely be available. One shelter staff member said, “It is unfortunate that we are going through this crisis because this sounds like a great program. If you got funding it would work”. Several shelter staff members suggested the only way to incorporate an adventure therapy program into their shelter structure at that time was for the program to approach them fully funded.

Measurement of Need

Thirty four staff members from the 40 shelters contacted answered question #7 regarding level of need for an adventure therapy program. Both shelters interested in such a program and those uninterested were included in the data. The researcher selected a Likert scale (1 = no need to 7 = definite need) to record the shelters’ level of need. The range of need for an adventure therapy program was 1-5 with the mean level of need a 2.94 (see Table 5).

Several shelter staff members stated they could not even consider a program of this sort right now due to the current economic crisis. Many said they would likely adjust their level of need if it was a more stable and better economic situation. Shelters were losing basic programs and staff because of budget shortages and loss of grant money.
Table 5

Level of Need for an Adventure Therapy Program

<table>
<thead>
<tr>
<th>Level of Need</th>
<th>Number of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (no need)</td>
<td>5</td>
</tr>
<tr>
<td>2 (low need)</td>
<td>8</td>
</tr>
<tr>
<td>3 (possible need)</td>
<td>10</td>
</tr>
<tr>
<td>4 (neither a high nor low need)</td>
<td>6</td>
</tr>
<tr>
<td>5 (moderate need)</td>
<td>5</td>
</tr>
<tr>
<td>6 (high need)</td>
<td>0</td>
</tr>
<tr>
<td>7 (definite need)</td>
<td>0</td>
</tr>
</tbody>
</table>

Measurement of Interest

Staff members from 34 of the 40 shelters contacted answered question #8 regarding level of interest for an adventure therapy program. Both shelters interested in such a program and those uninterested were included in the data. The researcher selected a Likert scale (1 = no interest to 7 = definite interest) to record the shelters’ level of interest. The range of interest for an adventure therapy program was 1-7 with the mean level of interest a 5.85 (see Table 6).

Level of interest was important to the researcher because even though a need may not currently be present, level of interest demonstrated that shelters would like to see their clients participate in an adventure therapy program. Fifteen shelters reported their level of interest at a seven. Staff members from 31 of the 34 shelters supplying
answers identified their interest at a five or higher. The shelters reported a great level of interest in an adventure therapy program, providing reason to continue with future program development.

Table 6
Level of Interest for an Adventure Therapy Program

<table>
<thead>
<tr>
<th>Level of Interest</th>
<th>Number of Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (no interest)</td>
<td>1</td>
</tr>
<tr>
<td>2 (low interest)</td>
<td>1</td>
</tr>
<tr>
<td>3 (possible interest)</td>
<td>1</td>
</tr>
<tr>
<td>4 (neither a high nor low interest)</td>
<td>0</td>
</tr>
<tr>
<td>5 (moderate interest)</td>
<td>8</td>
</tr>
<tr>
<td>6 (high interest)</td>
<td>8</td>
</tr>
<tr>
<td>7 (definite interest)</td>
<td>15</td>
</tr>
</tbody>
</table>

Summary

Results from this project indicated a low need and high interest for an adventure therapy program designed for battered women in California shelters. Staff members from 34 of the 40 shelters indicated a mean need of 2.94 (1 = no need to 7 = definite need) and a mean interest of 5.85 (1 = no interest to 7 = definite interest). Low need was identified as being the result of California’s current financial crisis. Shelter staff members reported their current financial hardships (e.g. having to cut existing programming and staff), and explained that even though they did not see a need for an adventure therapy program right now, they were very interested in
incorporating one into their programming once finances were more stable and available.

Several challenges and benefits to an adventure therapy program were also revealed during the research for this project. Shelter staff members believed an adventure therapy program would result in a higher number of benefits than challenges for their clients. The three primary challenges identified by staff members were organizing client and staff scheduling, obtaining funding, and establishing childcare. The top two benefits from an adventure therapy program we reported as a new experience for their clients and an opportunity to step away from the crisis.
This project revealed a high level of interest in an adventure therapy program for victims of domestic violence living in California shelters. Discovering that an adventure therapy program for battered women staying in shelters may add to their recovery process mirrors the research conducted by Israel (1989), Miki (2004), Oliver (1988), Pfirman (1988), and Ross (1996). Each researcher identified several benefits for battered women who participated in a program using adventure as therapy, especially when in conjunction with their current treatment plan.

Despite the high level of interest, the current economic crisis dictated that this program was not a priority. Most shelter staff members, during the interviews, reported a lack of or decrease in funding. An adventure therapy program would need to be fully funded before it could be implemented with clients in California shelters.

Major Research Questions and Researcher Assumptions

Major research questions posed at the beginning of this project included:

1) Will staff members in California shelters express a need and/or desire for an adventure therapy program to reach out to their clients?

2) What challenges and benefits do staff members in California shelters believe would occur if an attempt to include an adventure therapy program in the existing shelter structure was initiated?
3) What programs and services do California shelters already offer clients and how would an adventure therapy program fit into their existing structure?

Along with major questions, the researcher held primary assumptions in regard to this project. The researcher assumed that:

1) an adventure therapy program would offer several benefits for battered women who participated.

2) a number of battered women in shelters would be at a level of stability to participate in and benefit from an adventure therapy program.

3) there would be a place for an adventure therapy program in the programming structure of shelters serving battered women.

While comparing the research questions with the researcher’s assumptions a few correlations were identified. The second and third research questions coordinated with the first assumption held by the researcher by addressing the benefits and challenges of an adventure therapy program. While reviewing the literature and speaking with shelter staff members the researcher identified numerous benefits for battered women who participated in adventure therapy programs. Several benefits found within the research and those reported by staff were similar.

Previous research and staff member predictions of benefits included building teamwork, client empowerment, overcoming addictions, the power of a new experience and environment, increasing self-esteem and self-confidence, improving communication, and establishing a trust in other (Domestic violence shelter staff,
personal communication, January 9, 2008; Israel, 1989; Kelly, 2006; Miki, 2004; Oliver, 1988; Pfirman, 1988; Ross, 1996).

However, one benefit that was discussed within the previous research but not mentioned by staff members was the decrease in a battered woman’s sense that others had more control over their lives than they did. Israel (1989), Oliver (1988), Pfirman (1988), and Ross (1996) all revealed this outcome for battered women participating in an adventure therapy program. Each researcher listed the battered women reclaiming their sense of control over their lives as a primary result of adventure therapy participation. No shelter staff member mentioned this benefit directly. Statements that battered women would increase their sense of self, be empowered, and overcome a feeling of helplessness were the closest staff members came to matching previous research in regards to a client regaining a sense of control over her life.

Staff members listed several challenges to an adventure therapy program in their shelters, including funding, client stability, scheduling, and childcare. These challenges validate those researched and written about by Asher, Huffaker, and McNally (1994). The authors examined a course offered by the Colorado Outward Bound School that worked with women survivors of sexual assault and identified many barriers to their participation. Some of the greatest barriers were low finances, not trusting others with their children while they are at the program, lacking emotional stability, and limited resources to continue outdoor adventure participation once they leave the program.
Regarding program participants, staff members suggested that children be included in the activities, or a children’s only adventure therapy group should be developed. This would eliminate the need for clients to find childcare and assist in strengthening the bond between parent and child. Since having worked as a Child Advocate and planning outdoor activities for child victims of domestic violence, the researcher also found value in the concept of including children in the programming. Research has been conducted on both adventure therapy programs for youth and those for families (Autry, 2001; Burg, 2001; Ewert, McCormick, & Voight, 2001; Gillis & Bonney, 1986; Hattie, Marsh, Neill, & Richards, 1997; Kugath, 1997). Their findings were comparable to staff member suggestions that involving youth would be beneficial for the mother, child, and family as a whole. However, for the purpose of this project, the researcher only examined adventure programs for battered women.

Along with the participants they select, when developing an adventure therapy program for battered women in a shelter, programmers may want to consider the length of their outing. This project’s proposed adventure therapy program for battered women staying in shelters included a two-day, one-night trip. Several shelter staff members stated that their guidelines do not permit clients to be out at night or to go on overnight trips. Due to this limitation the adventure therapy program may need to include consecutive day trips instead of an overnight format.

Though no research question correlated with this project’s second assumption, it was confirmed that battered women in shelters would be stable enough to participate in an adventure therapy program. While surveying shelter staff members,
they stated more than half of their clients would be stable enough to participate in such a program. Staff members measured client stability by how long they have been in the shelter. Clients were believed to have a lower level of stability when just entering the shelter because they were still in crisis mode. The longer a client had stayed in the shelter the more stable she was believed to be, and the more fit she would be for an adventure therapy program.

This perceived level of stability reported by staff members matched that found by Asher, Huffaker, and McNally (1994). The researchers suggested that clients who have just entered a shelter may not be stable enough for any program involving adventure. However, battered women in the community and those in the later stages of their shelter treatment may possess a more appropriate level of stability. Battered women staying in shelters often begin their treatment in a state of crisis, since just escaping a violent relationship victims are only able to address their immediate needs to survive (Domestic violence shelter staff, personal communication, October 12, 2008). Programmers may want to consider the client’s level of stability and stage in the healing process before having a client participate in an adventure therapy program.

A second correlation was revealed between the third research question and the researcher’s third assumption, confirming that there is a place for an adventure therapy program within shelter programming. Although no immediate need was currently found for an adventure therapy program in California shelters serving battered women, staff members expressed a high enthusiasm and identified a place
for such a program if funding was not a barrier. Staff members believed in the value of an adventure therapy program with their clients and provided several suggestions for how such a program could fit into their programming structure.

The primary barrier to incorporating an adventure therapy program into a shelter's structure was revealed to be the current financial crisis. Further research should be conducted regarding this assumption once the state's finances have risen to a healthy level, allowing shelter operations to run smoothly and effectively. A need and place for an adventure therapy program in California shelters serving battered women may be exposed once the budget has leveled off.

In addition to examining the need for an adventure therapy program, this project discovered what elements of outdoor programming were successful for shelters currently operating outdoor programs, as well as gaining insight into the challenges and benefits that may be associated with implementing an adventure therapy program. Adventure programmers may review and incorporate this data into their planning of an adventure therapy program for battered women living in shelters.

Recommendations for Future Research

An exploratory design was used for this project, focusing mostly on women as victims of domestic violence and those specifically receiving services in California shelters. This project was limited to female adult victims of domestic violence seeking safety in a shelter. Men and children were not examined, nor were victims living in their communities. Additionally, since the researcher lives in California and
plans to develop an adventure therapy program for her area, she only researched shelters in the state of California. Due to time constraints and limited resources, the researcher spoke with shelter staff and not the clients directly. Also, the surveys were conducted by telephone and not in person. Finally, no on-the-ground testing of the proposed program was conducted, only a verbal description was delivered over the telephone while surveying staff members.

Future research should address all victims of domestic violence and how an adventure therapy program could aid in their treatment. All victims include women, men, and children living in shelters and the community. A common response from the shelter staff members surveyed for this project was that an adventure therapy program would be beneficial for their community clients, but not shelter clients. Clients in the shelter were still in crisis mode and simply trying to make it through the day. Furthermore, research should examine a similar adventure therapy program designed for children and/or families.

An adventure therapy program could have great potential for male victims of domestic violence as well. Although the shelters surveyed for this project did not provide beds for male victims, men do have access to domestic violence services in their community which could include an outdoor program for male victims. The researcher did not find a program designed for male victims of domestic violence so the programming sources may be limited. Future research should include the development, implementation, and study of an adventure therapy program for the male victim population.
Shelters throughout California possessed several similarities, such as the populations they served, programs offered, and programming challenges and benefits. To expand the findings on shelter services, further research should be conducted with shelters outside of California. California is a state of great diversity within its people groups, services, sites, recreation opportunities, and landscapes. Few states hold such a high level of variety which may impact the domestic violence services they offer. A state like California, permeated with beautiful landscapes and adventure opportunities, may find more or less need for an adventure therapy program with shelter clients than a state that holds different cultural values and is less populated and recreation oriented.

This project was designed to only speak with shelter staff. The researcher was limited by time and resources, therefore was unable to go through the confidentiality process of speaking with shelter clients directly. The researcher believed shelter staff members had expertise on shelter operations, shelter programming, and client status and were able to provide the desired information. Future research may find value in speaking with the clients directly. To gather more detailed information from the victim’s perspective a greater emphasis should be placed on client experience during their crisis, shelter stay, outdoor program participation, and return to the community. Details about the clients would be best gathered from one-on-one client interviews or focus groups.

Since this project was a preliminary needs assessment, all data was gathered over the telephone and there was no actual testing of the proposed adventure therapy
program. Future researchers may want to conduct a pilot program to observe and record successes and deficiencies in the programming process and structure. Conducting telephone surveys allowed the researcher to collect suggestions for adjusting the proposed adventure therapy program, such as back-to-back day trips instead of an overnight format. However, more in depth data could be gathered from an on-the-ground effort.

For example, the proposed adventure therapy program presented verbally to shelter staff members included a two-day, one-night adventure experience in the outdoors. Staff members shared enthusiasm for such a program but highlighted some possible limitations and barriers to implementing the program according to the description the researcher provided. A few barriers included shelter clients not being able to stay away from the shelter overnight, clients being unable to establish childcare during the program, and client scheduling. During an on-the-ground pilot program the researcher may be better able to confirm or deny possible barriers suggested by the staff members. Confirmation or denial of these barriers may be clearer with a preliminary implementation of the proposed program than with a telephone survey alone.

Summary

Research on adventure therapy programs has most often focused on troubled youth, mental health clients, people with disabilities, and those with terminal illnesses. However, the focus of this project was battered women staying in California
shelters. Not only have few adventure therapy programs been developed for this population but even less research as been conducted on battered women participating in adventure therapy programs. Therefore, the purpose of this project was to discover a level of need and desire for such a program in California shelters.

This project identified a level of need for an adventure therapy program in California shelters serving battered women as 2.94 on a scale of 1 (no need) to 7 (definite need). With a level of need at nearly 3, shelter staff members believed the current need for such a program was a “possible need”. The low level of need recorded during this project was due to California’s current financial crisis. Shelter staff members stated that for an adventure therapy program to most likely be implemented in their shelter a programmer would have to approach them with a plan and funding in hand.

Though staff members reported a low need, their level of interest for an adventure therapy program was 5.85 on a 1 (no interest) to 7 (definite interest) scale, meaning they had a “moderate interest”, nearly “high interest”. Staff members’ level of interest was encouraging when looking towards future program development and implementation. The researcher gained support and enthusiasm for her proposed program from those working closest with the clients.

Research for this project has set the foundation for programmers in the future who would like to work with battered women. This project did more than simply examine need for an adventure therapy program, by also looking at shelter details, current shelter programming, client demographics, perceived benefits and challenges
to such a program, and suggested elements for program success. Each of these elements is essential when planning an adventure therapy program. Based upon the low level of need for an adventure therapy program and current funding crisis, the most appropriate action at present may be for a programmer to incorporate the information from this project into the development of their program, but postpone approaching shelters until the state’s and shelter’s finances stabilize.
APPENDIX A

Cycle of Violence Diagram
### Honeymoon Tension

**Victims Response:**
- Sets up counseling for him
- Drops legal proceedings
- Agrees to return, stay, or take him back
- Forgives
- Hopeful
- Relieved
- Happy

**Abuser:**
- Apologizes
- Promises won't happen again
- Tries to justify his behavior
- Blames drugs or alcohol
- Declares love, wants to be intimate
- Buys gifts, promises to get help, promises to go to church
- Enlists family support
- Cries
- Threatens suicide
- Chokes, grabs, forces sex, beats
- Prevents her from calling police or leaving
- Harasses & abuses children
- Restrains, spits, stalks
- Use of weapons, objects
- Tries to satisfy

### Denial

**Abuser:** Verbally abuses, humiliates, slaps, punch,Kick
- Chokes, grabs, forces sex, beats
- Prevents her from calling police or leaving
- Harasses & abuses children
- Restrains, spits, stalks
- Use of weapons, objects

### Tension Building

**Victims Response:**
- Attempts to calm
- Tries to reason
- Tries to satisfy with food
- Agrees with avoidance
- Withdraws
- Compliant
- Nurture

**Abuser:**
- Sensitive
- Nitpicks, yelling
- Witholds affection
- Putdowns, threatens
- Crazy making behavior
- Destroys property
- Accusations of unfaithfulness
- Isolates her
- Engaging her to argue

### Acute Explosion

**Victims Response:**
- Protects self any way
- Tries to reason & calm
- May or may not call police
- Leaves

Retrieved, May 24, 2009 from

http://www.mchenrycountyturningpoint.org/cycleofviolence.html
APPENDIX B

Power and Control Wheel
USING COERCION AND THREATS
Making and/or carrying out threats to do something to hurt her
* threatening to leave her, to commit suicide, to report her to welfare, * making her drop charges, * making her do illegal things.

USING ECONOMIC ABUSE
Preventing her from getting or keeping a job * making her ask for money * giving her an allowance * taking her money * not letting her know about or have access to family income.

USING MALE PRIVILEGE
Treating her like a servant * making all the big decisions * acting like the “master of the castle” * being the one to define men’s and women’s roles.

USING CHILDREN
Making her feel guilty about the children * using the children to relay messages * using violence to harass her * threatening to take the children away.

USING INTIMIDATION
Making her afraid by using looks, actions, gestures
* smashing things * destroying her property * abusing pets * displaying weapons.

USING EMOTIONAL ABUSE
Putting her down * making her feel bad about herself * calling her names * making her think she’s crazy
* playing mind games, * humiliating her
* making her feel guilty.

USING ISOLATION
Controlling what she does, who she sees and talks to, what she reads, where she goes * limiting her outside involvement * using jealousy to justify actions.

MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously * saying the abuse didn’t happen * shifting responsibility for abusive behavior * saying she caused it.

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

Retrieved, January 24, 2009 from
http://www.ardfky.org/webImages/wheel.jpg
APPENDIX C
Shelter Telephone Survey
Safe House/Shelter Telephone Survey

Shelter/Safe House Details:

1. Shelter/Safe House  and/or  Community Resource Center

2. # of staff/volunteers working with clients?  Staff ____  Volunteers ____

3. Structured schedule  or  Clients regulate their schedule

4. Groups/activities offered to clients?

5. Maximum # of beds in shelter? ______

6. Do you currently have an outdoor activity group or program?
   
a. Yes: please describe your program: _______________________________________
      
      i. What is most effective or influential about the program?
         ____________________________________________________________

      ii. How often does it meet? _________________________________

      iii. What percent of clients attend? ________

    iv. Two challenges you see your clients facing in this program.
        1) __________________________________________________________
        2) __________________________________________________________

    v. Two benefits you see from this program.
        1) __________________________________________________________
        2) __________________________________________________________

b. No: Would you be interested in an outdoor adventure education program for your clients?  Y  Why? ________________________________

   N  Why not? ___________________________________

   i. What percent of your clients would participate? ________
ii. Separate group  or  Integrate into another group

iii. What challenges do you foresee with this program? ________________

iv. What benefits do you foresee with this program? ________________

v. What should be included/emphasized for the program to be most interesting and effective for the participants? ________________

vi. If needed, would you be able to get funding for this program?  Y  N
   1. If yes, where would you get the funding from? ________________

vii. Are clients at a level of stability to participate in this program?  Y  N
       Why/Why not? ________________

viii. Would you want/require 1+ staff members to be present?  Y  N
       Why/Why not? ________________

7. Level of need for this program (1 no need – 7 definite need) ______
8. Level of interest for this program (1 no interest – 7 definite interest) ______

Shelter Demographics:
9. What population(s) do you serve?
10. Average client age range? ________________
11. Primary ethnicity(ies) of your clients?
    a. Hisp/Lat  b. Af Am  c. Pac Is  d. Cau  e. As  d. Am Ind  f. Other
12. What percent of your clients are non-English speaking? ________________

THANK YOU FOR YOUR TIME
REFERENCES


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