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Improving Emotional and Cognitive Outcomes for Domestic Violence Survivors: The Impact of Shelter Stay and Self-Compassion Support Groups

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Abstract

This study examined the effectiveness of a domestic violence shelter and tested the impact of a self-compassion support group curriculum on outcomes valued by shelters such as autonomy, emotional restoration, and safety. Data were collected from 251 women staying in a domestic violence shelter who had the opportunity to attend a self-compassion support group during their stay. Women completed a pre- and posttest survey assessing self-compassion, empowerment, positive emotion, and perceptions of safety. First, women experienced a positive change ($N = 36$) from pretest to posttest across all four outcome variables, suggesting the domestic violence shelter was effective at improving survivors' well-being. Second, participants who attended a self-compassion support group at least once reported more positive posttest scores compared with those who did not attend a group ($N = 79$); however, this effect was limited to participants who stayed in

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shelter a short time. Women who stayed in shelter a longer amount of time experienced more positive posttest scores regardless of group attendance. Although the sample size was limited, analyses directly comparing the traditional shelter support group with the self-compassion support group show that both were equally effective. These findings provide support for shelter effectiveness in terms of improving well-being. They also suggest women who stay in shelter a short period of time may not experience as many shelter benefits unless they attend a support group. Therefore, shelters should consider offering support groups to women very soon after shelter entry. Furthermore, more research is needed to disentangle the benefits of self-compassion interventions over and above a general support group curriculum.

Keywords
battered women–domestic violence, intervention/treatment-domestic violence, domestic violence

One in four women experience domestic violence in their lifetime, and despite efforts to reduce its occurrence such as the Violence Against Women Act and the Family Violence Prevention and Services Act, domestic violence is still prevalent across the world (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Tjaden &Thoennes, 2000). Since the 1970s, emergency shelters have provided domestic violence survivors with temporary security and services; however, little is known about the effectiveness of these shelter programs (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Kasturirangan, 2008). Lack of program evaluations may be due to an unclear definition of what constitutes an effective program and confusion about the goals of such programs (Bennett et al., 2004; Kasturirangan, 2008). Although researchers and policy makers do not agree on the definition of an effective shelter, they agree shelters should provide survivors with autonomy, emotional restoration, and safety (Sullivan, 2011). Self-compassion has generated substantial interest among researchers and the lay population, and research shows it positively relates to emotional well-being and personal initiative (Neff, 2003b). Therefore, incorporating self-compassion teaching into shelter programs may yield desired results. The purpose of this study is twofold. First, the study aimed to determine whether staying in shelter positively affected survivors' well-being. Second, the study evaluated the effectiveness of a new self-compassion shelter program on survivors' self-compassion, empowerment, positive affect, and perceptions of safety.

Domestic Violence Shelter Effectiveness

Women enter domestic violence shelters looking for various kinds of support, but most report that they need emotional support, safety, assistance in coping with negative emotions, and improved self-esteem (Tutty, 2006). The amount of time women spend in shelter can significantly affect the extent to which they are able to benefit from their experience. Perez, Johnson, Johnson, and Walter (2012) found that the amount of time spent in shelter was negatively related to reabuse, suggesting that women who have access to shelter resources for a longer period of time may fare better upon shelter exit. Regardless, evaluations of shelter effectiveness show that residents' subjective impressions are positive with most reporting that the shelter met their needs (Bennett et al., 2004; Lyon, Lane, & Menard, 2008; Tutty, 2006). Specifically, most women (84.3%) report needing a support group (George, Grossman, Lundy, Rumpf, & Crabtree-Nelson, 2010). Support groups are a common service provided to residents; however, few studies have evaluated the effectiveness of support group services in shelters. Tutty, Bidgood, and Rothery (1993) evaluated 12 support groups composed of female survivors of domestic violence and found significant pre- to post changes in social support, locus of control, self-esteem, and stress. The focus of traditional support groups varies including topics such as safety, skills training, self-esteem improvement, and improved emotional expression (Tutty, Bidgood, & Rothery, 1996). An additional concept that has not been evaluated in the context of domestic violence shelters is self-compassion. Research on self-compassion's positive relationship with well-being outcomes in traumatized populations and successful self-compassion interventions suggests self-compassion could be an additional method of improving resident outcomes in domestic violence shelters.

Self-Compassion

Self-compassion, conceptualized from Buddhist philosophy, is very similar to compassion (Neff, 2003b). Compassion is the ability to treat others with kindness and to offer understanding, emotional support, and empathy to sufferers (MacBeth & Gumley, 2012). People who practice *self*-compassion are able to treat *themselves* with this type of kindness without becoming consumed by their emotions (Neff, 2003b; Neff, Rude, & Kirkpatrick, 2007). Self-compassion is made up of three interrelated components: self-kindness, common humanity, and mindfulness (Neff, 2003b). Self-kindness is the ability to take an understanding viewpoint toward oneself in times of distress. Common humanity involves the ability to recognize everyone makes mistakes and

shares a common experience. The final component of self-compassion is mindfulness, the ability to understand and accept emotions more objectively without becoming consumed by them.

Self-compassion is related to less depression, stress, fear of failure, emotional turmoil, and self-criticism (MacBeth & Gumley, 2012; Neff, 2003b; Neff, Hsieh, & Dejitterat, 2005; Shapira & Mongrain, 2010). Recent studies suggest increased self-compassion also relates to more successful interpersonal relationships. For example, Neff and Beretvas (2013) found self-compassionate people experience a greater sense of happiness and worthiness in their relationships compared with people low in self-compassion. In addition, Yarnell and Neff (2013) found self-compassionate people were more likely to resolve relational conflict with compromise as opposed to subordination. The differences in how self-compassionate people resolve conflict may explain why self-compassionate people feel a greater sense of well-being in all relationships in addition to feeling more socially connected to others (Yarnell & Neff, 2013). In addition, preliminary research suggests self-compassion may be especially helpful for those who experience very difficult or traumatic life events (Allen, Goldwasser, & Leary, 2012; Gilbert & Procter, 2006). For example, in a study assessing the relationship between self-compassion and posttraumatic stress disorder (PTSD), researchers found soldiers higher in self-compassion experience less PTSD symptom severity after combat (Hiraoka et al., 2015). Due to self-compassion's heightened benefits for people in distress, it may also be a healthy response for survivors of domestic violence.

Self-Compassionate Responses to Domestic Violence

In addition to physical abuse, domestic violence survivors often experience psychological manipulation, which can reduce survivors' confidence, autonomy, and sense of control (Bauman, Haaga, & Dutton, 2008). This abuse often leads to increased self-reported depression, anxiety, posttraumatic stress, overidentification, and suicidal thoughts (Perez, Johnson, & Wright, 2012). Moreover, survivors tend to adopt maladaptive coping strategies (i.e., submissiveness, self-blame), which can increase the severity and duration of the psychological distress (Bauman et al., 2008). Therefore, teaching self-compassion principles to these survivors could help them cope more effectively following the physical and psychological abuse (Tesh, Learman, & Pulliam, 2015).

Numerous studies show that less self-compassionate people can benefit from self-compassion inductions. By asking participants to think about a failure or weakness in a self-compassionate way, participants were able to

reframe their situation and report more positive affect and a higher willingness to improve themselves than control participants suggesting a greater degree of autonomy (Breines & Chen, 2012; Leary, Adams, Tate, Allen, & Hancock, 2007). Long-term self-compassion training also shows reductions in anxiety, depression, self-persecution, submissiveness, and self-hatred, as well as a significant rise in self-compassion and self-reassurance (Gilbert & Procter, 2006).

Research assessing the benefits of a self-compassion intervention on survivors is promising for two reasons. First, self-compassion's incorporation of self-kindness, common humanity, and mindfulness may help survivors reduce self-critical thoughts, their tendency to isolate themselves, and teach survivors how to maintain a balanced sense of self, despite their difficult experiences. Second, self-compassion is related to the three outcomes domestic violence shelters aim to provide survivors: autonomy, emotional restoration, and physical/psychological safety (Neff, 2003b; Sullivan, 2011b). Autonomy is defined as "re-establishing survivors' right to self-determination" (Sullivan, 2011, p. 355) and provides the foundation for what many domestic shelters strive to do through empowerment.

Current Study

The current study aimed to investigate whether spending time in shelter positively affected survivors. The shelter provided services such as crisis intervention, relocation services, child care, court advocacy, and so forth, and we anticipated the presence of these services and the choice women had to take advantage of them would improve their overall emotional well-being. We anticipated that age and ethnicity might be related to our outcomes. Previous research shows that age is related to self-compassion (Allen et al., 2012), and women from minority groups are more likely to be in dangerous intimate situations due to economic factors (Sokoloff & Dupont, 2005). Therefore, age and ethnicity were considered as covariates in all analyses. We hypothesized that women would experience an increase in self-compassion, empowerment, positive emotion, and perception of safety from shelter entry to shelter exit. Second, we were interested in whether attending a self-compassion support group would provide additional benefits. A self-compassion support group was designed and implemented in a local domestic violence shelter. The purpose of the support group was to teach survivors about self-compassion, its health benefits, and how to apply self-compassion to their daily lives. We hypothesized that women who attended the self-compassion support group while in shelter would report significantly higher levels of self-compassion, empowerment, positive emotion, and perceptions of safety upon

shelter exit compared with women who did not attend the self-compassion support group in shelter. Inasmuch as we were able to compare the self-compassion support group with women who attended a traditional shelter group, we anticipated attending the self-compassion support group would be more effective.

Method

Participants

Demographic information was provided by the participants and shelter staff, and is provided in detail in Appendices A and B. In total, demographic information was provided for 251 women. However, 172 women completed the shelter entry survey only and 43 women completed the shelter exit survey only, leaving just 36 women who completed some portion of both the shelter entry and shelter exit survey. These women were on average 33.19 years old (*SD* = 11.02 years) and stayed in shelter an average of 38.85 days (*SD* = 32.46 days). Approximately 47.2% were Caucasian, 44.4% African American, 2.8% Hispanic, and 5.6% identified as an unlisted ethnicity. The variability in participation may be due to the state of crisis many women experience when entering shelter, the tendency of some women to leave the shelter without notification or without completing the exit interview, or the refusal of some women to complete the surveys.

Procedure

Both the University's Institutional Review Board (IRB) and the Department of Children and Families' IRB approved all procedures and measures. Women who entered the domestic violence shelter met with a victim advocate within 72 hrs upon arrival (some women left shelter before that initial meeting). During this meeting, the victim advocate gave the shelter resident the opportunity to participate in this study and read through the consent form. If the shelter resident agreed to participate, the victim advocate provided her with the one-page pretest questionnaire to complete immediately.

While in shelter, the residents had the opportunity to voluntarily attend free weekly meetings that included a traditional shelter support group, a self-compassion support group, career-building activities, individual advocacy meetings, and so forth. Due to the empowerment focus within the shelter, specifically the desire for residents to have more autonomy and self-determination (Sullivan, 2011), women were encouraged to attend as many meetings and activities as they would like, but no activities or meetings were required.

Shelter staff facilitated the traditional support group, career-building activities, and advocate meetings, and the research team facilitated the self-compassion support group. Shelter residents did not receive compensation for group attendance, but the traditional support group and the self-compassion support group provided attendees with a light snack and a beverage. Both support groups occurred once a week and lasted an hour and a half.

Upon shelter exit, shelter residents were asked to complete an interview with a shelter staff member, during which the staff member gave the resident the opportunity to participate in this study and read through the consent form. If the resident agreed to participate, the staff member provided the one-page posttest questionnaire for them to complete immediately. The exit interview was optional and some residents left shelter without completing the interview and posttest questionnaire.

Materials and Intervention

Self-compassion support group. We developed a 6-week self-compassion support group with activities adapted from the Mindfulness Self-Compassion Program (Neff & Germer, 2013) to teach domestic violence survivors how to apply self-compassion to their daily lives. The group facilitators participated in 30 hr of advocacy training and started by volunteering in other areas of the shelter. During this time, the facilitators went through self-compassion training to ensure they would be able to effectively communicate the group material and lead women through the exercises. The number of groups women attended ranged from one to 12. The 6-week program was continuous, which allowed participants the opportunity to attend duplicate weeks of the program. Groups consisted of one to 18 participants and two to three facilitators, depending on if a facilitator was in training. If a shelter resident participated in at least one group, then she was considered a participant in the self-compassion support group.

The self-compassion support group covered specific topics related to the three components of self-compassion and included curriculum, discussion, in-group activities, and take-home activities. Week 1 defined self-compassion and its benefits. Facilitators led a discussion about situations in which people may be more likely to be self-compassionate or self-critical. Participants completed a variety of in-group activities such as listing personal characteristics of people in their lives who are self-compassionate. During Week 2, facilitators taught the participants how to practice self-compassion in various difficult situations. At the end of the session, participants received a take-home calendar and were asked to mark the days when they practiced self-compassion. Week 3 discussed ways in which participants can accept

and control their own emotions. Participants discussed the emotions they become consumed by and brainstormed ways self-compassion could assist. In Week 4, participants focused on the areas of their lives they appreciated and the personal characteristics they valued in themselves. Week 5 focused on various ways self-compassion may assist in overcoming current and future obstacles. Participants were encouraged to journal about obstacles they faced, ways to cope, and whether they treated themselves with self-compassion when they dealt with the obstacle. During the final and sixth week of group, participants reflected on how self-compassion affected them and the ways they could be self-compassionate in the future. Materials and exercises completed in group were not collected, and women were encouraged to keep their materials and reflections.

Measures. A one-page self-report questionnaire with 23 items was created to measure self-compassion, empowerment, positive mood, and perceptions of physical and psychological safety. These measures were created specifically for this study to meet a one-page requirement from the shelter. This requirement ensured the participants would not be overwhelmed with lengthy surveys. Therefore, establishing validity for the measurements is challenging. The items for self-compassion and empowerment were based on scales found to be both reliable and valid (Johnson, Worell, & Chandler, 2005; Neff, 2003a). The items for positive emotion and perceptions of safety have strong face validity. For all four measures, participants were directed to reflect on how frequently over the past week the statements/emotions applied to them. Responses were given on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very frequently*).

In addition to the measures described below, the pretest questionnaire collected basic demographic information from residents (e.g., “age,” “ethnicity,” “number of children,” “education level”), whereas shelter staff provided the residents’ relationship status. Demographic information was not collected on the posttest; however, for women who only completed the posttest, shelter staff provided their demographic information when available. On the posttest questionnaire, in addition to the below measures, residents provided their employment status and shelter staff provided the residents’ length of shelter stay and the number of groups attended (e.g., “traditional support group,” “self-compassion support group,” “advocate meetings,” and “career building”).

Self-compassion. A revised and shortened six-item version of the 26-item Self-Compassion Scale (SCS; Neff, 2003a) was developed to measure self-compassion in domestic violence survivors. The self-compassion measurement assessed the three components of self-compassion: self-kindness (e.g., “I have

tried to be kind to myself," "I have been hard on myself"), common humanity (e.g., "I have understood that I am not alone in my struggles," "I have felt alone when dealing with my problems"), and mindfulness (e.g., "I have felt in control of my emotions," "I have felt overwhelmed by my emotions"). The three negatively worded items were reverse coded so that high numbers reflected an increase in self-compassion and responses were averaged to provide a self-compassion score (pre-α = .70, post-α = .69).

Empowerment. A revised version of the Personal Progress Scale Revised (Johnson et al., 2005) was developed to measure empowerment in domestic violence survivors. The seven-item revised version included items such as "I have felt in control of my life," "I have felt good about myself as a woman," and "I have felt comfortable confronting others" (pre-α = .79, post-α = .89).

Positive emotion. Six items were used to assess participants' positive emotion based on the four basic emotions: anger, anxiety, happiness, and sadness. The six items included were "happy," "on edge," "mad," "sad," "appreciated," and "confident." The three negatively worded items were reversed coded, so that high numbers reflected an increase in positive emotion (pre-α = .77, post-α = .87).

Safety. In conjunction with the shelter staff, we developed four items that assessed perceptions of physical and psychological safety. The four items included were "I have felt physically safe," "I have felt prepared to respond to a threat to my safety," "I have known ways to plan for my safety," and "I have felt emotionally safe" (pre-α = .74, post-α = .75).

Results

Means, Standard Deviations, and Intercorrelations of Measures

We anticipated that our dependent measures of self-compassion, empowerment, positive emotion, and perceptions of safety would be correlated within time points. These correlations are provided in Table 1. These dependent measures were positively strongly correlated within each time point, suggesting the participants' self-perceptions of these outcomes were similar at shelter entry and again at shelter exit. Across time points, self-compassion at Time 1 and self-compassion at Time 2 were positively moderately related and empowerment at Time 1 and empowerment at Time 2 were positively moderately related. Therefore, women who entered the shelter feeling more self-compassionate and empowered were also more likely to leave the

Table 1. Summary of Intercorrelations for Scores on the Pre–Post Test Variables.

Scale	1	2	3	4	5	6	7	8
Pre								
1. SC	1							
2. Emp.	.64*** *N* = 203	1						
3. Emot.	.68*** *N* = 191	.57*** *N* = 191	1					
4. Safety	.62*** *N* = 203	.70*** *N* = 203	.56*** *N* = 191	1				
Post								
5. SC	.35* *N* = 33	.25 *N* = 33	.17 *N* = 33	.17 *N* = 33	1			
6. Emp.	.14 *N* = 33	.40* *N* = 33	.16 *N* = 33	.28 *N* = 33	.50*** *N* = 73	1		
7. Emot.	.20 *N* = 32	.26 *N* = 32	.07 *N* = 32	.38* *N* = 32	.67*** *N* = 67	.70** *N* = 67	1	
8. Safety	.12 *N* = 33	.11 *N* = 33	.02 *N* = 33	.18 *N* = 33	.52*** *N* = 73	.73*** *N* = 73	.64*** *N* = 67	1

Note. SC = self-compassion; Emp. = empowerment; Emot. = positive emotions; Safety = perceptions of safety.
*p < .05. **p < .01. ***p < .001 (two-tailed).

shelter feeling that way. Emotion and safety did not correlate across time points; however, safety at Time 1 was positively moderately correlated with emotion at Time 2. Perhaps, women who were in a less dangerous situation when entering the shelter were more likely to feel positively when exiting the shelter.

Change Across Time

Of the 251 women who provided some data, 36 women completed some portion of both a pretest and a posttest. To ensure that the women who completed the pre- and posttest did not differ from the women who completed the posttest only, we ran a series of independent-samples *t* tests to ensure these groups were equivalent on posttest scores as well as various demographic variables. The two groups did not significantly differ on posttest measures with *p* values ranging from .151 to .994. In addition, the groups did not differ on age, education level, or number of children. Pearson chi-square analyses were also performed to ensure that the pre-/postgroup did not differ from the posttest-only group on support group attendance to either the self-compassion (SC) support group, $\chi^2(1, N = 76) = 2.27, p = .132$, or the traditional support group, $\chi^2(1, N = 76) = 1.69, p = .193$.

Based on these findings, we used repeated-measures ANOVA to test our two hypotheses. First, we hypothesized that participant scores would increase from pretest to posttest. Second, we anticipated that this change would be affected by SC support group attendance (attended the SC support group vs. did not attend the SC support group). Given that a woman's opportunity to attend a support group would also be affected by how long she stayed in shelter, we included mean-centered length of stay in the analysis. One participant stayed in shelter for 270 days with the next longest stay being 113 days. Therefore, this outlier was recoded to be 113 when mean centering length of stay. Of the 36 participants with pre- and posttest data, two did not have information on whether they attended the SC support group and one did not have information about how long she was in shelter. Although the analysis is underpowered with such small sample sizes (N of participants who attended the SC support group = 18, N of participants who did not attend the SC support group = 16), we wanted to see whether any of our effects were in the predicted direction. Therefore, pre- and posttest measures entered the model as a within-subjects factor, and SC support group attendance and length of stay entered the model as between-subjects factors. In addition, all two-way interactions were included in the model as prerequisites for including the possible three-way interaction (see Table 2). In the case of a significant interaction, Johnson Neyman (J-N) tests (Pothoff, 1964; Preacher, Curran, & Bauer, 2006) were used to identify how long of a stay was needed to show a significant effect (<.05) of the support group on the outcome.

Self-compassion. Participants' self-compassion scores significantly increased from pretest ($M = 2.52$, $SD = 0.59$) to posttest ($M = 3.27$, $SD = 0.79$). In addition, a marginal three-way interaction showed that participants who stayed in shelter for 13.35 days or less experienced a significant increase in self-compassion from pretest to posttest if they attended an SC support group but did not show this increase if they did not attend an SC support group. However, women in shelter for a longer period of time experienced an increase in self-compassion from pretest to posttest regardless of support group attendance.

Empowerment. Empowerment also significantly increased from pretest ($M = 2.85$, $SD = 0.74$) to posttest ($M = 3.73$, $SD = 0.78$), showing that women felt more empowered upon shelter exit when compared with shelter entry. No other effects were significant.

Positive emotions. Positive emotions significantly increased from pretest ($M = 2.44$, $SD = 0.86$) to posttest ($M = 3.44$, $SD = 0.95$), suggesting that women left the shelter feeling more positively than they did when they entered the shelter. No other effects were significant.

Table 2. Repeated-Measures ANOVA Assessing Pre- to Posttest Change in Variables.

Source	*df*	*Mean Square*	*F*	*p*	η_p^2
Self-compassion					
Within subjects					
Self-compassion	1	9.25	30.32	.000	.529
Self-Compassion × SCSG	1	0.00	0.00	.949	.000
Self-Compassion × Length of Stay	1	0.399	1.31	.263	.046
Self-Compassion × SCSG × Length of Stay	1	1.21	3.98	.056	.128
Error	27	0.31			
Between subjects					
SCSG	1	1.10	1.68	.206	.059
Length of stay	1	0.01	0.02	.895	.001
SCSG × Length of Stay	1	0.54	0.81	.375	.029
Error	27	0.66			
Empowerment					
Within subjects					
Empowerment	1	10.61	30.55	.000	.531
Empowerment × SCSG	1	0.06	0.18	.675	.007
Empowerment × Length of Stay	1	0.79	2.28	.142	.078
Empowerment × SCSG × Length of Stay	1	0.39	1.14	.296	.040
Error	27	0.35			
Between subjects					
SCSG	1	0.30	0.38	.542	.014
Length of stay	1	0.45	0.57	.459	.020
SCSG × Length of Stay	1	0.43	0.54	.469	.020
Error	27	0.79			
Positive emotion					
Within subjects					
Positive emotion	1	10.21	11.28	.002	.295
Positive Emotion × SCSG	1	0.00	0.00	.979	.000
Positive Emotion × Length of Stay	1	0.04	0.05	.830	.002
Positive Emotion × SCSG × Length of Stay	1	0.00	0.00	.959	.000
Error	27	0.91			
Between subjects					
SCSG	1	0.10	0.12	.729	.005
Length of stay	1	0.96	1.17	.289	.042
SCSG × Length of Stay	1	0.00	0.00	.990	.000
Error	27	0.82			
Safety					
Within subjects					
Safety	1	18.75	30.23	.000	.528
Safety × SCSG	1	0.63	1.01	.324	.036
Safety × Length of Stay	1	1.14	1.85	.186	.064
Safety × SCSG × Length of Stay	1	2.30	3.71	.065	.121
Error	27	0.62			
Between subjects					
SCSG	1	1.65	1.83	.188	.063
Length of stay	1	0.01	0.01	.936	.000
SCSG × Length of Stay	1	0.39	0.44	.515	.016
Error	27	0.91			

Note. SCSG = self-compassion support group.

Safety. Like the other outcomes, women also experienced a positive change in perceptions of safety from pretest (M = 2.92, SD = 0.92) to posttest (M = 3.97, SD = 0.84). Similar to self-compassion, a marginal three-way interaction revealed that participants who stayed in shelter for 8.68 days or less experienced a significant increase in perceptions of safety from pretest to posttest if they attended an SC support group but did not show this increase if they did not attend an SC support group. However, participants who stayed in shelter a longer amount of time experienced an increase in perceptions of safety from pre- to posttest, regardless of SC support group attendance.

Additional Analyses

Given our small sample size for the primary analyses, we conducted subsequent analyses to test our second hypothesis (SC support group effectiveness) by looking at the support group's impact on posttest scores only. Knowing that women were able to choose whether to attend group, we anticipated their initial self-compassion, empowerment, positive emotion, and perceptions of safety ratings might predict whether they chose to attend a group while in shelter. Using data from all participants who provided pretest information (N = 208), we conducted a binary logistic regression to test whether pretest scores significantly predicted whether women chose to attend an SC support group or not (Table 3). Length of stay was a significant predictor showing participants who stayed in shelter for less time were less likely to attend an SC support group. Pretest scores for self-compassion, empowerment, positive emotion, and perceptions of safety did not significantly predict SC support group attendance. Therefore, we were able to move forward under the assumption that our groups began relatively equal on our variables of interest.

Effectiveness of the self-compassion support group. Age and ethnicity were initially included as covariates in the analyses; however, they did not account for a significant portion of the variance and are not included in the analyses presented here (ps = .266-.687). Length of stay was also a variable of interest given that support group attendance depended on how long women remained in shelter. In addition, due to our findings from the primary analyses, we anticipated that the impact of a support group might vary depending on how long a woman stayed in shelter; therefore, the SC Support Group (attended group vs. did not attend group) × Length of Stay interaction was also included in the model. In the case of a significant interaction, J-N tests were used to identify how long of a stay was needed to show a significant effect (<.05) of the support group on the outcome. Hierarchical regression analyses were

Table 3. Binary Logistic Regression Predicting Self-Compassion Support Group Attendance From Scores at Pretest (SC, Emp., Emot., and Safety) and Length of Stay.

Predictor	*B*	*SE*	Wald	*df*	*p*	Exp(*B*)
SC	.22	0.44	0.24	1	.625	1.24
Emp.	.13	0.38	0.12	1	.731	1.14
Emot.	−.63	0.38	2.73	1	.098	0.53
Safety	.49	0.34	2.09	1	.148	1.64
Length of stay	.04	0.009	21.62	1	.000	1.05

Note. SC = self-compassion; Emp. = empowerment; Emot. = positive emotions; Safety = perceptions of safety.

Table 4. Hierarchical Regression Results for the Impact of Self-Compassion Support Group and Length of Stay on Outcome Variables.

Outcome Variables												
	SC			Emp.			Emot.			Safety		
Predictor	ΔR^2	β	*p*	ΔR^2	β	*p*	ΔR^2	β	*p*	ΔR^2	β	*p*
Step 1	.037		.280	.116		.015	.062	.111		.109	.020	
Length		.06	.676		.17	.185		.18	.167		−.22	.827
SCSG		.16	.234		.23	.079		.11	.397		−.34	.009
Step 2	.070		.025	.086		.009	.093		.008	.065		.025
Length × SCSG		−.62	.025		−.68	.009		−.69	.008		−.59	.025
Total R^2	.107			.202			.155			.174		
n	70			70			71			70		

Note. SC = self-compassion; Emp. = empowerment; Emot. = positive emotions; Safety = perceptions of safety; SCSG = self-compassion support group; Length = length of stay.

used to assess whether SC support group attendance, length of stay, and their interaction significantly predicted self-compassion, empowerment, positive emotion, and perceptions of safety (see Table 4).

For all four outcome variables, a significant SC support group by length of stay interaction was found. Participants in the SC support group reported higher self-compassion, empowerment, positive emotion, and perceptions of safety upon shelter exit than participants who did not attend the group. However, this effect was only found for participants who were in shelter a short amount of time suggesting that of the participants who stayed in shelter for a shorter amount of time, participants who attended an SC support group reported significantly more positive outcomes than participants who did not

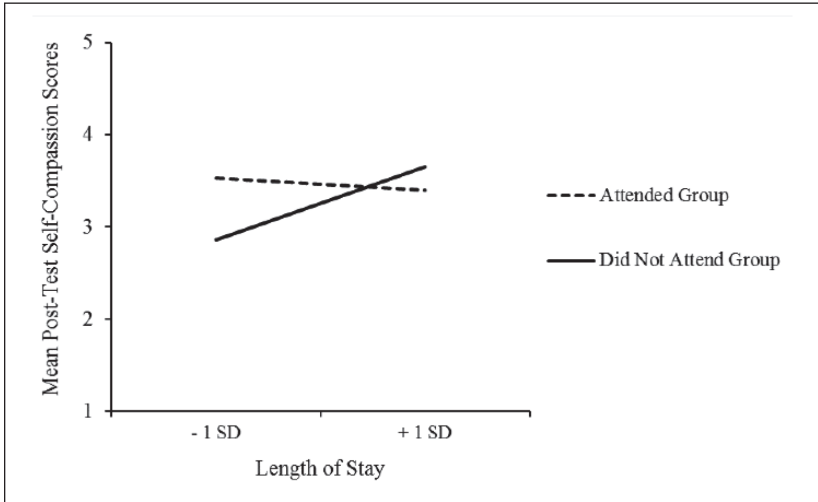

Figure 1. ANCOVA to test whether self-compassion posttest scores were predicted by self-compassion support group attendance.
Note. For participants who stayed in shelter for 1 *SD* below the mean length of stay, self-compassion support group attendance significantly predicted self-compassion posttest scores.

attend a group. For participants who were in shelter for a longer time, there was no difference in these outcomes when comparing women who did and did not attend the SC support group. Using J-N tests, we were able to see exactly where along the length of stay variable, the two groups (attended the SC support group vs. did not attend the SC support group) significantly differed. J-N tests showed that residents in shelter for 16.83 days or fewer reported significantly higher self-compassion if they attended the SC support group as opposed to those who did not. Figure 1 illustrates the pattern of this interaction for the self-compassion outcome. This pattern was replicated for empowerment (28.43 days or less), positive emotion (12.71 days or less), and perceptions of safety (39.91 days or less).

Effectiveness of the traditional support group. Of the 34 women who attended an SC support group and provided posttest data, 25 of those women also attended a shelter group; therefore, it is difficult to know whether it was the SC support group or the traditional support group that led to the positive outcomes. We ran the same set of analyses looking at women who attended a traditional support group ($N = 35$) versus those who did not ($N = 43$). Attending a traditional support group yielded a very similar pattern of results as those of the SC support

group. Ideally, we would like to compare participants who attended only an SC support group with those who attended only a traditional support group; however, the sample sizes were very small with nine women attending just the SC support group, 10 women attending just the traditional support group, 25 women attending both groups, and 33 women attending neither group (although they could have attended other services). Therefore, we were only able to compare their means on our four outcome variables. For three of the four outcome variables (self-compassion, empowerment, and perceptions of safety), participants who attended only the SC support group ($M = 3.40$, $SD = 0.73$; $M = 4.11$, $SD = 0.60$; $M = 4.59$, $SD = 0.64$, respectively) or both groups ($M = 3.42$, $SD = 0.70$; $M = 3.96$, $SD = 0.67$; $M = 4.19$, $SD = 0.78$, respectively) reported higher scores than participants attending only the traditional support group ($M = 3.22$, $SD = 0.93$; $M = 3.64$, $SD = 0.95$; $M = 3.93$, $SD = 0.94$, respectively) and participants who did not attend either group ($M = 3.10$, $SD = 0.81$; $M = 3.38$, $SD = 1.06$; $M = 3.61$, $SD = 0.95$, respectively). However, participants who attended only the traditional support group ($M = 3.56$, $SD = 0.83$) or both groups ($M = 3.55$, $SD = 0.80$) reported higher positive emotion than participants who attended only the SC support group ($M = 3.38$, $SD = 0.38$) or those who did not attend either group ($M = 3.02$, $SD = 1.14$).

Discussion

The purpose of this investigation was twofold. First, our study tested the effectiveness of a domestic violence shelter as it helped improve residents' well-being in the form of self-compassion, empowerment, positive emotion, and perceptions of safety. Although numerous researchers acknowledge that shelter evaluations are important, they are still few and far between (Sullivan, 2011; Wathen & MacMillan, 2003). Second, our study evaluated the effectiveness of a self-compassion training program in instilling self-compassion, empowerment, positive emotion, and perceptions of safety in domestic violence survivors. Over the past decade, researchers have shown self-compassion is related to overall psychological well-being (see Neff, 2009, for review). More recently, researchers found self-compassion interventions provide therapeutic benefits, particularly for people who experience stressful or traumatic life events (Hiraoka et al., 2015); however, the potential benefits of self-compassion for domestic violence survivors had not been assessed. As a response to this need, we developed a 6-week self-compassion support group and implemented this curriculum in a local domestic violence shelter. The purpose of the support group was to teach survivors about self-compassion, its health benefits, and how to apply self-compassion to their daily lives.

We hypothesized that staying in the shelter would result in women feeling more self-compassionate, more empowered, more emotionally positive, and

safer. These hypotheses were supported as women experienced significant increases from pretest to posttest. Our findings are in line with other shelter evaluations showing women in shelter experience a decrease in depression and anxiety as well as an increase in autonomy, ability to obtain resources, and overall well-being (Sedlak, 1988; Sullivan, Campbell, Angelique, Eby, & Davidson, 1994).

We also hypothesized that attending a self-compassion support group would lead to a significant increase in the outcome variables over and above what we might expect from general shelter effectiveness. Therefore, we expected more positive posttest scores from participants who attended a self-compassion support group as opposed to those who did not. This hypothesis was partially supported for participants who were in shelter for a shorter amount of time showing that participants who attended a self-compassion support group at least once reported better outcomes at posttest than participants who did not attend a self-compassion support group. Women who stayed in shelter for a longer period of time reported higher scores on the outcome variables, regardless of whether they attended the self-compassion group, perhaps because they were taking advantage of numerous other shelter services. These findings may suggest that the women who stay in shelter for a short time do not experience many of the shelter benefits that typically lead to improved well-being. However, attending a self-compassion group helped these women reap some of these benefits within their short stay.

Unfortunately, we were unable to separate the impact of the self-compassion support group from the presence of other shelter variables including the traditional support group. Although we originally planned to compare outcomes for those who attended only a self-compassion support group with those who attended only a traditional support group, we had significant overlap such that 25 of the 34 women who attended a self-compassion support group also attended a traditional support group. Therefore, analyses comparing participants who attended a traditional group with those who did not attend a traditional group found almost identical outcomes to our self-compassion support group analyses. Participants who attended the traditional support group experienced more positive outcomes than those who did not attend a traditional support group; however, these effects were only significant for women who stayed in shelter a short time. In an exploratory fashion, we examined the posttest means for four groups of participants: self-compassion support group, traditional support group, both groups, and neither group. These sample sizes were too small to conduct statistical analyses; however, participants in the self-compassion support group reported higher posttest means than the traditional support group on three of the four outcome variables.

Therefore, our second hypothesis is supported with reservation. For women who do not stay in shelter for very long, attending a support group (either a self-compassion group or a traditional group) is beneficial and may help these women recoup some of the benefits they miss out on by not staying in shelter longer. These results support previous research that found women who seek advocacy services in shelter are better off than women who do not seek advocacy services while in shelter (Wathen & MacMillan, 2003). However, this is the first study to find a moderating effect of length of stay on these outcomes. One previous study showed that a longer shelter stay was negatively related to reabuse (Perez, Johnson, et al., 2012), but another study found residents increased in overall functioning and resilience, regardless of length of stay (McFarlane, Symes, Maddoux, Gilroy, & Koci, 2014). Contrarily, this study shows that the impact of a support group may only matter when women stay in shelter for a shorter amount of time.

Limitations

One of the main goals of a domestic violence shelter is to help women feel in control and empowered (Kasturirangan, 2008; Sullivan, 2011). Therefore, decisions about whether to attend shelter programs and meetings must be made by the survivors. As a result, our study was a quasi-experimental design where women opted into the self-compassion support group each week. This factor resulted in substantial fluctuation in how many groups women attended while they were in shelter as well as how many women attended each group. By classifying women who attended one or more groups as being part of the self-compassion support group, we may have reduced our chances of finding a significant difference between groups. Research on "dosage" in psychotherapy suggests that more than one session is needed for psychotherapy to be effective (at least 50% of sample showing improvement). A long-standing dosage requirement was eight sessions (Howard, Kopta, Krause, & Orlinksy, 1986); yet, more recent work suggests an effective number of doses is closer to 13 (Hansen, Lambert, & Forman, 2002). Although psychotherapy and support groups are inherently different, we anticipate increasing the number of support groups would lead to more positive outcomes. Therefore, if our sample size had been larger, we would have been able to investigate the impact of the number of sessions on outcomes, and we anticipate our conclusions about the effectiveness of the self-compassion support group would be stronger. Nonetheless, we were able to test whether women who chose to attend at least one group differed from women who did not choose to attend group on demographic and pretest

variables. We did not find significant differences suggesting that the two groups were relatively equal on our variables of interest.

In addition, as is typical with field research, we lacked the type of control found in experimental settings. The shelter staff were aware of our research and may have inadvertently started incorporating self-compassion principles into their daily interactions with residents. We also had little control over whether women had the opportunity to complete the pre- and posttest measures. This limitation resulted in varying sample sizes and incomplete data for some of the participants. We took steps to test whether these participants differed from participants who only completed the posttest and found no significant differences across group attendance or posttest scores. Finally, this study did not disentangle effects as they might relate to varying age or ethnic groups. Age and ethnicity did not significantly predict the outcome variables and were removed from the analyses. In addition, given that the study was conducted with only female survivors, the study does not apply to male survivors. Male survivors were provided with individual services as opposed to group services.

Research Implications

In terms of shelter effectiveness, this research shows that women in shelter experience benefits in self-compassion, positive emotion, empowerment, and perceptions of safety. These findings support previous research showing that shelter residents have positive impressions of shelter effectiveness (Tutty, 2006). This study is the first to include self-compassion as a shelter outcome and suggests that shelters may influence residents to treat themselves with more kindness and compassion. Yet, it is unclear whether all shelters would naturally encourage a self-compassionate mind-set or whether the presence of the self-compassion study at this particular shelter permeated other areas of shelter life. Future research may want to include self-compassion as an outcome in the absence of a self-compassion intervention to determine this effect.

Although this research provides some evidence for the effectiveness of a self-compassion support group, our conclusions are limited given the overlap between the self-compassion support group and traditional support group attendance. Traditional support groups often lead to positive outcomes in well-being (Tutty et al., 1993); therefore, teaching self-compassion principles may not be more effective than teaching women about empowerment, self-esteem, or resource access (topics commonly discussed in the traditional support group). In both cases, the women are being

supported and encouraged while having an opportunity to vocalize feelings to an audience who understands their hardships (Tutty et al., 1996). One of the central elements of self-compassion is common humanity, the ability to recognize that other people are going through similar circumstances and you are not alone. Attending any support group would naturally highlight this part of self-compassion and leave women feeling less isolated. Although challenging, future research would hope to experimentally disentangle the effectiveness of self-compassion support groups versus more traditional support groups.

Finally, these research findings suggest that support group attendance was particularly helpful to participants who stayed in shelter a shorter amount of time. These findings suggest that support group attendance did not provide anything over and above shelter services for women who stayed in shelter for a longer period of time. We are not aware of any previous research that has investigated the impact of length of shelter stay on resident outcomes. Therefore, further research is needed to investigate how women who stay in shelter a short amount of time differ from women who stay in shelter longer. However, it is reasonable to expect that staying in shelter for a longer period of time would yield more positive outcomes.

Clinical and Policy Implications

This study is an evaluation of shelter effectiveness and provides evidence that domestic violence shelters are successful at improving the emotional well-being of survivors. Researchers estimate domestic violence costs the United States more than US$5.8 billion every year (Centers for Disease Control and Prevention, 2003). Because of competition for state, federal, and private dollars, donors are increasingly requesting evaluations to demonstrate shelter effectiveness (Sullivan, 2011). Our research suggests that women who pass through shelter relatively quickly experience significant emotional support from attending a support group. These findings suggest shelters should strive to make support groups accessible to residents very early in the shelter stay. Perhaps offering a support group specific to women who have entered shelter within the past few days would be effective. This study was not able to test whether self-compassion training was more effective than traditional support groups provided by shelters. However, given that most shelter support groups' curriculums are multifaceted, incorporating self-compassion into the curriculum would be advantageous. The findings show self-compassion may not be more effective, but it is at the very least just as effective as the current curriculum.

Appendix A

Participant Demographics.

	All Participants	Time 1 Only	Time 2 Only	Times 1 and 2	Time 2—All
Characteristic	(*n* = 251) *n* (%)	(*n* = 172) *n* (%)	(*n* = 43) *n* (%)	(*n* = 36) *n* (%)	(*n* = 79) *n* (%)
Age (*M*, *SD*)	33.52, 10.04	33.43, 9.75	34.23, 10.61	33.19, 11.02	33.74, 10.74
Length of stay (*M*, *SD*)	33.52, 27.15[a]	32.06, 24.30	33.09, 29.79	38.85, 32.46*	35.68, 30.94*
Unknown	57 (22.7)	56 (32.6)	0	1 (2.8)	1 (1.3)
Ethnicity					
Caucasian	94 (37.5)	62 (36.0)	15 (34.9)	17 (47.2)	32 (40.5)
African American	129 (51.4)	91 (52.9)	22 (51.2)	16 (44.4)	38 (48.1)
Hispanic	14 (5.6)	12 (7.0)	1 (2.3)	1 (2.8)	2 (2.5)
Asian	2 (0.8)	2 (1.2)	0	0	0
Other	5 (2.0)	1 (0.6)	2 (4.7)	2 (5.6)	4 (5.1)
Unknown	7 (2.8)	4 (2.3)	3 (7.0)	0	3 (3.8)
Number of children					
0	84 (33.5)	53 (30.8)	19 (44.2)	12 (33.3)	31 (39.7)
1-2	105 (41.8)	72 (41.9)	15 (34.9)	18 (50.0)	33 (41.8)
3-4	49 (19.6)	39 (22.7)	6 (14.0)	4 (11.11)	10 (12.6)
5+	8 (3.2)	6 (3.5)	0	2 (5.6)	2 (2.5)
Unknown	5 (2.0)	2 (1.2)	3 (7.0)	0	3 (3.8)
Education level					
Some high school	53 (21.1)	48 (27.3)	0	6 (16.7)	6 (7.6)
High school	44 (17.5)	33 (19.2)	1 (2.3)	10 (27.8)	11 (13.9)
Some college	69 (27.5)	62 (36.0)	0	7 (19.4)	7 (8.9)

(continued)

Appendix A (continued)

Characteristic	All Participants (n = 251) n (%)	Time 1 Only (n = 172) n (%)	Time 2 Only (n = 43) n (%)	Times 1 and 2 (n = 36) n (%)	Time 2—All (n = 79) n (%)
College or graduate degree	16 (6.4)	12 (7.0)	0	4 (11.11)	4 (5.1)
Unknown	69 (27.5)	18 (10.5)	42 (97.7)	9 (25.0)	51 (64.6)
Relationship status at entry					
Currently dating—living	125 (49.8)	96 (55.2)	15 (34.9)	15 (41.7)	30 (38.0)
Married	47 (18.7)	25 (14.5)	14 (32.6)	8 (22.2)	22 (27.8)
Previously dated—lived	40 (15.9)	29 (16.9)	5 (11.6)	6 (16.7)	11 (13.9)
Currently dating—not Living	14 (5.6)	6 (3.5)	3 (7.0)	5 (13.9)	8 (10.1)
Previously dated—never lived	7 (2.8)	4 (2.3)	2 (4.7)	1 (2.8)	3 (3.8)
Acquaintance	5 (2.0)	3 (1.8)	1 (2.3)	1 (2.8)	2 (2.5)
Divorced or separated	5 (2.0)	5 (2.9)	0	0	0
Unknown	8 (3.2)	5 (2.9)	3 (7.0)	0	3 (3.8)
Employment at shelter entry					
Yes	33 (13.1)	26 (15.1)	0	7 (19.4)	7 (8.9)
No	177 (70.5)	136 (79.1)	14 (32.6)	27 (75.0)	41 (51.9)
Unknown	41 (16.3)	10 (5.8)	29 (67.4)	2 (5.6)	31 (39.2)
Employment at shelter exit					
Yes	21 (8.4)	4 (2.3)	7 (16.3)	10 (27.8)	17 (21.5)
No	48 (19.1)	19 (11.0)	15 (34.9)	14 (38.9)	29 (36.7)
Unknown	182 (72.5)	149 (86.7)	21 (48.9)	12 (33.3)	33 (41.8)

[a]One participant who stayed in shelter for 270 days was changed to the next highest number of days (113).
$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$ (two-tailed).

Appendix B

Use of Resources.

Resources	All Participants (n = 251)	Time 1 Only (n = 172)	Time 2 Only (n = 43)	Times 1 and 2 (n = 36)	Time 2—All (n = 79)
No. of SC support groups attended	0-12	0-7	0-3	0-12	0-12
0 groups	111	68	27	16	42
1 or more groups	82	48	16	18	33
M (*SD*)	0.85 (1.49)	0.79 (1.35)	0.65 (0.95)	1.32 (2.24)	0.95 (1.67)
Unknown	58	56	0	2	2
No. of traditional support groups attended	0-31	0-29	0-13	0-31	0-31
0 groups	102	60	26	16	41
1 or more groups	91	56	17	18	34
M (*SD*)	1.65 (3.80)	1.41 (3.11)	1.14 (2.36)	3.12 (6.35)	2.01 (4.64)
Unknown	58	56	0	2	2
No. who attended both SC groups and traditional groups	58	33	12	13	25
No. who attended SC group only	24	15	4	5	9
No. who attended traditional group only	33	23	5	5	10
No. who attended neither group	78	45	22	11	33
No. of advocate meetings attended	0-36	1-21	0-24	1-36	0-36
M (*SD*)	4.86 (5.10)	4.24 (3.92)	5.42 (6.17)	6.26 (6.68)	5.79 (6.37)
No. of other career workshops/events attended	0-20	0-11	0-20	0-18	0-20
M (*SD*)	1.25 (2.95)	0.82 (1.90)	2.16 (4.11)	1.76 (3.68)	1.99 (3.98)

Note. SC = self-compassion.

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Emily Robertson earned a bachelor of science in psychology with a minor in criminal justice from the University of North Florida in 2014. She worked as lab manager and research staff in the Laboratory on Social and Affective Neuroscience at Georgetown University. She is currently a doctoral candidate in clinical psychology at Louisiana State University.

Gail A. Patin is the CEO of Hubbard House, Inc., the certified domestic violence center serving Duval and Baker counties. Prior to assuming this role, Patin served in Hubbard House leadership roles for nearly 20 years—including 14 years as Chief Operating Officer—and from 2004-2006, as CEO of Harbor House of Central Florida, the Orlando domestic violence center. Patin has a doctorate degree in Educational Leadership (with an emphasis on nonprofit management) from the University of North Florida and a Master of Social Work degree from the University of South Carolina. Additionally, she participated in post graduate social work training through Florida State University and is a Licensed Clinical Social Worker for the State of Florida.