ADOLESCENTS AND INTIMATE PARTNER VIOLENCE: AN ANALYSIS OF TESSA'S
YOUTH SERVICE PROVISIONS

A Thesis
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On my honor
I have neither given nor received
unauthorized aid on this thesis.

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ABSTRACT

TESSA plays a crucial role in bridging gaps in access to resources and support services for victims of Intimate Partner Violence (IPV). While the organization primarily serves white adults, this report investigates if the frequencies of services significantly differ among youth/adults, dependent/client youth, and non-white/white clients. Existing literature confirms the prominent distinctions between IPV and Teen Dating Violence (TDV) and emphasizes the need for comprehensive support systems tailored to the specific needs of young survivors and youth affected by familial violence. Through analysis of TESSA services from three service categories (victim services, financial assistance, and external referral), the findings in this report contribute to understanding how youth are served at TESSA and underscore the importance of considering age, client classifications, and other demographic factors when implementing such services.

To borrow the words of former U.S. Secretary-General Kofi Annan, violence against women "knows no boundaries of geography, culture, or wealth" (UN 1999). The very pervasiveness of violence against women and other socially subjugated groups is what grounds this report; specifically, the way Intimate Partner Violence (IPV) transcends age boundaries. Adolescents, typically navigating the tumultuous waters of self-discovery, peer influence, and societal expectations, too often require support from organizations like TESSA in Colorado Springs, originally The Center for the Prevention of Domestic Violence. Since 1977, TESSA has been serving youth clients who have either been victimized by IPV or are under the care of a parent who has. This report delves into the often-overlooked subject of IPV and adolescence. This is a new area of research that aims to inform organizations, policymakers, and communities who hope to create comprehensive support systems tailored to the specific needs of young survivors and youth affected by familial violence.

LITERATURE REVIEW

Over the past five decades, an expanding body of research has identified IPV as a major public health issue requiring more services and attention. In the 1970s, feminist activists passionately campaigned for a public response to IPV. Faced with a lack of federal action, activists proactively established services for survivors, including emergency shelters, victim advocacy, and crisis hotlines (Kulkarni 2018). Subsequently, federal funding became progressively available through key legislations including the 1984 Family and Violence Prevention and Services Act (FVPS) and the 1994 authorization of the Violence Against Women Act (VAWA) (Laney 2010). The Violence Against Women Act (VAWA) underwent reauthorization in 2005, 2013, and 2022, with the goal of bolstering support for survivors, enhancing responsive measures, and ensuring accountability for perpetrators (OVW 2022).

The contemporary recognition of distinctions between IPV and Teen Dating Violence (TDV) has prompted service agencies such as TESSA to pay close attention to youth outreach and services designed for age-defined groups. According to the 2021 "Adolescent Behaviors and Experiences Study" by the CDC, approximately 10 percent of teens in the U.S. reported an experience of sexual violence, 7.7 percent experienced sexual TDV, and 6.4 percent experienced physical TDV (Clayton et al. 2023:66). Considering the prominence of TDV, recent studies have emerged highlighting help-seeking behaviors and youth-specific factors. However, the distinctions in how service agencies practice and approach TDV victim services remain understudied. Informed by existing literature about IPV outcomes and support services, this research aims to investigate the potential differences in how TESSA services adult versus adolescent and youth clients. In my exploration of TESSA's service operations, I intend to synthesize the large body of IPV research, theories of adolescent relationships, and research on youth-specific factors in TDV responses.

Intimate Partner Violence

Gender asymmetry in perpetration. Feminist scholars have frequently theorized about the gender differences in IPV perpetration. Many contend that IPV, or more generally coercive behavior, represents an attempt by men to maintain power through money, sex, and other resources. However, over the past 20 years, studies have reported increasing gender symmetry in IPV victimization statistics. For example, according to the CDC National Intimate Partner and Sexual Violence Survey, about one in three women (36.4 percent) and one in three men (33.6 percent) report having experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime (Smith et al. 2018:8-9). These studies have catalyzed

contentious debates about the validity, methodology, and broader contexts of such research (Laroche 2005; Jasinski, Blumenstein, and Morgan, 2014; Smith et al. 2018).

Recent studies have increasingly critiqued feminist models for dominating IPV research, arguing that they present an inaccurate representation of gendered perpetration. Authors have asserted that the presence of the gender paradigm in IPV has led to public policy outpacing empirical evidence, causing a perceived overemphasis on (1) support services targeted at women and (2) heterosexual men as the face of IPV perpetration (Cannon and Buttell 2015; Hamel 2020).

Conversely, scholars have criticized studies asserting higher gender parity in perpetration rates, arguing that such claims stem from broad definitions of IPV and lack of attention to false positives that minimize the significance of men's violence towards women (Hardesty and Ogolsky 2020). Research focused on specific factors—examining frequency, incident details, number of perpetrators, severity, and co-occurring types of IPV—supports the notion that women disproportionately experience physical and sexual violence (Hardesty and Ogolsky 2020; Cunningham 2023; Fanslow 2023;). Due to the prominence of women in the TESSA data, the following literature review will predominantly draw from research on cisgender female victims of IPV.

IPV outcomes. Empirical studies on IPV outcomes have consistently highlighted mental and physical health as predominant concerns. Over the past two decades, extensive research has indicated that IPV victims are more susceptible to anxiety, post-traumatic stress disorder, eating disorders, depression, and suicidal ideation (Tolman and Rosen 2001; Bacchus et al. 2018; White et al. 2024). Negative physical health outcomes for women who have experienced IPV are also a focal point in research, with scholars emphasizing both acute and chronic impacts. These include

an increased risk of somatoform and psychosomatic disorders, exacerbated menopausal symptoms, diabetes development, susceptibility to sexually transmitted infections, engagement in risky behaviors like substance abuse, and the onset of chronic diseases and pain (Coker et al. 2000; Dillon et al. 2013; Stubbs and Szoeke 2022). Adjacent research has also explored U.S. racial/ethnic and socioeconomic disparities related to IPV victimization and associated health outcomes and behaviors. Stockman, Hayashi, and Campbell (2015) conducted a systematic literature review that contextualizes racial/ethnic IPV health inequities in medical mistrust, discrimination, and historical racism and trauma, specifically relevant to Black and Native American/Alaskan individuals.

Some scholars have suggested that the overwhelming prevalence of research exploring mental and physical health outcomes in IPV research oversimplifies the multidimensional and lifelong impacts of victimization. Some studies have delved into the multifaceted life consequences associated with IPV, particularly emphasizing adverse educational and economic effects. In a systematic review of 10 articles on IPV and education outcomes for 10–24-year-old women, Klencakova, Pentaraki, and McManus (2023) found a direct negative effect of IPV experiences on young women's GPAs, increasing the likelihood of absenteeism, academic disengagement, and dropout rates. Additional research on work identity after experiencing IPV has revealed a higher likelihood of material deprivation, including homelessness, food insufficiency, decreased personal income, and an increased probability of receiving public assistance (Lloyd 1997; Tolman and Rosen 2001).

A limited body of research has explored the social and professional aspects of IPV victimization. The most comprehensive study, conducted by Moulding et al. (2023) using a large mixed-method approach, examined the weakening of women IPV victims' social participation,

along with negative mental health, housing, and employment outcomes. The study revealed that women's workplace participation rates dropped by more than 20 percent after leaving IPV situations (Moulding et al. 2023:2759).

IPV support services. TESSA's mission is to end personal violence for all through a commitment to providing support services (housing, counseling, children's programs, safe line, etc.), empowerment, and education (TESSA, n.d.). IPV service agencies like TESSA are integral to closing the gap in access to health, human, and legal services. Macy et. al (2005:16) found that 38 percent of women who experienced IPV sought help from such agencies within the first month following an instance of violence. The National Network to End Domestic Violence (2023:4) collected data from 1,642 U.S. based domestic violence agencies during one 24-hour period and found that 79,335 child and adult victims were provided with services such as shelter, advocacy, or counseling.

Existing literature on IPV support services has generally focused on the agency's outcomes and service priorities. Wasco et al. (2004) conducted a statewide evaluation of hotline, advocacy, and counseling services for sexual assault victims in Illinois. The researchers found the most common rape victim support outcomes were emotional support, increased information, and knowledge, and helping victims to understand options and make decisions. Bybee and Sullivan (2002) also evaluated domestic violence and sexual assault interventions and found victims who work with agency advocates after leaving an agency resulted in increased social support, access to resources, and quality of life, and decreased the likelihood of repeated IPV victimization.

Macy et al. (2009) explored the core services of community-based domestic violence and sexual assault services synthesizing services, literature, and guidelines from all the Domestic

Violence and Sexual Assault Coalitions in the United States. The authors found strong consensus among the coalitions that crisis services, legal and medical advocacy, support groups, individual counseling, and shelter were considered the most fundamental services (Macy et al. 2009). It is noteworthy that TESSA provides all these services (TESSA, n.d.). In a study investigating IPV agency directors' opinions of how to prioritize service delivery goals, Macy et al. (2011) found that emotional support service was a top priority across agencies. The findings were consistent with other research that found emotional support for survivors is associated with improved mental and physical health outcomes of IPV victimization (Coker et al. 2003).

Although research on outcomes and support agencies is well-established regarding IPV victimhood, less researched is youth specific experiences with IPV, commonly referred to as Teen Dating Violence (TDV). Specifically, there are limited studies on the distinctions in support services for IPV victims versus age-defined groups who have been subjected to TDV.

Teen Dating Violence

Violence in youth romantic relationships has been well-documented in academic literature as both a public health and sociocultural issue. The CDC reported 25.8 percent of female and 14.6 percent of male victim's experienced IPV before the age 18 (Smith et al. 2018:10). Marginalized youth groups, specifically minoritized sexual and gender identities, are more susceptible to sexual and physical dating violence (Reuter, Sharp, and Temple 2015). TDV specific mental health issues have been found to mirror IPV findings, including higher levels of depression, suicide ideation and attempts, eating disorders, decreased physical health and inferior educational outcomes (Banyard and Cross 2008). Beyond outcomes, past literature on TDV has largely focused on (1) theories related to childhood and adolescent behaviors, (2) youth specific help-seeking and services, and (3) TDV policy recommendations.

Theoretical framework. Until the late twentieth century, research on romantic relationships in adolescence was sparse and controversial due to the cultural disregard of sexual relationships within adolescence (Giordano 2003). Past theorization of childhood, notably James, Jenks, and Prout's (1998) book *Theorizing Childhood,* used a social constructionist approach. They asserted what now may be a familiar idea; that the meaning of age is situated in social and societal contexts. The rejection of a naturalistic explanation and the evolution of understanding age as a performed and reproduced social category is particularly relevant in context of this project and TDV (Korkmaz and Överlien 2020).

In the same way that childhood is a social construction, acts of violence can be socially defined and can take on unique meanings depending on age associations and societal context. Take bullying, a form of violence often associated with children and adolescents. Bullying was found to be strongly associated with TDV and sexual harassment, which are forms of violence constructed as adult behaviors (Liu, Taylor, and Mumford 2020; Garthe et al. 2021; Muñoz-Fernández 2023). Even the terms domestic violence and IPV can carry socially constructed connotations. The terms imply that relationship violence exists only in established, familial, or cohabiting relationships. These terms therefore exclude TDV or more casual relationships (Carter-Snell 2015).

Contemporary literature has warned of the dangers in adolescents seeking identity and autonomy through relationships (Wekerle and Wolfe 1999; Giordano 2003; Muñoz-Fernández 2023). Schneider and Ingram's (1993) social construction theory is crucial in understanding TDV and suggests that adolescents' pursuit of independence in romantic relationships challenges societal notions of childhood. Wekerle and Wolfe (1998) argued that adolescent relationships serve as a space where traditional constraints of dependency are reduced, allowing for the

rehearsal of both positive and negative behaviors under the illusion of adult dyadic relationships (Wekerle and Wolfe 1998). In another article, Wekerle and Wolfe (1999) expanded on this idea and introduced youth relationships as a "liaison" between identity development and accelerated change in priority attachment from parent to peer. The authors went on to say that seemingly normal behaviors (such as teasing) in adolescent relationships can turn violent in the context of the experimental period of adolescence (Wekerle and Wolfe 1999). Adolescents' romantic relationships can become a breeding ground for power abuse, reflecting societal hierarchies imposed on children and adolescents.

In response to the prevailing literature on TDV that has emphasized causation and prevalence, scholars have introduced more comprehensive perspectives on the challenges faced by IPV survivors. Strenio (2020) adopted Amartya Sen's (1999) capability deprivation approach to explore the broader, multifaceted, long-term human consequences of IPV. Originally urging a focus on the richness and freedom of human life over economic considerations (Sen 1999), the capabilities approach, when applied to violence against women, reveals the deprivation of capabilities resulting from intimate partner violence (Strenio 2020). Drawing on Nussbaum's (2003) ten universal human capabilities and Biggeri et al.'s (2006) core capabilities for young adults, Strenio (2020) underscored the nuanced human costs of IPV, including education, love and care, and life and physical health. Criticizing the narrow scope of economic studies on IPV, Strenio (2020) included the concept of time as a crucial factor in understanding the losses incurred in relational violence. She argued that time is both cyclical through the relationship and over the life span. By conceptualizing the violation of bodily integrity as a temporal disruption to universal capabilities, Strenio (2020) shifted the narrative away from the predominant emphasis on prevalence and health outcomes in research. This perspective exposed a complex web of lost

freedoms resulting from TDV victimization, thereby constraining young people's choices and agency.

Responses, help seeking, and support services. Despite the prevalence of TDV, there has been limited published research to suggest how support agencies should differentiate their responses for adolescents compared to adults. One study by Morrison et al. (2023) explored how adolescents perceive and respond to TDV, highlighting the importance of considering youth-specific factors such as differences in self-efficacy, knowledge, and skills compared to adults. The findings, supported by similar research (Choi et al. 2017), suggested that TDV support agencies should avoid a general approach and instead emphasize distinctions between types of IPV.

Korkmaz and Overlien's (2020) research highlighted youth specific responses to TDV. The authors focused on responses, resilience and resistance displayed in 18 in-depth interviews with victimized youth in Sweden. While the research was conducted outside the U.S., its findings reveal pertinent nuances, including the emergence of concepts like paradoxical resilience. Paradoxical resilience refers to strategic techniques employed by adolescents to prevent future harm in the context of TDV. While instances of paradoxical resilience (such as cutting class or "agreeing" to unwanted sex) may appear dysfunctional, they can represent creative coping mechanisms. Korkmaz and Overlien (2020) underscored intervention techniques informed by the social conditions of childhood and adolescence, including the promotion of resilience in youth-specific factors of victimization.

Similarly, Hamby et al. (2018) advocated for a child-centered approach to support and prevention, encompassing all forms of violence exposure, denoted as poly-victimization. Conversely, the authors recommended the incorporation of "poly-strengths" post youth violence,

such as self-regulation, interpersonal strengths, and meaning-making. They argued that centering an assets-based approach to resilience will help teen victims alleviate the societal burden of youth victimization.

Two systematic reviews of studies on adolescents' help-seeking behaviors found that adolescents were much less likely to seek support from formal sources (such as police, social workers, counselors, teachers) than informal sources (such as friends and family) (Bundock, Chan, and Hewitt 2020; Padilla-Medina et al. 2022). Particularly, Black adolescents were found to be the least likely to report to formal sources (Padilla-Medina et al. 2022). Applying Korkmaz and Overlien's (2020) theory of paradoxical resilience to help-seeking behaviors, adolescents' choice to refrain from disclosing to formal sources can be interpreted as a self-preservation tactic.

Policy recommendations. While educational and policy reform to prevent TDV have increased, a 2021 CDC study found that laws incorporating TDV education in schools are not linked to reduced TDV victimization (Harland et al.). Scheider and Ingram (1993) argued that negatively constructed groups (such as youth) are the targets of punishment policy, where policymakers approach problems without consulting relevant experts at the expense of logical solutions and policy effectiveness. Houghton (2015) argued that involving child victims of IPV in policy development not only empowers them therapeutically but also leads to more informed policy outcomes directly impacting those affected.

Beyond youth involvement in policy reform, research generally recognizes the importance of education and safeguarding policies as effective TDV response strategies. Recommendations range from training "informal" sources in appropriate help-giving strategies (Fernet et al. 2019; Bundock, Chan, and Hewitt 2020; Padilla-Medina et al. 2022) to the

development of health-specific service protocols for IPV cases, involving referrals to specialist healthcare providers (Stubbs and Szoeke 2022). In their latent class analysis study, Liu, Taylor, and Mumford (2020) advocated for universal preventive intervention programs targeting adolescent relationship abuse and sexual harassment from early adolescence onward, with a focus on disrupting patterns of violence. The authors specifically recommended women-centered vocational rehabilitation models and explored the potential application of the Americans with Disabilities Act to support women experiencing poor mental and physical health outcomes due to TDV.

Lloyd's (1997) proposal for job training programs aimed to address both immediate placements and long-term retention, emphasizing the importance of public assistance for prolonged support of IPV victims facing life consequences. Despite efforts to address policy recommendations, there is little research on the effectiveness of education, safeguarding, and social aid for victims of TDV.

Conclusion and Research Question

This literature review supports the expansive documentation of IPV prevalence, outcomes, and service recommendations. Service agencies have been studied from a standpoint of effectiveness and key service priorities. However, it is well-documented in the literature examined in this review that prominent differences exist between IPV and TDV victims. These differences are rooted in the social construction of youth violence, and impact how adolescents' experience and react to TDV victimization. Existing literature often fails to evaluate how service agencies, in practice, differentiate their approach in servicing youth and adolescent clients. Therefore, more research must be done to produce a holistic recommendation for differentiated TDV services. Given what we know about youth service provision, this research investigates

how TESSA attempts to serve their youth clients specifically. TESSA is curious about which services they provide differentially to youth versus adults as well as white versus non-white clients.

METHODS

The data come from five separate datasets provided by TESSA from the DVP (Colorado's Domestic Violence Program) required tracking software. The data were collected over one year, between October 1st, 2022, and September 30th, 2023, yielding a total of 40,544 client visit records. In cleaning the data, client became the unit of analysis. The final merged dataset contains 2,440 clients. TESSA advocates primarily gather information through verbal communication and intake forms completed by the client, with additional data obtained from post-service surveys. Statistical significance was set at the 0.1 benchmark (90 percent sure the results can be generalized to all TESSA clients). In Tables 4-11, where statistical analyses were conducted, statistically significant differences are highlighted in color. Age, gender, and race/ethnicity were also included in the analysis.

The "age range" variable in the original datasets are in accordance with DVP regulations (age range categorization of 0-12, 13-17, 18-24, 25-59, and 60+). However, to better differentiate services for adults, 25-59 was subdivided into 25-39 and 40-59. A dichotomous variable was also generated to compare youth and adults (0-17 and 18+). Client type represents a dichotomous variable that indicates "dependent" or "client." Dependent refers to clients aged 0-17 who come to TESSA with a parent or guardian and may be direct or indirect victims of an abusive situation.

Clients at TESSA are asked to self-identify their gender identity and race/ethnicity, which includes a variety of unique responses. Statistical analyses in this report examine clients who were coded on the male/female binary. The races/ethnicities included in the original

race/ethnicity category include Hispanic or Latino, white, Black or African American, Asian, multi-racial, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, other and unknown/not asked. A separate category in the original dataset asks respondents to self-identify as Hispanic or non-Hispanic. Race and ethnicity are combined into one variable. Race/ethnicity were coded in accordance with DVP regulations required for grant-writing purposes:

- Respondents who indicated more than one race/ethnicity were coded as multiracial.

- Respondents who indicated Hispanic on either the race/ethnicity or Hispanic questions were coded as Hispanic.

- "Other" and "not reported" were coded as missing in the race/ethnicity variable for statistical analysis.

Victim services includes 25 service categories found within "type of service provided" and "service name" in the original dataset. Note that "supportive services and advocacy" were reported for the vast majority of clients within "type" in the original dataset, but for the purpose of specificity, this report will analyze advocacy reported within the "type of service provided" and "service name" categories, which includes three advocacy variables ("advocacy," "advocacy with parole officer assistance" and "advocacy without parole officer assistance"). For a list of key service names and descriptions, see the Appendix.

FINDINGS

Demographic Breakdown

Table 1 shows demographic information from all 2,440 clients seen at TESSA during the 2022/2023 fiscal year including age range, youth classification, race/ethnicity, gender identity,

chronic homelessness, and limited English proficiency. El Paso County census data are included

to contextualize TESSA client demographics.

Table 1. *Demographics Reported by All TESSA Clients*

|		*% (n)*	*El Paso County %*
AGE RANGE	0-12	13.1 (319)	–
	13-17	2.7 (65)	–
	18-24	8.1 (197)	–
	25-39	34.4 (840)	–
	40-59	19.0 (464)	–
	60+	22.8 (555)	–
	TOTAL	100.0 (2440)	–
YOUTH	Dependent	91.7 (352)	–
	Client Youth	8.3 (32)	–
	TOTAL	100.0 (384)	–
RACE/ETHNICITY	white	51.6 (1012)	67.0
	Hispanic/Latino	21.5 (422)	18.9
	Black	9.4 (185)	6.9
	Multi-racial	7.7 (151)	5.3
	other	6.9 (136)	–
	Asian	1.5 (29)	3.4
	AI / AN	1.0 (20)	1.4
	NH / PI	0.4 (7)	0.4
	TOTAL	100.0 (1962)	–
GENDER	Cis-Female	86.7 (1700)	49.0
	Cis-Male	12.5 (246)	51.0
	Non-Binary	0.6 (12)	–
	Trans-Female	0.2 (3)	–
	Trans-Male	0.1 (1)	–
	TOTAL	100.0 (1962)	–
OTHER	Chronically Homeless	1.5 (33)	–
	Lim. Eng. Prof.	1.4 (29)	–
	TOTAL	100.0 (62)	–
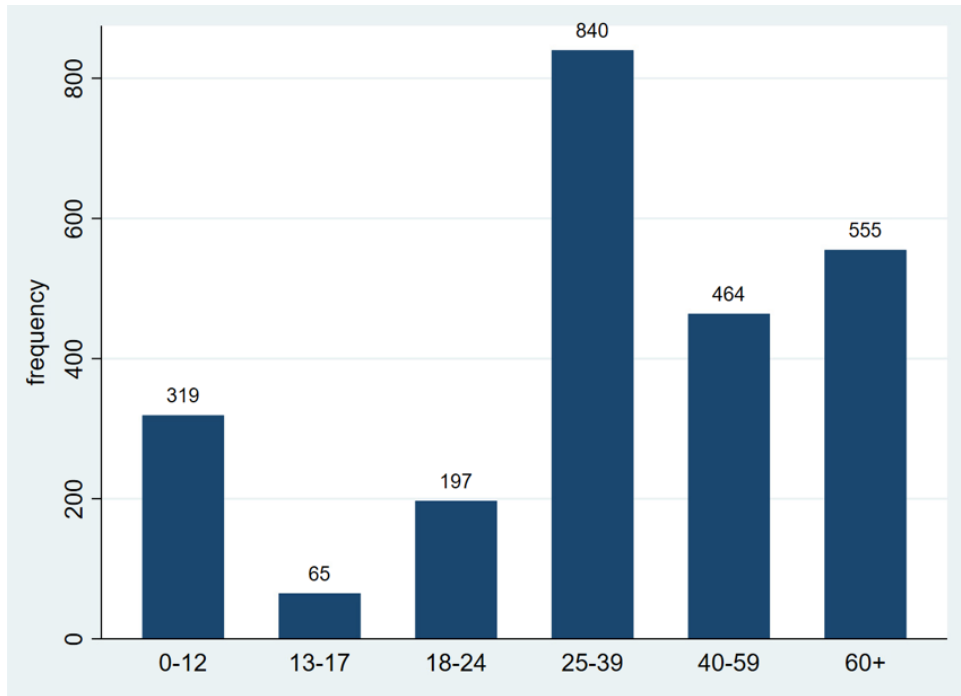
Figure 1: Frequencies by Age Range

Table 1 and Figure 1 show that the most common age group in TESSA's 2022/2023 fiscal year data were 25–39-year-olds (34.4 percent). Age ranges 13-17 (2.7 percent), 18-24 (8.1 percent), and 0-12 (13.1 percent) made up the smallest percentages of TESSA clients. Dependents made up the vast majority of youth (91.7 percent), with only 8.3 percent (n=32) categorized as clients themselves. The racial and ethnic composition of TESSA clients seemingly mirrors the 2022 census data for El Paso County, except for the white demographic. TESSA's clientele was shown to be 51.6 percent white, just over half of its client base. Because the population in Colorado Springs is overwhelmingly white (67 percent), TESSA served more people of color by percentage of the population. Looking at gender, 86.7 percent of TESSA clients self-identify as cisgender female, while only 12.5 percent self-identify as cisgender male.

Victimization Type and Dependent Youth

Table 2 shows the observed frequencies and percentages for victimization types from the basic tracking information collected. Note that the total is higher than the total number of clients because some clients were recorded as having more than one kind of victimization type.

Table 2*: Observed Frequencies and Percentage for Victimization of All Clients (n=2440)*

		% (n)
VICTIMIZATION	Domestic Violence	68.0 (1,661)
	Dependent	14.4 (352)
	Sexual Assault	6.2 (150)
	Human Trafficking	3.5 (86)
	Human Trafficking: Sex	3.2 (77)
	Stalking	1.6 (39)
	Other	1.5 (37)
	Adult Physical Violence	0.9 (21)
	Domestic Violence/Sexual Assault	0.8 (19)
	Human Trafficking: Sex and Labor	0.7 (17)
	Child Physical Abuse or Neglect	0.7 (16)
	Human Trafficking: Labor	0.2 (4)
	DUI/DWI	0.1 (1)

Some clients were recorded as having more than one victimization type

Table 2 reveals patterns in the prevalence of abuse types, with domestic violence accounting for nearly 70 percent of all TESSA clients during the 2022 and 2023 fiscal year. Dependents make up the second largest victimization type (14.4 percent). The composition of dependent clients holds particular significance in this report, as it reveals a more comprehensive understanding of how services are provided to specific youth classifications.

Victim Services

Table 3 represents the means, standard deviations, and frequencies for the number of client contacts and times safety planning was offered for three demographic categories. An individual's range of client contacts extends from 0 to 221, while the range for the number of times safety planning was offered to an individual spans from 0 to 146. High numbers of both contacts and safety planning are likely due to some clients (often residential) who are communicated with over phone, text, or email multiple times a day.

Table 3: *Percentage (n) Number of Client Contacts and Number of Times Safety Planning was Offered Frequencies*

	AGE	Mean (SD)	*n*
# of Client Contacts	0-12	4.2 (7.0)	319
	13-17	5.1 (9.6)	65
	18-24	6.7 (15.1)	197
	25-39	9.8 (19.6)	840
	40-59	11.4 (25.9)	464
	60+	7.6 (17.1)	77
	TOTAL	8.7 (19.4)	1962
	Youth: Dependent	4.4 (7.7)	352
	Youth: Client	3.3 (5.1)	32
	TOTAL	4.3 (7.5)	384
	Non-white	9.2 (20.3)	813
	White	8.2 (18.5)	1012
	Total	8.6 (19.3)	1825
Safety Planning Offered	0-12	3.3 (5.6)	319
	13-17	2.4 (4.1)	65
	18-24	3.3 (8.4)	197
	25-39	4.5 (10.4)	840
	40-59	5.4 (14.3)	464
	60+	4.5 (11.9)	555
	TOTAL	4.4 (10.9)	2440
	Youth: Dependent	3.3 (5.5)	352
	Youth: Client	1.6 (2.4)	32
	TOTAL	3.5 (5.6)	384
	Non-white	4.5 (10.2)	814
	White	4.2 (11.0)	1012
	TOTAL	5.1 (11.3)	1826

Clients aged between 40-59 have the largest mean number of contacts (11.4) and mean times safety planning was offered (5.4). Conversely, younger clients (0-24-year-olds) are shown to receive the fewest contacts and safety plans, on average. Dependent youth were offered safety planning twice as much (M=3.3) as compared to client youth (M=1.6). Both non-white and white clients were contacted and offered safety plans at similar rates and had similar variation within groups.

Table 4 presents the results from chi-square tests of independence to assess the strength and significance of the correlation between TESSA victim services and age as youth/adults. The table also includes Cramer's *V* and the associated *p*-value, or Fisher's Exact two-tailed *p*-value

where the chi-square test requirements were unmet. Cramer's *V* is interpreted such that a *V* equal to or less than 0.1 is a weak association, a *V* between 0.1 and 0.3 is a moderate association, and a *V* between 0.3 and 0.5 is a strong one. The results include percentages and frequencies of all TESSA clients, comparing youth and adults who received each service. Throughout this findings section, green represents significant services provided to adults more than youth, and blue for significant services provided to youth more than adults.

Table 4: Percentage (n) Victim Service Frequencies for Youth and Adults (Statistically Sig. Correlations)

CATEGORIES	Total %(n)	Youth %(n)	Adults %(n)	V/p
Follow-up with Client	44.6 (1088)	5.2 (20)	52.0 (1068)	.342 / .000
Advocacy w/o PO	34.1 (832)	1.3 (5)	40.2 (827)	.300 / .000
Advocacy	29.0 (708)	65.4 (251)	22.2 (457)	.346 / .000
Crisis Intervention	23.8 (581)	2.1 (8)	27.9 (573)	.221 / .000
Legal Assistance	16.4 (401)	0.8 (3)	19.4 (398)	.183 / .000
Residential	13.7 (335)	26.6 (102)	11.3 (233)	.161 / .000
Case Management	13.0 (317)	0.5 (2)	15.3 (315)	.160 / .000
External Referral	11.9 (291)	5.7 (22)	13.1 (269)	.083 / .000
Advocacy w/ PO	11.2 (272)	1.0 (4)	13.0 (268)	.139 / .000
Emergency Financial	11.0 (268)	0.3 (1)	13.0 (267)	.148 / .000
Divorces/Custody	8.1 (198)	0.5 (2)	9.5 (196)	.120 / .000
Special Event	6.6 (161)	24.0 (92)	3.4 (69)	.302 / .000
Call-Out	6.4 (155)	1.3 (5)	7.3 (150)	.100 / .000
Landlord Contact	5.9 (143)	0.0 (0)	7.0 (143)	.110 / .000
Criminal Justice & Legal	3.9 (95)	0.8 (3)	4.5 (92)	.070 / .000
Family Night	3.3 (81)	13.5 (52)	1.4 (29)	.247 / .000
Transportation	3.1 (75)	1.6 (6)	3.4 (69)	.062 / .039
Kids Club	3.1 (75)	15.6 (60)	0.7 (15)	.314 / .000
Case Management w/o PO	2.8 (67)	0.5 (2)	3.2 (65)	.060 / .003
Assessment	1.6 (40)	5.0 (19)	1.0 (21)	.113 / .000
DV Court	1.3 (31)	0.0 (0)	1.5 (31)	– / .010
Early Literacy	1.1 (26)	6.5 (25)	0.1 (1)	– / .000
Hospital Sorry	1.0 (22)	0.0 (0)	1.1 (22)	– / .037

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

Only other non-contact services and case management without PO assistance are not significantly associated with age group and therefore excluded from the table (Table 4). Client follow-up is strongly correlated with age group (*V*=.324). Of the 2,400 clients, 52 percent of adults received follow-ups compared to only 5.2 percent of children. Similarly, advocacy without parole officer (PO) assistance is strongly associated with age group (*V*=.300), with 40.2 percent of adults and just 1.3 percent of youth receiving the service.

Youth received more advocacy, residential, special events, family night, kids club, assessment, and early literacy on average than adults (highlighted in blue). Advocacy is significantly and strongly correlated with age group (*V*=.346), as youth received advocacy at a higher rate (65.4 percent) than adults (22.2 percent). Looking at residential status, youth had a rate of receiving residential support (26.6 percent) more than twice that of adults (11.3 percent) (*V*=.161). When considering discrepancies in youth versus adult service provisions, it is crucial to recognize the difference between youth classifications as dependent or client.

To better understand the breakdown of services TESSA provides to youth, Table 5 shows differences between youth classification (dependent versus client).

Table 5: *Percentage (n) Victim Service Frequencies for Dependent and Client Youth*

CATEGORIES	Total %(n)	Dependent %(n)	Client %(n)	V / p
Advocacy	73.8 (251)	78.4 (247)	16 (4)	.371 / 0.000
Special Event	27.1 (92)	28.9 (91)	4 (1)	.146 / 0.007
Residential	26.6 (102)	29.0 (102)	0 (0)	– / 0.000
Other Non-Contact Services	25.9 (88)	26.0 (82)	24 (6)	.012 / 0.823
Kids Club	17.7 (60)	19.1 (60)	0 (0)	– / 0.012
Family Night	15.3 (52)	16.5 (52)	0 (0)	– / 0.020
Early Literacy	7.4 (25)	7.9 (25)	0 (0)	– / 0.237
External Referral	6.5 (22)	6.4 (20)	8 (2)	– / 0.671
Follow-up with Client	5.9 (20)	2.5 (8)	48 (12)	– / 0.000
Assessment	5.6 (19)	6.0 (19)	0 (0)	– / 0.380
Crisis Intervention	2.4 (8)	1.0 (3)	20 (5)	– / 0.000
Transportation	1.8 (6)	1.6 (5)	4 (1)	– / 0.370
Advocacy w/o PO	1.5 (5)	0.3 (1)	16 (4)	– / 0.000
Call-Out	1.5 (5)	0.0 (0)	20 (5)	– / 0.000
Advocacy w/ PO	1.2 (4)	0.6 (2)	8 (2)	– / 0.028
Legal Assistance	0.9 (3)	0.3 (1)	8 (2)	– / 0.015
Criminal Justice & Legal	0.9 (3)	0.0 (0)	12 (3)	– / 0.000
Divorces/Custody	0.6 (2)	0.0 (0)	8 (2)	– / 0.005
Case Management	0.6 (2)	0.6 (2)	0 (0)	– / 1.000
Case Management w/o PO	0.6 (2)	0.0 (0)	8 (2)	– / 0.005
Emergency Financial	0.3 (1)	0.3 (1)	0 (0)	– / 1.000
Landlord Contact	0.0 (0)	0.0 (0)	0 (0)	– / –
Case Management w/ PO	0.0 (0)	0.0 (0)	0 (0)	– / –
DV Court	0.0 (0)	0.0 (0)	0 (0)	– / –
Hospital Sorry	0.0 (0)	0.0 (0)	0 (0)	– / –

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

Throughout this findings section, orange represents significant services provided to dependent youth more than client youth, and yellow for significant services provided to client

youth more than dependent youth. Table 5 shows the services used most frequently by all youth were provided more to dependent clients, highlighted in orange (advocacy, special events, residential, kids club, and family night). Advocacy is significantly correlated with youth classification, and the correlation is strong (V=.371). Only 16 percent of client youth received advocacy services, as compared to 78.4 percent of dependent youth. Similarly, special events are significantly associated with youth classification (V=.146). While 29 percent of dependent youth were given special events, only 4 percent of client youth received one. Additionally, while 29 percent of dependent youth received residential services, zero client youth did. The following services are significantly correlated with age group and provided to client youth at higher rates than dependent youth (highlighted in yellow): follow-ups, crisis intervention, advocacy without PO, call-outs, advocacy with PO, legal assistance, criminal justice and legal, divorces/custody, and case management without PO.

Due to the dichotomous nature of the service variables, a logistic regression was performed (Table 6) to analyze the impact of youth classification, controlling for race/ethnicity and gender, in relation to four of the critical victim services (those that provided a well-fitting model that could correctly classify over 90 percent of the sample).

Table 6: Logistic Regression Results in Odds Ratios

	Follow-up	Advocacy w/ PO	Advocacy w/o PO	Crisis Intervention
Youth (Ref: Dependent)				
Client	26.12***	8.6*	24.25***	15.10**
RACE (Ref: white)				
Non-White	1.55	—	3.11	3.18
GENDER (Ref: male)				
Female	0.99	—	—	—
TOTAL	353	100	178	178

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

As observed in Table 6, unsurprisingly, being a client youth is found to have a positive effect on the likelihood of receiving all four services, controlling for race/ethnicity and gender.

Client youth have approximately 26 times increased probability of receiving a follow-up as compared to dependent youth. Client youth have about 9- and 24-times increased odds of receiving advocacy with and without PO assistance as compared to dependent youth. Similarly, the odds of receiving crisis intervention increase by a factor of 14.3 when youth are classified as clients as compared to dependent youth.

Table 7 shows the percent and observed frequencies of clients within each service category and the race/ethnicity of the client (non-white/white).

Table 7: *Percentage (n) Victim Service Frequencies for All Non-White and White Clients*

CATEGORIES	Total %(n)	Non-White %(n)	White %(n)	V / p
Follow-up with Client	43.1 (787)	41.7 (339)	44.3 (448)	.026 / 0.361
Advocacy w/o PO	32.1 (586)	32.2 (262)	32.0 (324)	.002 / 0.938
Advocacy	30.3 (553)	35.0 (285)	26.5 (268)	.092 / 0.000
Crisis Intervention	25.6 (468)	24.5 (199)	26.6 (269)	.024 / 0.299
Other Non-Contact	21.1 (385)	22.1 (180)	20.3 (385)	.023 / 0.334
Legal Assistance	17.0 (311)	17.4 (142)	16.7 (169)	.010 / 0.674
Residential	15.4 (282)	14.5 (147)	16.6 (135)	.028 / 0.226
Case Management	13.2 (241)	13.5 (110)	12.9 (131)	.008 / 0.721
External Referral	12.2 (222)	12.8 (104)	11.7 (104)	.017 / 0.468
Advocacy w/ PO	11.5 (209)	11.2 (91)	11.7 (118)	.008 / 0.748
Emergency Financial Assistance	9.8 (178)	8.6 (70)	10.7 (108)	.035 / 0.138
Divorces/Custody	8.1 (147)	7.7 (63)	8.3 (84)	.010 / 0.662
Call-Out	6.7 (122)	5.4 (44)	7.7 (78)	.046 / 0.050
Special Event	5.8 (106)	7.9 (64)	4.2 (42)	.079 / 0.001
Landlord Contact	5.3 (97)	5.2 (42)	5.4 (55)	.006 / 0.794
Family Night	4.3 (78)	5.3 (43)	3.5 (35)	.045 / 0.055
Criminal Justice & Legal Support	3.6 (65)	2.6 (21)	4.4 (44)	.047 / 0.043
Transportation	3.4 (62)	3.2 (26)	3.6 (36)	.010 / 0.670
Kids Club	3.4 (62)	4.1 (33)	2.9 (29)	.033 / 0.163
Case Management w/o PO	2.9 (52)	2.7 (22)	3.0 (30)	.010 / 0.738
Assessment	1.9 (35)	1.6 (13)	2.2 (22)	.021 / 0.372
Early Literacy	1.3 (23)	2.1 (17)	0.6 (6)	.067 / 0.004
Hospital Sorry	1.1 (20)	0.3 (2)	1.8 (18)	.073 / 0.002
DV Court	0.6 (11)	0.5 (4)	0.7 (7)	– / 0.764
Case Management w/ PO	0.1 (2)	0.1 (1)	0.1 (1)	– / 1.000

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

Throughout this findings section, purple represents significant services provided to non-white clients more than white clients, and pink for significant services provided to white clients more than non-white clients. Generally, there is no difference between non-white and white clients in

their usage of victim services. Of the services that had significant, although weak, association

with race/ethnicity (*V*<.1), the following services were used more (on average) by:

- *non-white clients (purple)*: advocacy, special events, family nights, and early literacy.

- *white clients (pink)*: call-outs, criminal justice and legal support, and "hospital sorry we
  missed you" forms.

Financial Assistance Services

All financial services except for moving assistance (removed from the table) significantly

differ between age groups (Table 8).

Table 8: *Percentage (n) Financial Assistance Service Frequencies for All Children and Adults (Statistically Sig. Correlations)*

CATEGORIES	Total %(n)	Youth %(n)	Adults %(n)	V / p
Other	7.7 (187)	0.8 (3)	9.0 (184)	.112 / .000
Clothing	6.8 (165)	0.5 (2)	7.9 (163)	.107 / .000
Personal Hygiene Products	6.6 (160)	0.5 (2)	7.7 (158)	.105 / .000
VOCA Housing Assistance	3.3 (81)	0.0 (0)	3.9 (81)	– / .000
Bus Pass	1.5 (37)	0.0 (0)	1.8 (37)	– / .003
911 Phone	1.3 (32)	0.0 (0)	1.6 (32)	– / .006
Voucher: Goodwill	1.0 (23)	0.0 (0)	1.1 (23)	– / .039

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

Table 8 shows that other unspecified financial assistance, clothing, and personal hygiene

products are significantly associated with age group, and the association is moderately strong

(*V*>.1). Every financial assistance service was provided to adults at a higher rate than youth

(highlighted in green).

As shown in Table 9, while most financial assistance services are not significantly

associated with race/ethnicity (non-white and white), "other" unspecified services are provided

to more non-white clients on average and found to have a significant association with

race/ethnicity, but it is weak (*V*=.04).

Table 9: *Percentage (n) Financial Assistance Service Frequencies for All Non-White and White Clients*

CATEGORIES	Total %(n)	Non-White %(n)	White %(n)	V / p
Other	7.6 (138)	8.7 (71)	6.6 (67)	.040 / .091
Clothing	6.2 (113)	6.9 (56)	5.6 (57)	.026 / .272
Personal Hygiene Products	6.7 (123)	7.3 (59)	6.3 (64)	.018 / .434
VOCA Housing Assistance	2.7 (49)	2.6 (21)	2.8 (28)	.006 / .806
Bus Pass	1.7 (31)	1.2 (10)	2.1 (21)	.033 / .164
911 Phone	1.5 (27)	1.4 (11)	1.6 (16)	.010 / .686
Voucher: Goodwill	0.7 (13)	0.5 (4)	0.9 (9)	.024 / .315
Moving Assistance	0.1 (1)	0.1 (1)	0.0 (0)	– / .446

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

External Referral Services

Table 10 presents the percentages, frequencies, and results from chi-square tests of independence to assess the strength and significance of correlations between how youth/adults access TESSA's external referral services.

Table 10: *Percentage (n) External Referral Service Frequencies for All Children and Adults (n=2440)*

CATEGORIES	Total %(n)	Youth %(n)	Adults %(n)	V / p
ER Information	7.2 (176)	0.3 (1)	8.5 (175)	.116 / 0.000
Follow-up with Client	5.5 (134)	0.5 (2)	6.4 (132)	.094 / 0.000
Criminal Justice & Legal	2.8 (67)	0.3 (1)	3.2 (66)	.066 / 0.001
Telephone Contact	2.6 (63)	0.0 (0)	3.1 (63)	– / 0.000
Advocacy w/o PO	1.8 (45)	0.0 (0)	2.2 (45)	– / 0.001
Advocacy	1.7 (42)	5.2 (20)	1.1 (22)	.120 / 0.000
Other Non-Contact	1.7 (41)	5.0 (19)	1.1 (22)	.110 / 0.000
Clinical Referral	1.7 (41)	0.3 (1)	2.0 (40)	.050 / 0.018
Divorce/Custody	1.6 (40)	0.0 (0)	2.0 (40)	– / 0.002
Case Management	1.4 (34)	0.0 (0)	1.7 (34)	– / 0.007
Case Management w/o PO	1.1 (26)	0.0 (0)	1.3 (26)	– / 0.025
Victim Compensation/FA	0.9 (23)	0.0 (0)	1.1 (23)	– / 0.039
Child Abuse Report Filed	0.8 (19)	0.0 (0)	1.0 (19)	– / 0.059
Advocacy w/ PO	0.5 (13)	0.0 (0)	0.6 (13)	– / 0.242
Case Management w/ PO	0.1 (2)	0.0 (0)	0.1 (2)	– / 1.000
SH Departure Summary	0.1 (2)	0.0 (0)	0.1 (2)	– / 1.000
Meeting with Manager	0.0 (1)	0.0 (0)	0.1 (1)	– / 1.000
DV Court	0.0 (1)	0.0 (0)	0.1 (1)	– / 1.000
Call-Out	0.0 (1)	0.0 (0)	0.1 (1)	– / 1.000
Screening Tool Completed	0.0 (1)	0.0 (0)	0.1 (1)	– / 1.000
Satellite Advocacy w/o PO	0.0 (1)	0.0 (0)	0.1 (1)	– / 1.000

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

As shown in Table 10, external referral information is correlated with age group, and the association is moderate (*V*=.116). While 8.5 percent of adults received external referral

information, less than one percent of youth did. Looking at follow-ups, only 0.5 percent of youth received the service compared to 6.4 percent of adults ($V=.094$).

The two services, advocacy and other non-contact services are moderately associated with age group and provided to youth at a higher rate than adults (highlighted in blue). Youth had a higher rate of receiving advocacy services (5.2 percent), about five times that of adults (1.1 percent) ($V=.12$). Other unspecified non-contact services are significantly associated with age group, and the relationship is moderate ($V=.11$), with 5 percent of youth compared to only 1.1 percent of adults receiving these services.

To gain insight into the distribution of external referral services offered by TESSA to youth, Table 11 illustrates distinctions between youth classifications. Services not received by youth are not included in the table.

Table 11: Percentage (n) External Referral Service Frequencies for All Children and Adults

CATEGORIES	Total %(n)	Dependent %(n)	Client %(n)	V / p
Advocacy	5.2 (20)	5.7 (20)	0.0 (0)	– / .394
Other Non-Contact	5.0 (19)	5.4 (19)	0.0 (0)	– / .388
Follow-up with Client	0.5 (2)	0.0 (0)	6.3 (2)	– / .007
ER Information	0.3 (1)	0.0 (0)	3.1 (1)	– / .083
Clinical Referral	0.3 (1)	0.0 (0)	3.1 (1)	– / .083
Criminal Justice & Legal	0.3 (1)	0.0 (0)	3.1 (1)	– / .083

Fisher's exact test was run where chi-square test requirements were not met.
Phi values provided where statistically possible.

Follow-ups with clients, external referral information, clinical referrals, and criminal justice/legal services are the only services significantly correlated with youth classification, all of which were provided to client youth more than dependent youth (highlighted in yellow). The associations are all weak ($V<.1$). Additionally, of the services that had a significant association with age group, the following services were used more (on average) by adults: criminal justice and legal, telephone contact, advocacy without PO assistance, clinical referral, divorce/custody, case management, victim compensation/financial assistance, and child abuse reports filed.

Chi-square tests were conducted to assess the strength and significance of correlations between race/ethnicity and TESSA's external referral services. Compensation/financial assistance is the only external referral service that differs by race/ethnicity (non-white and white), where 1.3 percent of white clients (n=13) and less than 1 percent (n=3) of non-white clients received the service. Although only 16 clients (who reported race) used this service, there is a statistically significant difference by race in this receipt of service.

EXECUTIVE SUMMARY

This thesis compares and reports on how youth/adults, dependent/client youth, and non-white/white clients at TESSA are served and supported. Youth receive the lowest mean number of client contacts and safety plans. Of 43 services found to be significantly correlated with age, only nine were provided to youth at a higher frequency than to adults. It may be obvious that adults receive more services than youth. However, it is important to highlight key services that youth access at high rates. From the services found to be significantly associated with age group, youth received advocacy, residential, special events, family night, kids club, assessment, early literacy, advocacy (external referral), and other non-contact services more frequently, on average, than adults. Youth received none of the financial assistance services at a higher rate than adults despite the youth-specific items within each service category (see "financial assistance services" in the Appendix).

Client youth received 13 of the 18 services significantly associated with youth classification more often, on average, than dependents. Although dependents received none of the significantly different external referral services more than client youth, it is important to highlight that dependents, on average, utilized the top six most frequently used victim services (advocacy, special events, residential, other non-contact services, kids club, and family night)

more frequently than client youth. The remaining services significantly associated with youth classification were used more by client youth but represented less popular services among all youth. Below is a summary of key findings.

Demographics

- The most common **age group** in TESSA's 2022/2023 fiscal year data was 25–39-year-olds (34.4 percent). Age ranges 13-17 (2.7 percent), 18-24 (8.1 percent), and 0-12 (13.1 percent) made up the smallest percentage of TESSA clients.

- **White cisgender females** made up the majority of TESSA clientele. It appears that there was an overrepresentation of **non-white** and **cisgender-female** clients at TESSA when comparing the dataset to El Paso County census data.

- Most TESSA clients are recorded as **domestic violence victims** (68 percent).

- Most **youth** (under 18) clients are considered **dependents** (91.7 percent).

Victim Services

- *Number of contacts and number of safety plans offered.* **Younger clients** (0-12, 13-17, and 18-24) were shown to receive close to half the mean number of client **contacts** (5.3) as compared to clients 25 and older (9.6). **Dependent youth** were offered **safety planning** twice as much (*M*=3.3) as client youth (*M*=1.6).

- *Age group.* Most victim services differ based on age group. **Follow-ups with clients, advocacy without PO, advocacy, special events, and kids club** all had a **strong association** with age group (*V*>0.3). The following victim services were the only ones used more by youth (on average) than adults: **advocacy, residential, special events, family night, kids club, assessment, and early literacy**. All other victim services were used more by adults.

- *Youth classification.* Of the services that had a significant association with youth classification, the following services were used more (on average) by:
    - **dependent youth**: advocacy, special event, residential, kids club, and family night (all of which are in the top 6 most used victim services by youth overall).
    - **client youth**: follow-ups, crisis intervention, advocacy without PO, call-out, advocacy with PO, legal assistance, criminal justice and legal, divorce/custody, and case management without PO.
- *Logistic regression results.* The results of logistic regression analyses examining the odds ratios associated with four victim services indicate that **client youth** have significantly increased odds of receiving **follow-ups, advocacy with and without PO,** and **crisis intervention** compared to their dependent youth counterparts, controlling for gender and race/ethnicity.

Financial Assistance

- Financial assistance services were **all significantly associated with age group** (except for moving assistance) and **provided to adults at a higher rate than youth**, on average.
- Financial assistance services were provided to **678 adults compared to only 7 youth.**

External Referrals

- *Age group.* Of the 13 services that had a significant association with age group, the following services were **used more (on average) by:**
    - **youth**: advocacy and other non-contact services (both of which were only used by 1.7 percent of all youth.
    - **adults***:* external referral information, follow-ups, criminal justice and legal, telephone contact, advocacy without PO, clinical referral, divorce/custody, case

management, case management without PO, victim compensation/financial

assistance, and child abuse reports filed.

- *Youth classification.* Follow-ups with clients, external referral information, clinical

referral, and criminal justice and legal had a significant correlation with youth

classification, all of which were **only provided to client youth.**

Recommendations for Future Data Collection

- *Data Collection*. Dummy variables are essential in tracking data and conducting future

research as they can measure presence or absence through binary values (0 or 1).

Including dummy variables in the case of race, services, victimization, and youth

classifications would allow future research to report insights efficiently and accurately

into the relationships between different categories and the dependent variable**.** You could

consider collecting no/yes (0 or 1) answers for the following variables:

  - *Race.* For the purpose of analyzing race/ethnicity more accurately, future research

    may consider coding race so that clients coded with more than one race are not

    automatically coded as "multiracial," which can be overly vague. It is more useful

    to allow clients to report multiple separate races/ethnicities and code them as

    "yes" (1) under each category.

  - *Services and Victimization*. You could use dummy variables to see if specific

    services or victimization types were reported for more effective future research. It

    would be helpful to know if clients have more than one reported victimization

    type or service and which ones for each client.

  - *Advocacy.* TESSA expressed particular interest in advocacy and crisis

    intervention as services. However, there seems to be inconsistency in where these

services show up in both the victim services and external referral datasets. To better understand who is receiving these services, reporting information using dummy variables (advocacy: yes/no) from existing categories within "type of service provided" and "service name" could allow for more efficacy and detail in future research.

- o *Youth classifications.* Youth received none of the financial assistance services at a higher rate than adults, despite the youth-specific items within each service category (see "financial assistance services" in the Appendix). Make a separate dummy variable, specifically in financial assistance, that specifies if the service is intended for a client's dependent or a client themselves.

- *Future Research.* This report found that services were provided to clients differently based on youth classification (dependent/client youth). Future research would benefit from examining in more depth how these youth categories are best served through qualitative methods. Interviewing both dependent youth and client youth would be helpful to assess each group's needs and then how they might be best served, as they are likely quite different.

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APPENDIX: SERVICES NAMES AND DEFINITIONS

Victim Services

*Number of Client Contacts***:** Every communication with a client is recorded as a client contact.

*Safety Planning Offered***:** Individualized safety plans, including identifying options, receiving assistance with Temporary Protection Orders (TPOs), and acquiring information and referrals.

*Advocacy***:** Generally, it refers to services offering crisis intervention, safety planning, needs assessments, and often short-term therapy. Advocacy also encompasses supplying information or referrals to internal TESSA services such as TESSA's domestic violence shelter and legal services for restraining orders. It also includes advocating for and accompanying clients with law enforcement and medical providers.

*Residential Type***:** TESSA's residential program describes their safe house, which provides emergency shelter, food, case management, counseling, and support to female survivors and their children. It should be noted that children with a parent experiencing abuse are reported as receiving residential services. Safehouse residents can access many support services, including confidential advocacy, counseling (for adults and children), court support, and assistance with multiple local resources. Local resources include services to help clients secure permanent, safe housing, find employment, access childcare, locate educational opportunities, and obtain new identities.

*Legal Assistance***:** Includes programs like TESSA's Project LIFT, which offers free legal representation for clients seeking permanent protection orders due to domestic violence or sexual assault, requiring victims to have obtained a temporary protection order previously. TESSA also provides legal advice and representation for college students facing sexual violence, covering

issues such as civil protection orders, Title IX claims, and civil rights complaints, with eligibility criteria involving being a victim of sexual misconduct connected to a local college or university.

Call-outs: Refer to a 24/7 hospital response by confidential victim advocates who help clients seeking medical attention due to an incidence of abuse.

Financial Assistance Services

"Other" *unspecified financial assistance services:* Include household and school supplies, haircut cards, children's books, and toys.

*Clothing***:** Includes shirts, pants, jackets, socks, hats, toys, baby supplies, and snacks.

Personal Hygiene: Includes soap, shampoo, toothbrush and toothpaste, deodorant, feminine hygiene products, hair dye, and razors.

*VOCA housing assistance***:** Temporary shelter, rental assistance, housing vouchers, supportive housing services, utility payment assistance, and homelessness prevention programs.

*Bus Passes***:** Monthly public transportation passes, single-use bus tickets, and prepaid transit cards.

911 phones: Emergency cell phones, phones with direct access to emergency services, and safety phones for vulnerable populations.

Voucher: Goodwill: Clothing vouchers, household item vouchers, furniture vouchers, and job training program vouchers.

Moving assistance: Rental truck assistance, moving company services, packing supplies, and temporary storage assistance.

External Referral Services

External Referral Information: Providing referrals for various resources and organizations, such as the El Paso County Department of Human Services, the El Paso County District

Attorney's Office, Memorial Central Hospital, Myron Stratton Home, Partners in Housing, Peak

Vista, and Community Health Centers.

Clinical Referrals: Counseling programs that support clients in improving self-esteem,

providing education on healthy and unhealthy relationships, and assisting in goal setting and

problem-solving.