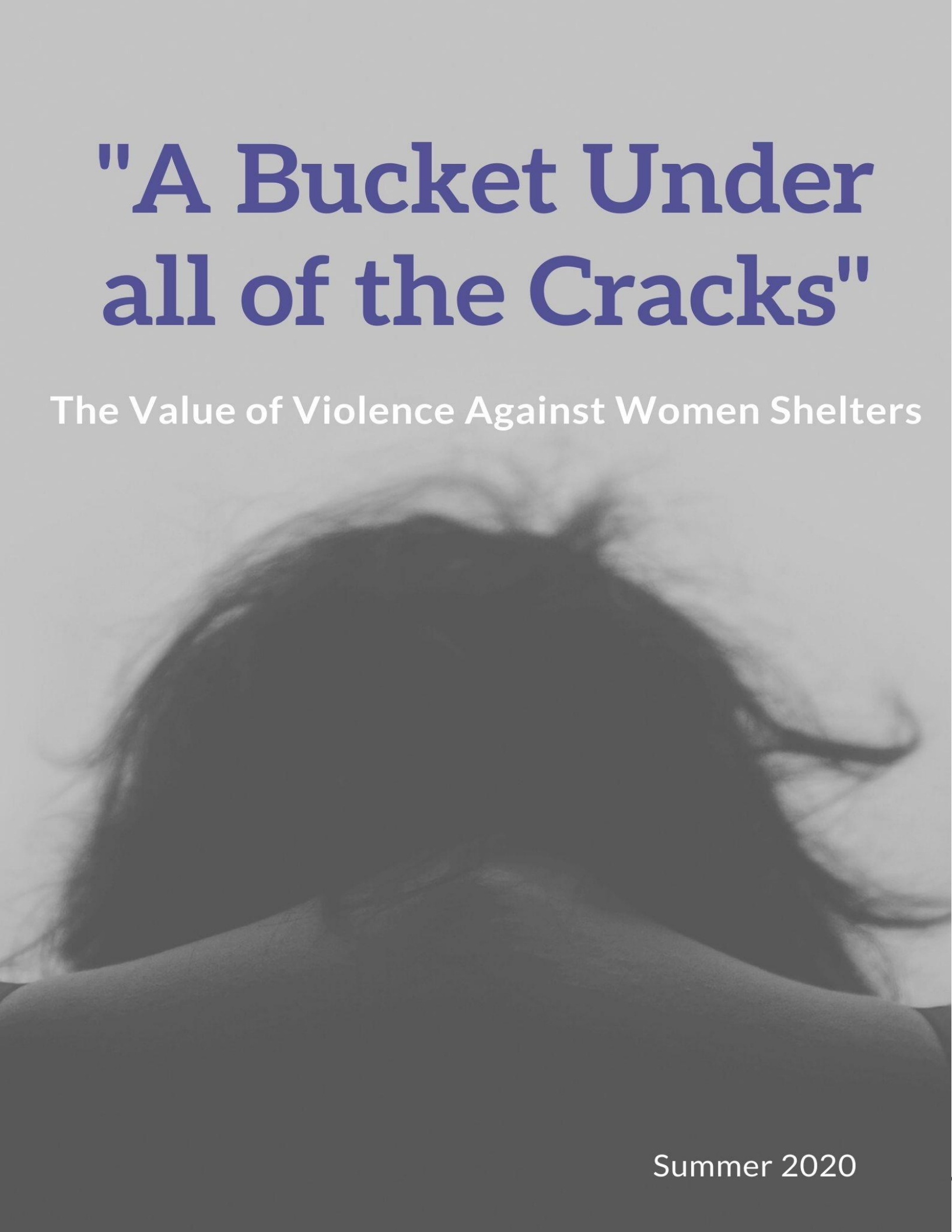
"A Bucket Under all of the Cracks"

The Value of Violence Against Women Shelters



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This report was written as part of an independent research course at the University of Guelph. This research sought to summarize the literature on the nature and extent of violence against women women's shelters and their services and provide evaluation strategies for shelters to begin to demonstrate the nature, extent, and value of their work.

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EXECUTIVE SUMMARY

Violence against women (VAW) shelters provide safety and refuge to women and their children fleeing domestic violence. In addition to physical shelter, they also provide many other programs, services and resources, including, but not limited to, children's needs, counselling, substance abuse treatment, and legal assistance. Increasingly, VAW shelters are seeing and serving clients with complex profiles, including women with concurrent disorders, addictions, and/or women who have been trafficked. More complicated client profiles call for the provision of a wider range of programs, services and resources. At the same time, VAW shelters are operating in a neoliberal context where funding constraints result in understaffing and a lack of [trained] staff, a need to fundraise and solicit donations. The aim of our report is to answer the following question: How do violence against women shelters, who are needing to serve an increasingly complex population with inadequate funding, demonstrate their value and provide evidence for both the breadth and nuance of their work? One of the goals of this review was to brainstorm ways in which women's shelters could begin to demonstrate their value in a more tangible way, particularly generating data/evidence that could be disseminated to funders.

We conducted a critical interpretive synthesis[1] of the literature (Noblit & Hate, 1988) and found that shelter clients are becoming increasingly complex and that staff

[1] A methodological approach that aims to interpret instead of aggregate literature (Dixon-Woods et al., 2006).

are working under funding constraints and doing invisible, extra work, all while continuing to provide more and more programs, services and resources. We borrowed the phrase “a bucket under all the cracks” from Kosny and MacEachen (2009, p. 371) because it is a visual way to describe our findings. Indeed, shelters operate as a metaphoric bucket that is overflowing, but continues to catch the women and children that fall between the cracks.

We report on a list of possible models and frameworks that could be useful when collecting data. We reviewed existing measures and tools and identified that most asked about women’s needs and priorities, their personal functioning, and shelter satisfaction (for both clients and staff). We assessed their drawbacks, namely their length (too long) and their reliance on qualitative questions (which are burdensome on victim-survivors and staff). We propose asking a few questions for victim-survivors that could be incorporated into existing measurement tools that assess the complexity of the population and intended versus actual program and service use. We also propose a few questions for staff – both management and front-line – that assesses shelter-related issues that came up in our review. We also created a data abstraction tool, which aids in effectively managing multiple sources when conducting a literature review, that we invite shelter staff to use and adapt for their purposes when reviewing literature and/or when tracking indicators of interest.

LIST OF ACRONYMS

- **VAW**: violence against women
- **IPV**: intimate partner violence
- **CIS**: critical interpretive synthesis
- **PTSD**: post-traumatic stress disorder

INTRODUCTION

Violence against women (VAW) continues to be a serious social, political, and public health problem and a grave violation of fundamental human rights (Breiding et al., 2014; Government of Canada, 2019; World Health Organization [WHO], 2017). VAW is a broad term that includes many forms, but one of the most common across the globe is intimate partner violence[2][3] (IPV). IPV involves any behaviour inflicted by a current or former partner or spouse that causes psychological (e.g., insults, manipulation), physical (e.g., choking, slapping), and/or sexual harm (e.g., forced penetration) (WHO, 2017). A report by Breiding and colleagues (2014) highlighted the urgency of this epidemic in the National Intimate Partner and Sexual Violence survey. Indeed, they found that 27% of women surveyed had experienced physical and sexual violence while 47% had experienced psychological aggression, all at the hands of an intimate partner. Lifetime prevalence rates suggest that 30% of women who have ever had or will have a partner experience physical and/or sexual intimate partner-inflicted violence (Devries et al., 2013; WHO, 2013). IPV is a gendered issue, with the most observed profile being that of men doing the perpetrating and women being victimized (Breiding et al., 2014; Bumiller, 2010; WHO, 2013), though same-sex IPV does occur (Baker et al., 2013; Murray & Mobley, 2009).

[2] Intimate partner violence may also be referred to as domestic violence by some sources.

[3] Violence and abuse will be used interchangeably in this report.

There are a host of serious consequences associated with IPV. Victim-survivors of IPV may experience consequences that are psychological (e.g., more anxiety, depression, post-traumatic stress disorder; Ansara & Hindin, 2010; Lagdon et al., 2014) and/or physical (e.g., headaches, chronic pain, gastrointestinal issues; Campbell et al., 2002; Sugg, 2015) in nature. According to the Centers for Disease Control and Prevention (2019), 41% of female victim-survivors experience some form of physical injury as a result of experiencing intimate partner-perpetrated abuse. In addition to mental and physical health consequences, it is common for women-survivors of abuse to struggle with substance abuse (e.g., drugs, alcohol; Fowler, 2007; Schumacher & Holt, 2012). There are additional, more widespread consequences, including children witnessing and/or experiencing abuse (Wathen & MacMillan, 2013) and pets being harmed in the home (Krienert et al., 2012). Finally, IPV can result in death. From 1980 to 2008, near one of every five murder victims was killed by an intimate partner in the United States (Cooper & Smith, 2011). In Canada, as of 2015, the rate at which women were killed by their intimate partners was 45 per million population (Canadian Femicide Observatory for Justice and Accountability, 2015), and women who have just left their abusive male partner are at a high risk of a fatal outcome (Block, 2004).

For some, there comes a time where remaining in the home with the abusive partner is no longer an option and the need to seek refuge becomes a priority (Baker et al., 2010). One option is making use of VAW shelter services (Ford-Gilboe et al., 2015). Violence against women's shelters, also called domestic violence shelters, attempt to provide refuge for women and allow them a place where they can work through the

consequences of experiencing IPV and begin to rebuild their lives (Burnett et al., 2016). Recent estimates suggest that there are approximately 1,500 domestic violence shelters in the United States (Sullivan, 2012) and approximately 630 in Canada (Beattie & Hutchins, 2014). Despite the availability of shelters, research suggests that many victim-survivors use them as a last resort instead of a first choice (Grossman & Lundy, 2011; Tutty et al., 1999).

Although VAW shelters primarily aim to provide emergency services for those who are fleeing violence, they also provide a wide range of services both during and after shelter stay, including but not limited to education, mental health support, substance abuse support, legal assistance, and services for children (Dichter & Rhodes, 2011; Maki, 2019; Tutty, 2015; Vinton & Wilke, 2014).The provision of a broad range of services is necessary given the increasing complexity of client profiles that women's shelters serve (Hart et al., 2014; Wathen et al., 2015). An added layer of complexity for shelters is the challenge of operating without adequate government funding and the need to supplement their available funding through extensive fundraising efforts (Beres et al., 2009).

VAW shelters have been functioning as "a bucket under all the cracks" (Kosny & MacEachen, 2009, p. 371), filling in the ever-growing needs in their communities with inadequate resources. Shelters are funded and mandated to complete specific tasks, but the amount of extra work they do is rarely visible nor valued. Thus, at the crux of these issues is a difficulty receiving acknowledgment of and validation for the value of

women's shelters and all the work they do with women and children who are trying to prevent and/or reduce ongoing violence. That begs the following question: How do VAW shelters, who are needing to serve increasingly complex clients with inadequate funding, demonstrate their value and provide evidence for both the breadth and nuance of their work? The following report aims to address this overarching question by:

a. summarizing the academic and gray literature on the nature and extent of VAW shelters and their services, including barriers and constraints with respect to service delivery, and
b. providing evaluation strategies and tools for VAW shelters to continue to demonstrate the nature, extent, and value of their work.

One of the primary goals in this review was to brainstorm ways in which women's shelters could begin to demonstrate their value in a more tangible way (e.g., by counting the number of indicators or parameters of interest), particularly using tools that would generate data/evidence that could be disseminated to funders.

METHODOLOGY

Search Framework and Strategy

The literature review was conducted the summer of 2020 by the first author, a PhD student in applied social psychology. We used a critical interpretive synthesis (CIS) of the literature (Noblit & Hate, 1988), which is a methodological approach that aims to interpret as opposed to aggregate literature (Dixon-Woods et al., 2006). Interpretive reviews involve both induction (i.e., letting the data speak for themselves them generalizing outward rather than searching the literature in a confirmatory way) and interpretation and avoids pre-specifying concepts. Instead, the synthesis yield is conceptual in both the process and the output. Part of the CIS process is avoiding the use of highly structured search strategies, as they often can fail to pick up literature that is more peripherally related to the topic of interest (Dixon-Woods et al., 2006). This method of literature search and review is especially effective when working with large research programmes and has been used in a variety of areas, particularly in health and medicine (e.g., behavioural medicine, Perski et al., 2017; e-health intervention techniques, Morrison et al., 2012; cancer-related pain, Flemming, 2010).

The decision on the use of search platforms was made after reviewing the databases made available by the University of Guelph and a review of some preliminary literature provided by the faculty supervisor. Given that shelter service delivery and information related to women's VAW shelters more generally were being published in psychology, social work, and/or sociology journals, the search platforms we decided on were PsycINFO, Sociological Abstracts, and Ovid Social Work Abstracts for the

academic sources. Additionally, we conducted a Google search for gray literature. Although there are no guidelines for the number of pages to review on Google, we exercised caution and went as far as was relevant (~4 pages into each search, though this varied by search). We narrowed our review from 2000 to 2020 to ensure a more relevant review of the changes that shelters have undergone more recently, while also accounting for differences in sociocultural context over the past 20 years.

Search Strings

Search terms were derived from preliminary conversations with the faculty supervisor as well as review of some preliminary research that was relevant to the topic. These preliminary sources had keywords that aided in building search strings and a preliminary search was conducted. However, a consultation with a University of Guelph librarian helped to refine the search strings and to combine terms in ways that would strategically maximize our findings. PsycINFO allowed for customizable searches, so in that platform, we only searched in "title" or "abstract."

The base of the search string was the following:

("women's shelter" OR "battered women's shelter" OR "domestic violence shelter" OR "intimate partner violence agency") AND

Then, the following were added after the AND to include the scope of the search string:

- ("**invisible labor**" OR "**invisible labour**")
- ("**unpaid labor**" OR "**unpaid labour**")

- ("**too much work**" OR "**expanding scope**" OR "**scope creep**" OR "**scope flexibility**" OR "**mandate flexibility**" OR "**increased responsibility**")
- ("**complex needs**" OR "**complicated needs**" OR "**complex cases**" OR "**complex profiles**" OR "**complicated cases**" OR "**complicated profiles**" OR "**system complexity**")
- ("**multi-agency involvement**" OR "**multi-agency**" OR "**intersectoral**" OR "**intrasectoral**" OR "**collaboration**" OR "**multi-system involvement**" OR "**multi-system**")
- ("**value**")
- ("**neoliberal**" OR "**gaps**" OR "**system insufficiency**" OR "**service gaps**")
- ("**neoliberal**" OR "**reporting requirements**" OR "**non-profit**" OR "**not for profit**" OR "**fundrais***")
- ("**bridging**" OR "**bringing together**" OR "**combining**")
- ("**evaluation framework**" OR "**evaluation approach**")
- ("**measure**" or "**scale**" or "**tool**")
- ("**evaluation**" OR "**outcome***" OR "**indicator***")
- ("**satisfaction**" or "**satisfied**")
- ("**assess**" or "**assessment**")

The combinations of search terms did not work as well for PsycINFO and for Google. The PsycINFO search yielded too many results when using the brackets, so they were removed. For that search, we consulted both the preliminary search and the updated search and combined the findings. In Google, we had to change our strategy

by removing brackets and shortening our search strings. We also included more conversational versions of our previous searches (e.g., the invisible labour of shelter workers).

Inclusion and Exclusion Criteria

We created a data abstraction tool, a tool created in Excel with topics and sub-topics aimed at simplifying the review of sources during the literature review process. Data abstraction tools have been used primarily in healthcare to standardize the collection of essential data (e.g., Werley et al., 2011). They have also been used to effectively manage multiple sources when conducting a literature review (e.g., Newberry et al., 2015).

Our data abstraction tool includes information about the document (database from which it was derived, publication type, etc.) as well as whether the source includes information about:

(a) shelter population indicators (e.g., Indigenous women, having children, substance abuse concerns, etc.);

(b) shelter-related issues (e.g., invisible work, funding constraints, siloed sectors, etc.);

(c) shelter services (e.g., education, housing assistance, legal assistance, etc.); and

(d) a framework and/or measure.

If the source did include a measure or tool that was pertinent to our review, there was additional information that was included (e.g., whether there was permission required for use, the types of questions, validation information, etc.). Although the sources we included in the abstraction tool were based on the criteria described in the next section, there were sources that were not included in the abstraction tool that were included in parts of this report (see Table 1).

We included sources that were published or made available online between 2000 and 2020 and that discussed any of the topics of interest (e.g., service provision, complexity of clients, funding, barriers, etc.) within the context of women's domestic violence shelters. We excluded sources that:

(a) were published or made available before 2000;

(b) were newspaper articles;

(c) focused on homeless shelters or some other variation of shelter (e.g., physical shelter post-natural disaster);

(d) focused on IPV more generally; and/or

(e) focused only on one element of violence (e.g., safety planning, getting a protection order).

Table 1

Summary of Search Platforms and Total Results Yielded

Search Platform	Total Results Yielded
Academic Sources	
Sociological Abstracts	62
Ovid Social Work Abstracts	26
PsycINFO	39
Total Academic Sources	**127**
Gray Literature	
Google	67
Total Gray Literature Sources	**67**
Total Sources	**194**
Excluded from Review	120
TOTAL REVIEWED	**74**

Note: although there were many sources that we excluded from the abstraction tool, some were included in the report if they were applicable.

FINDINGS

General Search-Related Information

We reviewed 194 sources, 74 of which were included in the abstraction tool. Sixty percent of our articles came from the USA, and 32% came from Canada (see Figure 1). Just over two-thirds (66%) of the sources were peer-reviewed while the rest were gray literature (see Figure 2). Of the 49 peer reviewed articles, the most common journal outlets were the *Journal of Family Violence* (20%; *n* = 10), *Violence Against Women* (10%; *n* = 5), and the *Journal of Interpersonal Violence* (8%; *n* = 4).

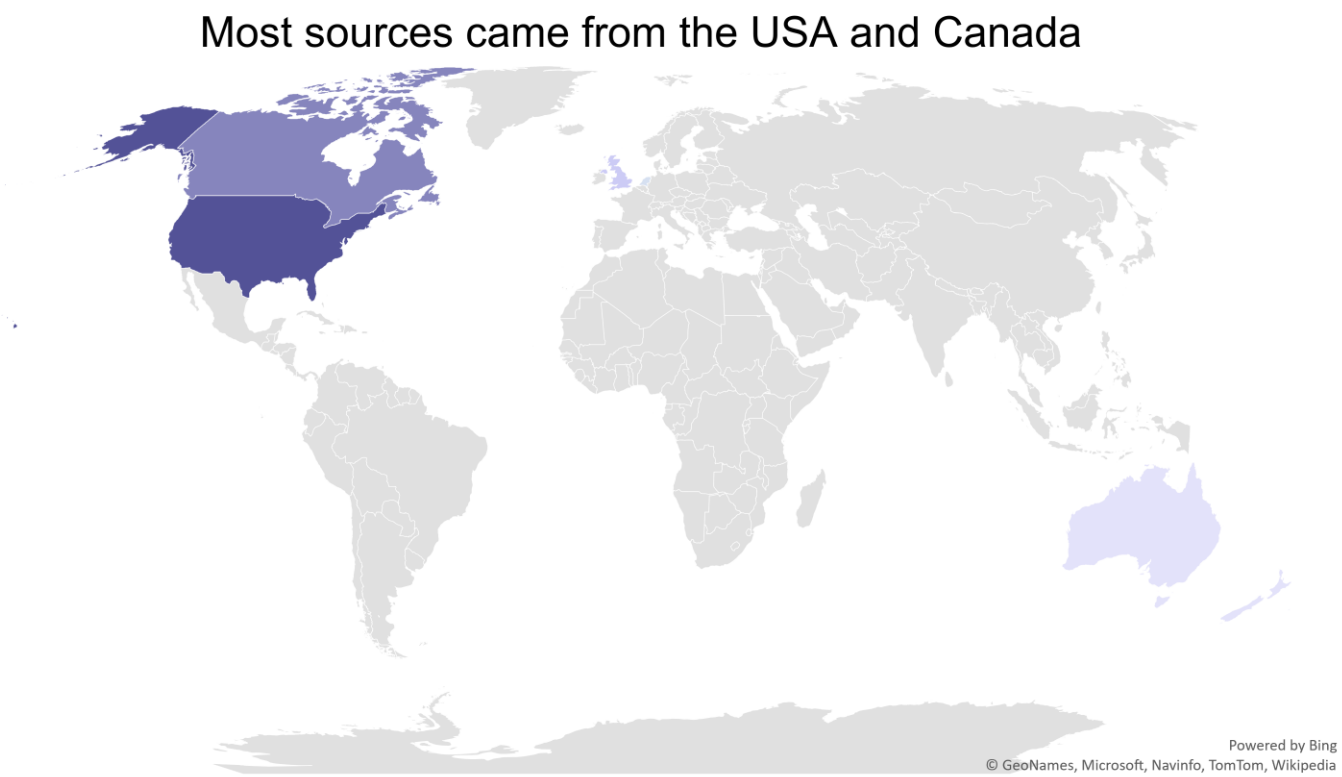

Figure 1. Visual representation of the location of the sources reviewed and included in the abstraction tool.

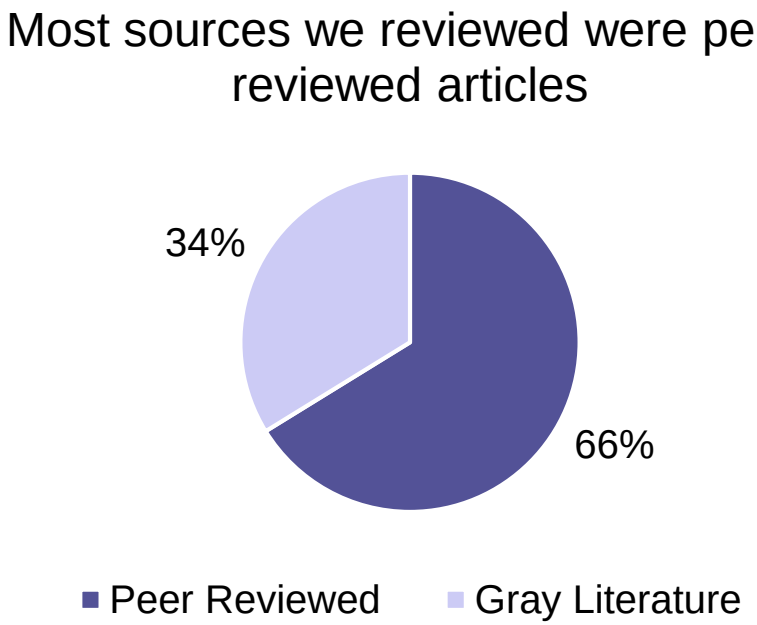

Figure 2. Breakdown of sources by type, whether peer reviewed or gray literature.

Neoliberal Context and Inadequate State Funding

VAW shelter service delivery, both in the Western context and in parts of Europe, is becoming increasingly difficult because of the neoliberal context in which they operate. Neoliberalism is a cultural form, which encompasses patterns of ideas as well as their material manifestations within institutions and societal practices (Adams & Markus, 2004). Economically speaking, neoliberalism is a movement that advocated for the deregulation of markets and the free movement of capital, as well as minimal democracy, which limited the role of government in economic matters and the functioning of markets (Harvey, 2005). Bezanson argues that changes to the social

welfare state through neoliberal policies are explicitly gendered and shifts responsibilities from the state to the market and the family and pressures women to take up the slack for cuts in social services (Ready, 2012, p. 34). Hood (1990) summarizes neoliberalism as emphasizing deregulation in favour of markets, a “disaggregated” approach to public sector management and an attempt to introduce and/or increase competition in the public sector, and an emphasis on fiscal constraint. Leach & Stoker (1997) suggested that governance (mechanisms that shape or govern individuals’ actions), under neoliberalism, could view as in effect, the acceptable face of spending cuts. But neoliberalism expands as a totalizing premise, one that is not just about economics, but also includes culture and politics (Weissman, 2016).

The economic aspects of neoliberalism are especially salient to the work that VAW women’s shelters undertake. The idea of “accounting” has become the central focus of the public sector workforce, where managers, on behalf of governments, are expected to monitor and evaluate the performance of the service providers who work under them (Brown et al., 2006). This accountability discourse places emphasis on value for money and performance improvement regimes (Harris et al., 2014). Within this context managerial models such as New Public Management require social care work to also increase efficiencies, effectiveness and accountability (Barnes & Prior, 2009; Harris, 2003; Mooney & Law, 2007). Baines et al. (2014) argue that this landscape also increased the workload of managers and supervisors to document the “outputs of care and community mobilisation practices” that are not easily quantified (p. 438).

Further, there has been a gender-neutral approach where larger, generic providers are preferred. This shift has largely excluded feminist thinking, which has been very informative to and influential in the shaping of domestic violence services (Ishkanian, 2014). Melbin and colleagues (2003) call for consumer-centered practices, ones where the needs of those seeking and using services are driving the creation of services and practices. However, that is seldom the case in social service sectors like the VAW sector.

Funding constraints and cuts to sources of funding are a reality for VAW women's shelters (Beres et al., 2009; Grossman & Lundy, 2011; Hart et al., 2014; Kulkarni, 2019; Wathen et al., 2015). Because of funding cuts more generally, many organizations, including VAW women's shelters, are funded under a hybrid model consisting of public funding (e.g., federal grants) and their own fundraising efforts, like soliciting donations and holding fundraisers (Beres et al., 2009). This is evidenced in many shelter year-end final reports, where many include a breakdown of the sources of funding they receive. In many cases, donations and fundraising efforts make up at least one-quarter of their revenue. For instance, in 2017, the Northwest Arkansas Women's Shelter received 19% of their funding from fundraising and an additional 20% from individual contributions (Northwest Arkansas Women's Shelter, 2018). Similarly, 29% of revenue at Nellie's Shelter in Toronto, ON came from fundraising and donations in 2019 (Nellie's, 2020). Wathen and colleagues (2015) reported that the shortfall in funding of $16M CAD in the 2006/2007 year was covered mainly through shelters fundraising. Maki (2019) found that 55% of shelters could not meet their operating costs without

fundraising, while 10% could not meet their operating costs even with fundraising included. A more recent Canadian study conducted by Maki (2019b) reported even more dire conditions: 63% of VAW shelters could not meet operating expenses without fundraising, and 14% are unable to meet their operating costs, even with fundraising efforts.

The neoliberal context makes the mounting duties of VAW women's shelter staff more difficult. The pressures that come from external funding is a pressure to temper feminist politics within shelters (Haaken & Yragui, 2003). It is common for different funders – whether they be different levels of government or different governmental ministries, foundations, or organizations , etc. – have different requirements for the reporting of data (e.g., shelter use, information about the women served) and often, staff are reporting the same information about clients in various ways based on individual funder requirements (Cohen, 2011; Maki, 2019a). Mandatory reporting practices to funders, which could be quarterly, bi-yearly, or yearly, are cumbersome for both staff and victim-survivors and do not leave much room for the collection of data that may be of interest to shelters beyond what is required to report (Halushka, 2016). One Ontario resident from Maki's (2019a) study said "...the funder changes the statistics they are collecting every year without consultation" while another from British Columbia said, "paperwork has taken over" (p. 68). Many shelters have entrance and exit interviews and/or surveys (Wright & Bertrand, 2017) that are long, so the addition of any other information would be too burdensome to shelter users.

VAW shelters are also having to manage increased workload and the need to stretch their funding to make ends meet (Burnett et al., 2016). Shelter staff are taxed with frontline work as well as reporting and other funding requirements, so the reliance on volunteers becomes necessary (Beres et al., 2009; Wathen et al., 2015). Maki (2019a) observed that 86% of Canadian VAW shelters did not have fundraisers on staff, thus putting the onus on already overburdened frontline staff. Staff are also doing work that is invisible. Daniels (1987) coined the concept of 'invisible work' to refer to the types of work that were done without pay, typically by women (e.g., volunteer work, housework, childcare), and were just expected. Scholars have nuanced the understanding of invisible work as something that may be physically out of sight (e.g., Cherry, 2011), overlooked and/or ignored (e.g., Otis & Zhao, 2016), and/or economically or culturally devalued in some way (Daniels, 1987). Kosny and MacEachen (2009) conceptualized three types of invisible work: (a) background work, which includes more visible and recognized activities; (b) empathy work, which includes relationship building, counselling, and other forms of care delivery; and (c) emotional labour, which involves managing clients' emotions and delivering care under conditions of contraction and scarcity. To the latter, in a study of shelter service providers conducted by Wathen and colleagues (2015), one participant reported that the shelter at which they work has 27 beds, but that they only have funding for 15 of those beds, and staff are putting in extra work to find funding and care for those clients[4]. Maki (2019a) observed that in Canada,

[4] The COVID-19 pandemic has resulted in increased funding opportunities for shelters and others in the VAW sector: https://www.canada.ca/en/status-women/news/2020/05/government-of-canada-supports-over-500-womens-shelters-and-sexual-assault-centres-during-the-covid-19-pandemic.html

four in 10 VAW shelters are “*almost always*” operating at capacity and are taking in more people than they have funded beds. The average number of funded beds across Canada was 16 while the average maximum number of women-survivors that shelter could accommodate was 19.

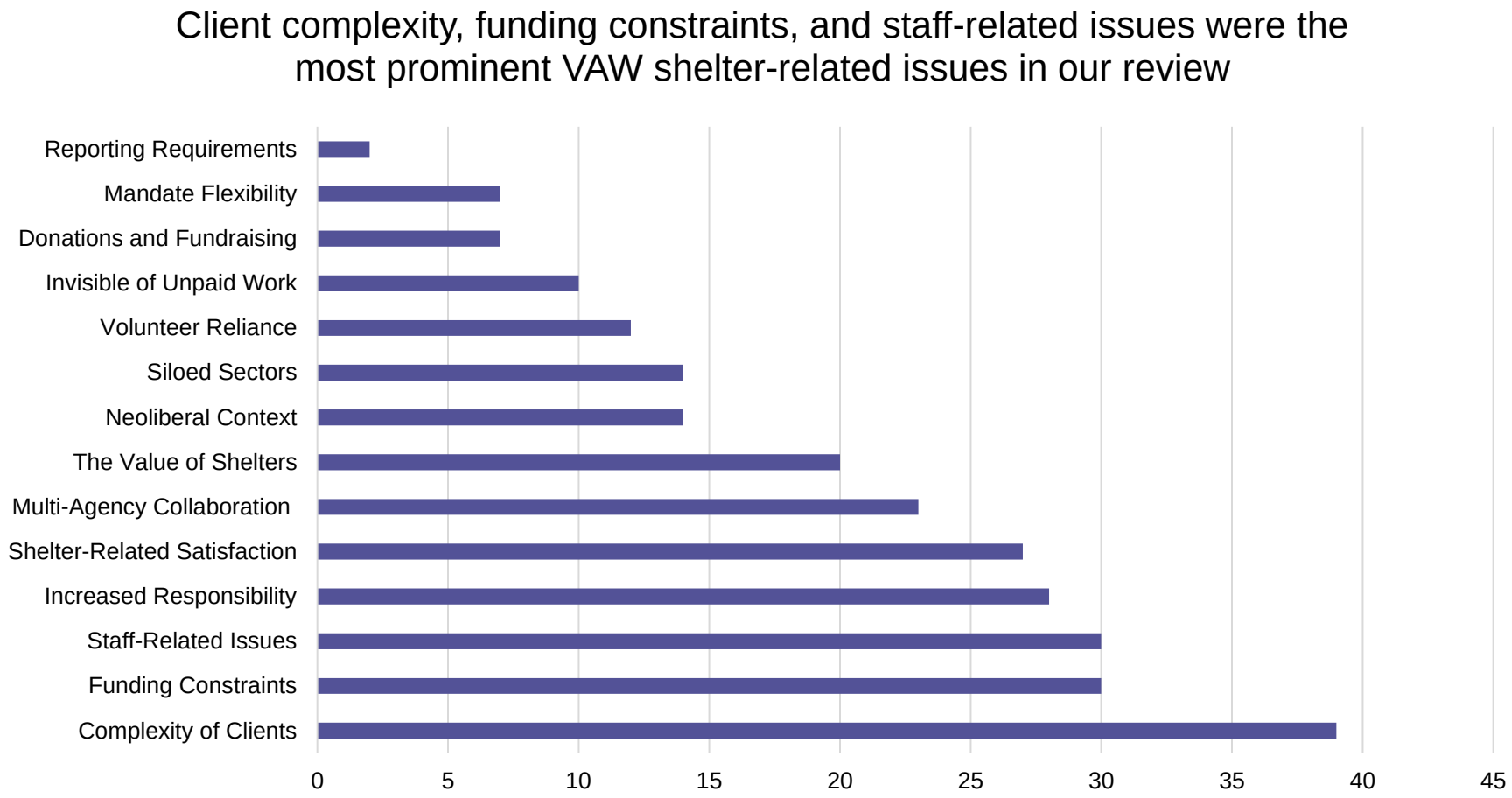

Figure 3. Shelter-related issues based on sources reviewed and included in the abstraction tool.

Siloed Sectors and Increased Responsibility

There is a natural silo-ing that occurs in public service sectors where each organization has a clear mandate with clear bounds and a clear profile of the sorts of individuals that they can serve. For instance, it is known that the Canadian Mental Health Association serves individuals who suffer from mental illnesses, and they envision “mentally healthy people in a healthy society” (Canadian Mental Health Association, 2020). When there are these rigid boundaries between mandates, it becomes difficult to know who is best equipped to help. Vinton and Wilke (2014) highlight the need for collaborations but recognize how difficult these can be given differences in the perception of those who are being served, a lack of staff training, and a lack of awareness about which organizations provide what services. Because of the silo-ing of sectors, many times, shelters are the fallback for women and the ones serving those who “do not fit” the criteria of other organizations’ mandates (Burnett et al., 2016; Freeman, 2012). This stretching of organizational mandates is also necessary given that the definition of core services for shelters in Ontario (Ministry of Community and Social Services, 2009), for instance, may differ from the definition of essential services by those who work in the shelter service delivery sector (YWCA Canada, 2009).In other words, the Ministry has pre-set criteria for core, essential services, but VAW shelter staff who are working on the front-lines likely see that more services beyond those limited ones are essential.

Increasingly, VAW shelters are trying to serve women’s diverse experiences (Hughes, 2017) and victim-survivors whose needs are becoming more and more

complex. Seldom do shelters see women who have just experienced abuse (Hart et al., 2014); instead, women have other layers of experience. They also may be involved with multiple agencies at the same time (e.g., child protection, the legal system; Maki, 2019b). A common example of a complex profile is women who have experienced abuse and who also have mental health issue (or issues) and/or struggle with substance addiction (Cohen et al., 2013; Mason et al., 2017; Weaver et al., 2015). Many times, these issues are addressed separately, and services are offered serially or in parallel, but without links between them (Bennett & Bland, 2008). As one executive director put it: “Where else are they going to go? We’re it” (Wathen et al., 2015, p. 135). There are various elements to women’s lives that they bring with them during shelter stay (see Figure 4).

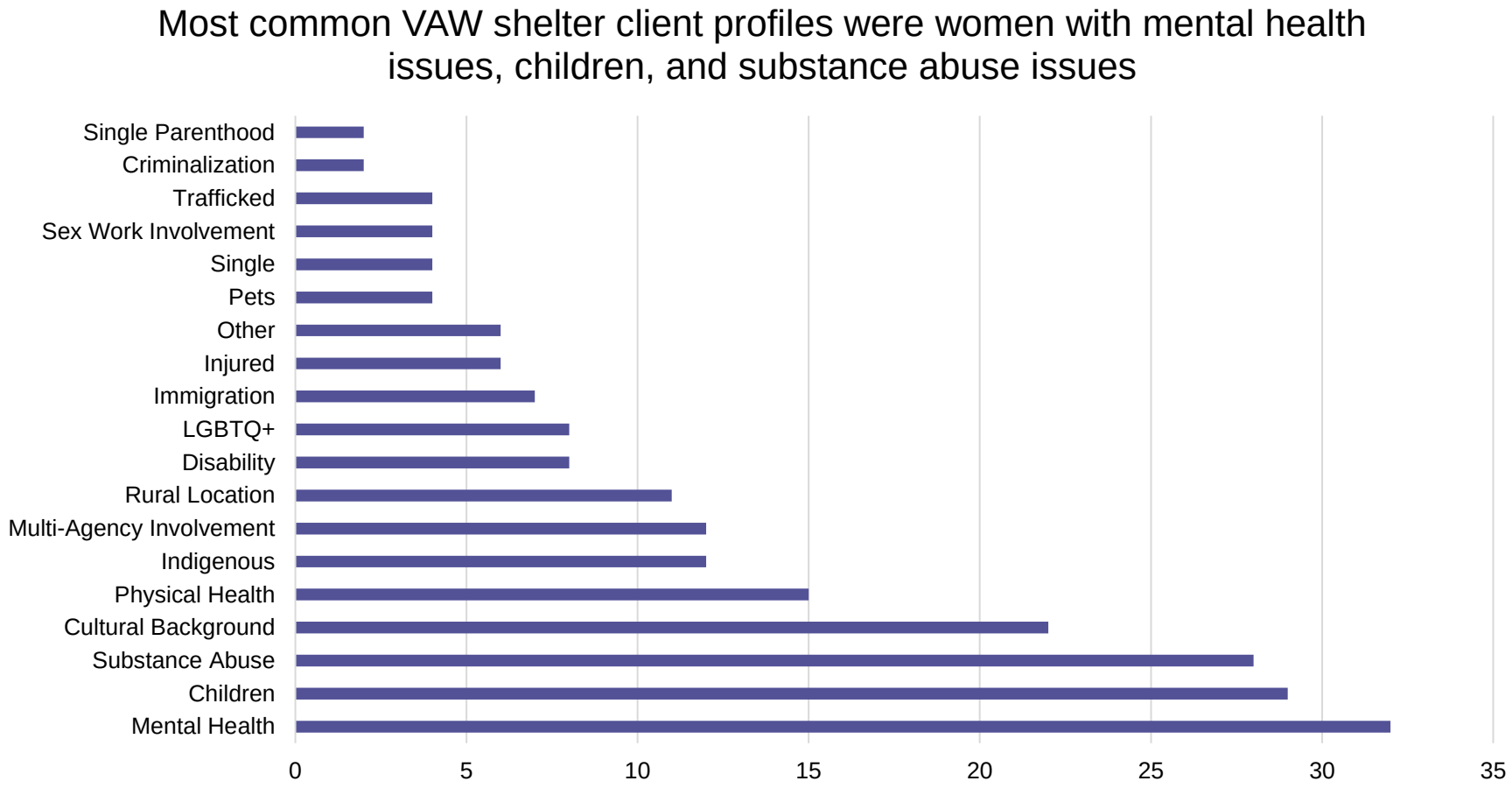

Figure 4. Indicators of shelter client complexity based on sources reviewed and included in the abstraction tool.

Having children

Many women arrive at shelters with one or more children, and most shelter mandates include the provision of shelter services to women fleeing abuse as well as their children (Canadian Network of Women's Shelters and Transitional Houses, 2015). In one study, 56% of all shelter residents the year prior were children (Stensrud, 2005), while in another, 82% of victim-survivor participants had children that they brought with them to the shelter (Dichter & Rhodes, 2011). Those children may have been abused by the intimate partner and thus require extra needs like counselling, legal services, and other children's programming (e.g., DeLeon-Granados & Wells, 2003; Hart et al., 2014; Hughes et al., 2018).

Criminalization, trafficking, and/or involvement in sex work

Some women-survivors of IPV have been criminalized, trafficked, and/or involved in sex work. Despite research suggesting that many women involved in the criminal justice system and/or sex work have experienced childhood abuse and oftentimes IPV as well (e.g., Gilfrus, 2002; Stoltz et al., 2007) and despite feminist criticisms (e.g., Canadian Association of Elizabeth Fry Societies, 2003; Pollack & Kendall, 2005), there continues to be stigma attached to criminalization and involvement in sex work (Pollack, 2007) and this undermines sex workers' ability to realize their social and human rights (Bruckert & Hannem, 2013). Experiences of being trafficked may require additional supports to understand and begin the healing process for such an intersecting, multifaceted human rights problem (Malangone & Crank, 2015). As well, shelters sometimes have to coordinate with other systems to bring victim-survivors of trafficking

to safety (Clawson & Dutch, 2008). Maki (2019b) found that 45% of shelters that were surveyed had served women involved in the sex trade while 27% had served trafficked women.

Rural location

Statistics Canada (2011) defines a rural area as a population centre with less than 1000 residents and less than 400 people per square kilometer. Living in a rural area is often isolating, and women are more likely to experience IPV (Northcott, 2012). Victim-survivors of IPV struggle with the lack of transportation and community resources (Grossman et al., 2005) as well as other cultural factors, like a lack of anonymity or privacy accessing services, social isolation (Lanier & Maume, 2009) and higher rates of poverty in rural areas (Youngson, 2020). VAW shelters in rural areas tend to be smaller in size and report fewer funded beds than larger shelters. Maki (2019a) found that on average, rural shelters tended to report an average of nine fewer funded beds than their larger urban counterparts.

Mental health

Many women who seek shelter services may struggle with mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD) to name a few (e.g., Briere & Jordan, 2004; Hoyeck et al., 2014; Karakurt et al., 2014; Laing et al., 2012; Mason et al., 2017). These concerns may have preceded the abuse, worsened as a result of the abuse, or began post-abuse. Still, many shelters provide short-term counselling and support groups to address and help treat these debilitating

conditions (McNamera et al., 2008). A recent study by Maki (2019b) identified that 71% of the shelters that were surveyed had served women with mental health concerns, and many may have more than one mental health concern that they are living with.

Addiction and substance [ab]use

Addiction and substance use and abuse is common for women-survivors who seek shelter services (e.g., alcohol and/or drugs; Afifi et al., 2012). For instance, Poole and colleagues (2008) found that among the women-survivors in their study, 49% used alcohol, 54% used cocaine/crack, 14% used opiates, 7% used hallucinogens, and 18% used other stimulants three times a month of more. In their review, Schumacher and Holt (2012) found that across all the studies they reviewed, whether domestic violence agency staff were estimating, whether the women were self-reporting, or whether measures were identifying rates, at least one-fifth of women had substance abuse issues. More recently, Maki (2019b) found that 67% of shelters that were surveyed had served women who use substances. Substance abuse treatment for women who have experienced IPV is needed (Mason et al., 2017).

Concurrent disorders

Concurrent disorders (i.e., the experience of both mental health and substance abuse concerns) among women who have experienced IPV are common (Cocozza et al., 2005), and women face many challenges both inside and outside the shelter (e.g., being stigmatized by other shelter residents; Adamyk, 2018). However, programs and services have evolved along discrete lines, each governed by different paradigms,

training models, and funding streams (Markoff et al., 2005; Mason & O'Rinn, 2014). One promising study by Cocozza and colleagues (2005) compared integrated trauma-informed treatment programs with service-as-usual ones and saw improvements in drug use and PTSD among women-survivors.

Cultural/religious diversity

There are ethnic and cultural considerations that are associated with unique abuse experience, like Black women (e.g., Wilson & Laughon, 2015) and Indigenous women (e.g., Begay, 2011), for instance. Activists and scholars have both highlighted that the domestic violence movement was largely a white women's movement, and the narrowness of definitions and approaches fails to meet the needs of many marginalized communities (Richie, 2005). Few (2005) found that in a study of rural White and Black women, the Black women expressed more shame about being in a VAW shelter, with both them and their family members viewing it as "airing dirty laundry" (p. 497). Further, Nnawulezi and Sullivan (2013) reported that racialized women have experienced racism from other shelter residents and at times from staff, like women's advocates. In a 2018 report, Hughes and colleagues found that 57% of the women who were accessing services in Manitoba had culturally diverse backgrounds.

Immigrant and refugee women

An additional challenge is immigration considerations (e.g., Kulkarni, 2019). Refugee or immigrant women may have a more difficult time seeking services because of their precarious citizenship status (Tabibi et al., 2018). A recent study identified that

56% of shelters had served racialized women while 58% had served immigrant and refugee women (Maki, 2019b). There are also issues faced by these women with respect to a possible lack of education, limited access to culturally appropriate services, language barriers, financial insecurity, and/or fear of child apprehension, all of which are barriers to and necessary considerations for service provision (Tabibi & Baker, 2017). The following is a resource guide created by Immigration, Refugees and Citizenship Canada in partnership with other organizations about recognizing and responding to IPV in refugee and immigrant women.

Indigenous women

Previous research has linked domestic violence as being something that was engendered by colonialism (Smith, 2005), so keeping traditions at the forefront is an important consideration when providing services (see Burnette, 2014). In Hughes's (2018) report mentioned above, 60% of the women self-identified as Aboriginal. Maki (2019b) found that 67% of shelters that were surveyed had served Indigenous women. There are additional challenges for Indigenous women, including increased social and geographic isolation and a lack of community resources (Fox et al., 2018). Indeed, Maki (2019a) observed that smaller, rural VAW shelters tended to be located on First Nations reserves. Many times, Indigenous women stay in non-Indigenous shelters. Pharand (2008) identified the need for more staff training, collaboration, and services tailored to the specific needs of Indigenous women.

Aboriginal Shelters of Ontario put forth new standards for Ontario Indigenous Shelters after consulting with Indigenous shelter leaders and forming an Indigenous Working Group. They wish to see this tool as a "resource for non-Indigenous shelters to help their staff better understand the needs of Indigenous Peoples..." and "...as an opportunity to examine current practices as they relate to Indigenous clients and integrate new practices when working with Indigenous clients" (Aboriginal Shelters of Ontario, 2017, p. 3). Emphasized in the new standards are inclusion of Chief and Counsel representatives when creating written policy and an agreement to include religious, spiritual, cultural, and nutritional foods. They also outline that shelters will offer crisis line services, residential support, safety planning, individual support (e.g., suicide intervention), and children's supports. This document is important because it fills the gaps that the Ministry's (2015) guidelines miss because the Ministry has not accounted for the needs of Indigenous women and children accessing VAW shelters.

LGBTQ+ clients

LGBTQ+ clients experience additional difficulties, like societal homophobia and heterosexism (Balsam et al., 2011), and thus may have different needs in terms of service provision (e.g., difficulty finding and keeping housing because of discrimination by landlords due to sexual identity and sometimes the abuser's behaviour; Stylianou & Pich, 2019). Many shelters are clear in identifying women as the target group that they serve, which makes seeking shelter services difficult for trans victims-survivors especially difficult (The FTM Safer Shelter Project Research Team, 2008). Further, some have found that transgender women are heavily stigmatized by other shelter

residents (e.g., Adamyk, 2018). Maki's (2019b) study identified that 56% of the shelters that were surveyed had served LGBQ2 people and 24% had served trans, gender fluid, or intersex people. The following link provides information on additional forms of abuse that LGBTQ+ people may experience.

Other populations

Shelters provide services to individuals who do not fit the mandate, which is usually limited to women who have experienced abuse as well as their children (Turner et al., 2018). In a study by Wathen and colleagues (2015), they found that one-third of the executive directors they spoke with served other populations, like women who have experienced other forms of violence (e.g., employer abuse, landlord abuse), sexually abused teens, and young women and boys at risk. Harris and colleagues (2014) reported that some shelters serve homeless women and abused men in addition to the wide range of client profiles they see and serve.

Pets

Because pets are present in the homes of many, they are both at risk for experiencing abuse and may be used as leverage by an abusive man against his partner in an attempt to get her to stay (Ascione et al., 2007; Stevenson et al., 2018). Women being unable to bring their pets to the safety of a shelter is difficult, and there is pressure on shelters to provide resources for pets as well (Ontario Association of Interval and Transition Houses [OAITH], 2018). In Canada, this is becoming more

common, and in the province of Ontario, OAITH provides a document with information about pet services at shelters.

Women with disabilities

Almost one-quarter of all women in Canada live with some form of disability, and nearly half of all violent victimization is committed against women living with a disability (Cotter, 2018). Women living with a disability may have more complex needs and may need to stay in places that may not be accessible or may not have the elements that they need (e.g., an interpreter, ramps, etc.; Lalonde & Baker, 2019). A recent study found that only one-quarter of shelters reported that their services were "generally accessible" for women using a wheelchair or other mobility device (Maki, 2019b), thus highlighting the important gaps in service delivery. The DisAbled Women's Network Canada provides a fact sheet introduction on the intersection of IPV and disability.

Single status and/or parenthood

Women who are single (as opposed to married) face challenges pertaining mostly to income and the ability to make ends meet. For instance, Grossman and Lundy (2011) found that those who were single were more likely to be on social assistance or some other form of public program. However, it may also be easier for them to leave their abusive partner. Those with single status and/or parenthood, largely due to financial reasons, are also more likely to be homeless, thus complicating their needs (Fetley & Nichols, 2008).

Older women

Experiencing IPV can occur at any time through the lifespan, and women who are older, especially 60 years of age or older, are more at risk for experiencing other types of abuse (e.g., financial abuse; Manjoo, 2012). In Maki's (2019b) report, 46% of shelters that were surveyed had served older women. It is important to consider the needs of older women given that 28% of women who are aged 65 or older live in poverty, few have employment, and it is predicted that by 2031, one in four Canadians will be over the age of 65 (Rajan, 2019). OAITH (2018). identified multiple barriers for older women experiencing violence, including a belief that it is a personal matter (34%) and feeling as though there is no purpose in getting help given the length of the abuse (31%).There is a webinar created by the Canadian Network for the Prevention of Elder Abuse on IPV in older women.

COVID-19

COVID-19 (Coronavirus) is a devastating infectious respiratory disease that was classified as a global pandemic by the World Health Organization on March 11th, 2020. Individuals were required to social distance from others, wear marks in public places, and stay home to avoid the spread of the disease. COVID-19 has resulted in increased rates of IPV as a result of the social distancing measures that require individuals to stay home, thus requiring many women to stay in close quarters with their abusive male partners (Bradley et al., 2020; Mazza et al., 2020). An additional risk for many women is possible economic/financial abuse as a result of job losses due to the pandemic, and the possibility of women experiencing pressures to engage in questionable activities to

supplement their income (e.g., applying for benefits that they are not eligible for; Kaukinen, 2020). COVID-19 has also required that a variety of services be delivered remotely, particularly online. Many VAW shelters have transitioned to the provision of support online through a chat function or via phone, either through a phone call or through texting (Bradbury-Jones & Isham, 2020). While restrictions are slowly lifting, particularly in Ontario, which is allowing some face-to-face contact, shelters continue to offer resources (e.g., fact sheets, contacts information for various services) and services online.

Services Provided by VAW Shelters

Given the complexity of the victim-survivors who they serve, it is not surprising that women's shelters provide an increasingly wide range of services both during and after stay. There is acknowledgment in the research that women-survivors' health and care needs have not been well-addressed (e.g., Macy et al., 2009), particularly because the demand for services beyond immediate safety needs far exceeds the supply:

> "Economically disadvantaged women, although "safe" in shelter, are unable to move forward due to the absence of "opportunities" for creating stability. This problem is akin to being "set up" by a system that, on one hand, encourages ending violence against women while, on the other hand, has limited help to offer when they are most vulnerable... The system of services, programs, policies, and procedures seems fractured at every turn, leaving shelter staff to play a leading role connecting the dots" (Burnett et al., 2016, pp. 10-11).

Canada's Ministry of Community and Social Services (2015), who fund VAW shelters, outline that services and supports may include the following:

- supportive counseling
- temporary safe and secure shelter residence
- the provision of food and residential supports (e.g. hygiene products)
- emergency transportation
- referrals to other accommodations
- housing application assistance
- provision of information about available services and women's rights
- development of safety strategies
- assistance with information on the justice and immigration systems as well as transportation and cultural interpretation
- crisis line services
- outreach to women
- advocacy on behalf of women
- children's supports

However, VAW shelters tend to provide much more. Increasingly, women's shelters are having to fill gaps in the community by providing services for women with varying degrees of complexity and be a one-stop shop for victim-survivors escaping abuse (Wathen et al., 2015). A visual way to think about shelters is that of "a bucket under all the cracks" (Kosny & MacEachen, 2009, p. 371). The figures below demonstrate the

breadth of services provided by women's shelters, which reflect research findings (e.g., Hughes, 2017; Wathen et al., 2015).

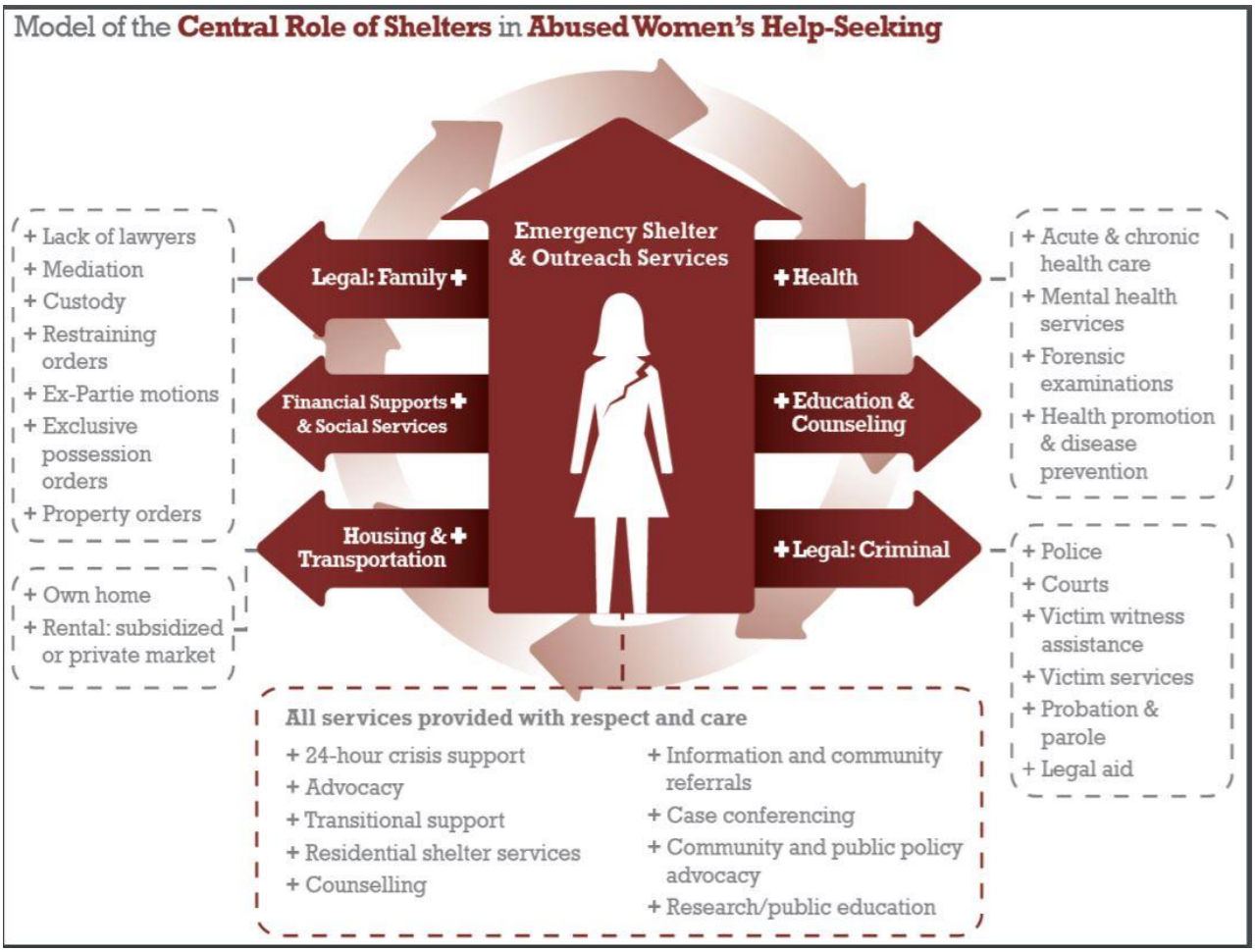

Figure 5. Model depicting the breadth of services that women's shelters provide (OAITH, 2012).

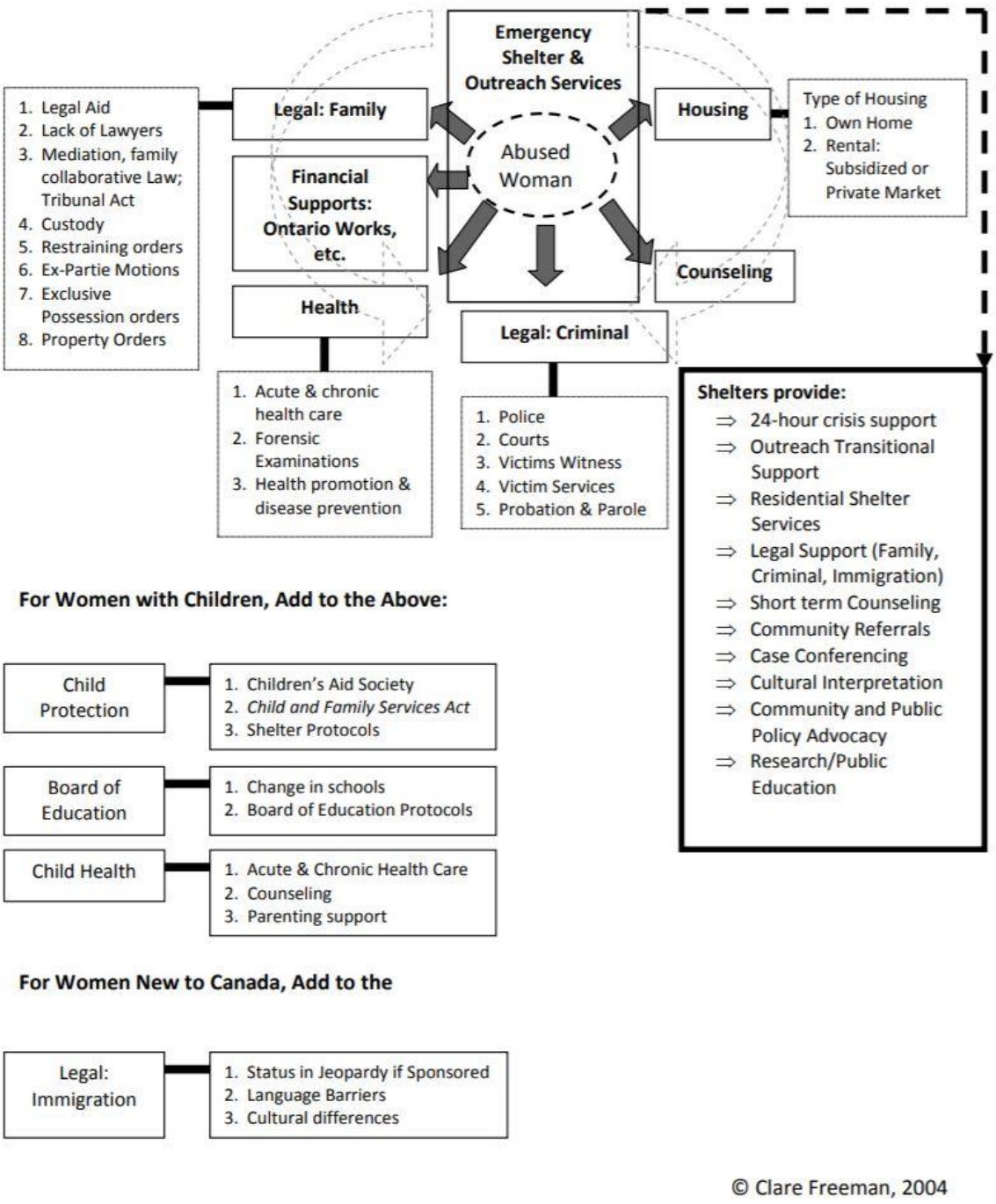

Figure 6. A model of the central role of shelters in abused women's help-seeking (Freeman, 2012).

In our review, we found that **essential services** for women-survivors of abuse was a top priority (e.g., Burnett et al., 2016; Dichter & Rhodes, 2011; Hart et al., 2014; Hoyeck et al., 2014; Jonker et al., 2012; Kulkarni, 2019; Sullivan, 2012; Vinton & Wilke, 2014; Wathen et al., 2015). This finding was expected. Shelters most often provided what we termed as "essential" or "core" services, that is, services that are inherent to women's safety and in-the-moment **crisis management** (e.g., a **24-hour crisis line**; Capezza et al., 2015; Clevenger & Roe-Sepowitz, 2009; Dichter & Rhodes, 2011; Harris et al., 2014; Sullivan, 2012). We also found that shelters provided the following wraparound services during (and sometimes after) the length of stay in the shelter itself, with mental health services being the most commonly provided services after core service provision (see Figure 7):

- **Advocacy and community outreach** (e.g., Freeman, 2012; Hart et al., 2014; Kulkarni, 2019; Panzer et al., 2000; Sullivan, 2012),

- **Children's needs** (e.g., Clevenger & Roe-Sepowitz, 2009; Freeman, 2012; Panzer et al., 2000; Stensrud, 2005; Sullivan, 2012; Vinton & Wilke, 2014; Wathen et al., 2015),

- **Education** (e.g., Dichter & Rhodes, 2011; Jonker et al., 2015; Mason et al., 2017; Panzer et al., 2000; Sullivan, 2012; Tutty, 2015; Vinton & Wilke, 2014; Wathen et al., 2015),

- **Employment assistance**, including resume building and work-related workshops (e.g., Dichter & Rhodes, 2011; Grossman & Lundy, 2011; Hart et al., 2014; Jonker et al., 2015; Wathen et al., 2015; Weissman, 2016),

- **Financial assistance and general system navigation** (e.g., Chanley et al., 2001; Dichter & Rhodes, 2011; Hart et al., 2014; Jonker et al., 2015; Sullivan, 2012; Tutty, 2015; Wathen et al., 2015),

- **Housing assistance** (e.g., Burnett et al., 2016; Dichter & Rhodes, 2011; Hart et al., 2014; Stensrud, 2005; Vinton & Wilke, 2014; Wathen et al., 2015),

- **Legal assistance** (e.g., Dichter & Rhodes, 2011; Hart et al., 2014; Jonker et al., 2015; Kulkarni, 2019; Vinton & Wilke, 2014; Wathen et al., 2015),

- **Mental health-related services** (e.g., Briere & Jordan, 2004; Chanley et al., 2001; Dichter & Rhodes, 2011; Hart et al., 2014; Karakurt et al., 2014; Laing et al., 2012; Mason et al., 2017; McFarlane et al., 2014; Panzer et al., 2000),

- **Physical health services** (e.g., Capezza et al., 2015; Dichter & Rhodes, 2011; Hughes et al., 2018; Vinton & Wilke, 2014),

- **Substance abuse assistance/treatment** (e.g., Capezza et al., 2015; Chanley et al., 2001; Dichter & Rhodes, 2011; Hart et al., 2014; Mason et al., 2017; Vinton & Wilke, 2014),

- **Well-being programs**, like empowerment-based programming and life skills workshops (e.g., Hart et al., 2014; Lyon et al., 2008; Quirouette, 2017; Turner et al., 2018; Wathen et al., 2015); and

- Other services, like **Internet access** (e.g., Vinton & Wilke, 2014), **transportation** (e.g., Wathen et al., 2015), **harm reduction** (e.g., Hovey et al., 2020), **suicide prevention** (e.g., Pharand, 2008), **household goods and clothes** (e.g., Stensrud, 2005), and **extra money** for things like filling a prescription (e.g., Vinton & Wilke, 2014).

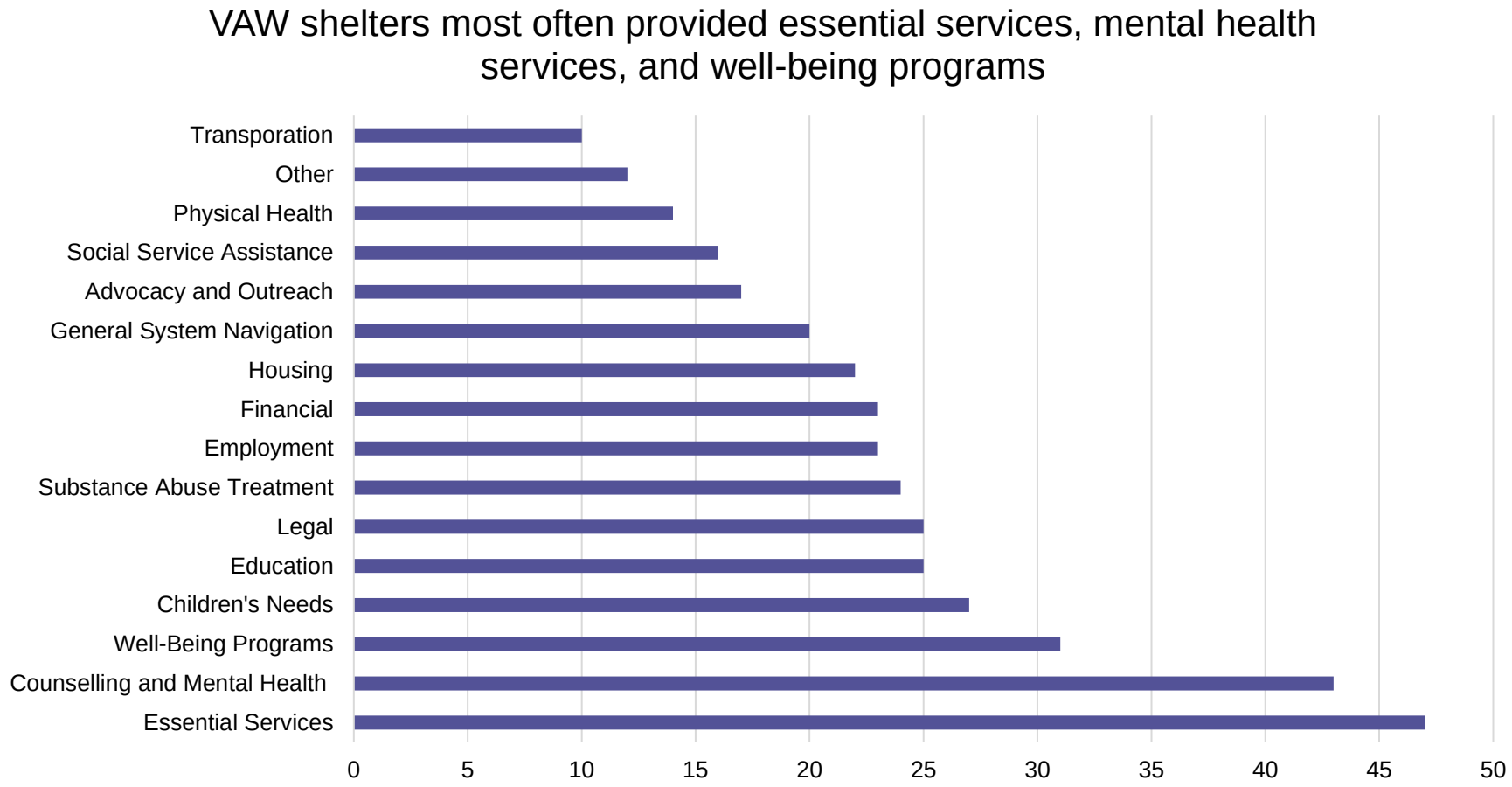

Figure 7. Provision of services by women's shelters in our review.

One other service that VAW shelters provide is more general coordination, which extends beyond working with abused women and their children. This systems navigation work includes coordination of key programs and services in the community that women-survivors could be referred to (Domestic Violence Advisory Council for the Minister Responsible for Women's Issues, 2009; Shorey et al., 2014). One example of a coordinating committee that coordinates multi-sector tables is the *Woman Abuse Council of Toronto*. There also exist larger governing bodies that coordinate those coordinating committees. In Ontario, it is the *Building a Bigger Wave Ontario Network*. This coordination work is imperative as many of those who sit at the multi-sector tables are front-line workers, like VAW shelter staff and executive directors.

Our findings are reflective of others, who through their research or evaluation efforts have demonstrated that women-survivors needed increased services to be offered beyond just a safe place to stay (e.g., Lyon et al., 2008; Ojha, 2019). According to Gregg et al. (2011) and Fisher and Stylianou (2019), shelters appear to be meeting clients' needs. For instance, a meta-analysis by Jonker and colleagues (2015) demonstrated that shelter services and interventions during and/or after shelter stay improved mental health outcomes, decreased abuse, and improved social support. Other studies have demonstrated improved life functioning and coping (McNamera et al., 2008), increased self-esteem and empowerment (Itzhaky & Porat, 2005), engagement in heathier decision-making and more self-efficacy (Bennett et al., 2004). Thus, shelters demonstrate mostly successful outcomes for women-survivors.

The first part of the next section describes overarching models and frameworks, both Canadian and international, that may be relevant for women's shelters in their service provision and in their evaluation. The second part outlines problems with existing measures used in shelters and provides a list of proposed questions that shelters could easily incorporate to demonstrate client complexity, the breadth of service provision, and shelter-related issues.

VAW SHELTER OUTCOMES

There is general agreement that accessing shelter services is associated with positive outcomes for women, including safety, support for themselves and their children (Lyon et al., 2008), less revictimization by an abuser (Bybee & Sullivan, 2002), and improved quality of life (Bybee & Sullivan, 2005). However, barriers to service delivery, including (a) the neoliberal context and inadequate funding (Beres et al., 2009; Weissman, 2016), which leads to an inability to hire enough [trained] staff (Ready, 2017); (b) the siloed nature of sectors that should be working together (Burnett et al., 2016); and (c) ever-increasing client complexity (Vinton & Wilke, 2014) make it difficult for shelters, who are expected to do it all (Wathen et al., 2015). There are also more shelter-related elements, like overcrowding, the rigid enforcement of rules, and a sense of being cut off from the outside when staying at a VAW shelter (Glenn & Goodman, 2015; Hughes, 2017).

The final part of this report is divided into two sections. The first will present frameworks and shelter models that other VAW shelters have proposed and/or implemented that may be effective in tackling the multifaceted problems presented in this report. The second section will provide recommendations for shelters to demonstrate their value in a more concrete way, particularly by using measurement tools to collect valuable data.

Frameworks and Shelter Models

The following section details a few proposed models or frameworks that may aid in the development of questions that VAW shelters ask, that may influence the way they deliver their services, and that may be helpful in guiding evaluation work. In our review, 19 of the sources included such frameworks or models. The following list is by no means exhaustive but is meant as more of a snapshot of what is available and what could be helpful when preparing to engage in data collection or evaluation of service delivery within the VAW shelter context. We have separated them as Canadian and international based on the sources from which they derive. However, it is likely that these frameworks are being used in a much wider way and it is entirely possible to use various elements of the following in various contexts.

In Canada, there is an overarching organization called Women's Shelters Canada that oversees all of the provincial organizations. There are also provincial umbrella organizations in every province that represent individual shelters (see full list in Appendix J). One such organization, the Alberta Council of Women's Shelters, provides up-to-date data on the nature of VAW in both the province and the country. The following is a snapshot of the nature of VAW shelter services and domestic violence in Alberta (see Figure 8).

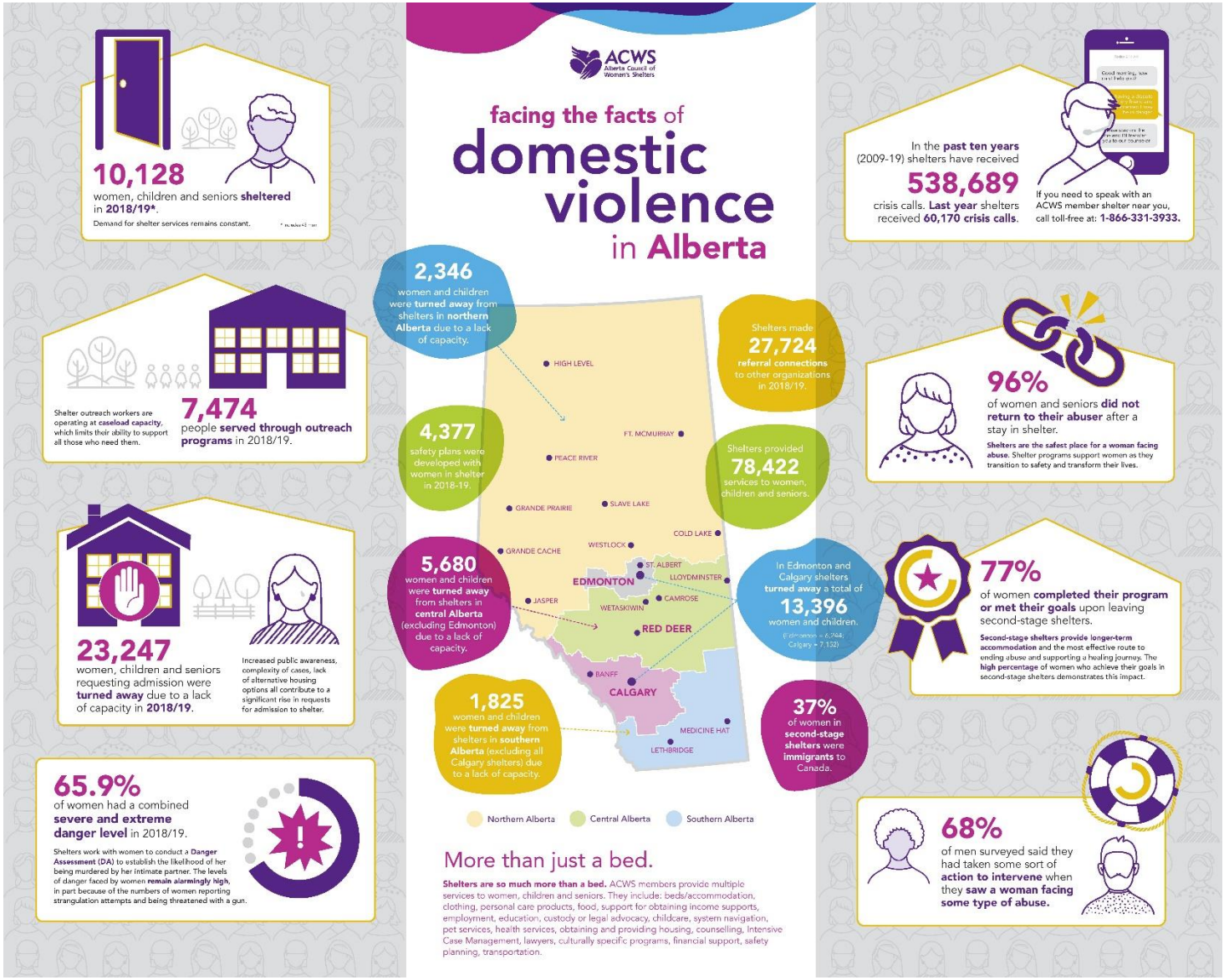

Figure 8. Infographic depicting the nature of domestic violence in Alberta.

Canadian Models/Frameworks

- The Alberta Government (2013) developed a framework for preventing and eradicating family violence, which builds on the solid foundation of intervention and protection measures and **enhances existing strategies and evidence-based practices**. Although they are clear that this framework is specific to the province of Alberta, there are recommendations that are important and that can be adapted more widely. For instance, their framework, calls for partnering and planning with diverse communities in Alberta, because long-term solutions require participation from both public and private entities working in partnership with communities (e.g., health, justice, social service, and education systems; Alberta Government, 2013). They also call for evaluation and the collection of accurate data, with individual, organizational, community, and societal outcome tracking.

- Fort Saskatchewan Families First Society received a grant to reduce violence against women and girls in their community and the framework they used to complete their work was that of collective impact. **Collective impact** tackles deeply entrenched, complex social problems by including key stakeholders (e.g., government, businesses, philanthropists, citizens) to achieve significant, lasting change (Morrison, 2018). Collective impact involves a common agenda, common progress measures, mutually reinforcing activities, a culture of communication, and a backbone organization that takes on the role of managing the collaboration (Kania & Kramer, 2011).

- The Calgary Women's Emergency Shelter and YWCA Calgary have been working to evolve the traditional women's shelter model into what they call the Shelter 2.0 project. This project proposes a new paradigm for women's shelter operations that work to provide traditional services but also include interventions that support the broader goal of preventing and ending VAW (Turner et al., 2018). This shelter framework calls for the adoption of a **comprehensive lens** across VAW work, recognizing important elements like variations in gender and culture, as well as victims' and perpetrators' unique needs. This involves a wraparound solution that individualizes services based on type and level of need. Finally, Turner and colleagues (2018) call for a **systems of care approach**, recognizing that they cannot (and should not have to) do it all. Instead, multiple agencies are involved to provide a comprehensive and effective response. They suggest the creation of hubs that, together, are aimed at advancing the anti-violence agenda.

- The concept of **sustainable livelihoods** was development in the United Kingdom in the context of international economic development work but has been used widely in Canada (e.g., YWCA, 2018). The framework considers intersecting factors that contribute to vulnerability and powerlessness, and particularly poverty. There are multiple contexts that can create and perpetrate women's experiences with poverty (e.g., gender roles, system structures). The framework allows women to conceptualize their assets, or the things that decrease their vulnerability: physical (e.g., housing, safety); financial (e.g.,

income, debt); social (e.g., personal support network); personal (e.g., self-esteem, resilience); and human (e.g., education, mental health; YWCA, 2018). The model is applicable to victim-survivors and can aid in identifying what women need and how best to help them in fostering hopefulness and well-being.

- The **hub model** of service delivery has been adopted in Canada, as evidenced by the Ontario Collaborative Response to Family Violence (Bergen & Singh, 2016), who adopted this method of providing services for victim-survivors of VAW, IPV, child abuse, and family violence. They capitalized upon existing partner knowledge and evaluation resources and created a codebook of services both sought and received. These services included child protection and welfare, housing, financial and employment assistance, mental health and addictions services, and youth services. A particularly important outcome within the hub model is accessibility, that is, ensuring **accessible delivery** in all aspects. This includes ensuring office hours are flexible, childcare is available, there is help with transportation support (especially for those who reside in rural areas), and there are language services for those for whom English is a second language (Bergen & Singh, 2016). The idea of a hub model is like that of a "combined" model discussed by Armstrong (2017). A combined model addresses multiple issues (e.g., IPV and substance abuse; IPV and mental health) and devotes attention to both issues and the ways in which they intersect. The provision of multiple services in a model that is designed to handle it as opposed to by staff in

women's shelters who are tight on time, resources, funding, and knowledge is an important step that needs to occur.

- Paradis and colleagues (2012) proposed a **participatory action research methodology** as a way of engaging the women that are receiving services in highlighting what is needed. Although their study was with women experiencing homelessness, many of their methods and recommendations are relevant for the VAW sector. They engaged women facing homelessness at every step of the project, working within a feminist, anti-racist/oppressive, decolonizing, and pro-poor framework. They recognized the intersections of identities that make experiences for women harder and understood material and social supports as best provided holistically by supportive others. They presented models of alliance, self-help, and social enterprise and called for consideration of client needs, whether by exit interviews, surveys, or suggestion boxes (Paradis et al., 2012).

International Models/Frameworks

- A model that is by no means new but that is important is the use of an intersectional approach to shelter service provision. **Intersectionality** came as a criticism of single-axis orientations within social movements, particularly the feminist movement, which defaulted to the experiences and interests of White women (Crenshaw, 1989). It encourages consideration of multiple identities and allows for capturing both the nuances within identity and how the interaction of

various identities can work to construct the social world as well as conditions of oppression (Crenshaw, 1991). “Taking intersectionality seriously means more than factoring in the additive effects of race, class and gender. And it demands more of the shelter movement than simply providing translators for foreign language speakers...” (Haaken & Yragui, 2003, p. 51). Women of colour bring additional conflicts that need to be acknowledged, respected, and addressed in a more meaningful way. Incorporating an intersectional lens when providing services and collecting data is important for VAW shelters because of the multiple intersecting identities of victim-survivors and the fact that many VAW shelters already operate within a **feminist anti-racist, anti-oppressive** framework that applies a critical lens to systems of power (e.g., Bergen & Singh, 2016; Kulkarni, 2019; Maki, 2019a, b). Alexander (2008) has an integrated anti-oppression framework that can be used when developing policies.

- New Zealand has assembled a taskforce of Action on Violence within Families with the goal of encouraging a **coordinated, collaborative response** (Murphy & Fanslow, 2012; see Pence & Paymar, 1993 for original source). They argue that cross-agency processes could bring many benefits, including replication in service provision, a better referral system for clients, minimizing gaps in services and approaches, and less need for clients to repeat information (Cerulli et al., 2015). The latter point is especially crucial because many times, clients are required to re-state information for multiple agencies and service agencies are having to re-document the same information in multiple places. They cite the

need for funding, as well as mutual respect and big-picture thinking to allow for collaborations that will ultimately benefit women-survivors of abuse (Murphy & Fanslow, 2012). They also cite a lack of evaluation and monitoring systems as a problem in the VAW field more generally (Hague & Bridge, 2008).

- The idea of a “counterbureaucratic structure to empower women” (Rodriguez, 1988, p. 214) came as a framework from the work of Rodriguez in Hawaii. This model eliminated a professional hierarchy and promoted consensual decision-making, as well as negotiation, sometimes with the use of mediators, when conflict arose. The **counterbureacratic structure** follows work that has demonstrated that shelters with a feminist approach have better outcomes for victim-survivors (Nichols, 2011). The idea of women's empowerment, especially after experiencing abuse, is one that has been important to the feminist agenda (Bumiller, 2010), though it has been criticized (e.g., empowerment as a tool for control; Hannah-Moffat, 2000; White & Sienkiewicz, 2018) and used as a tool for resistance (Gengler, 2012). What is needed is a framework that recognizes the androcentric nature of society and the patriarchal systems in place, as well as the inequal power structures (Gengler, 2012), and the idea of a counterbureaucratic approach is one avenue by which to conduct VAW work. This may also be important to include when collecting data.

Measuring and Demonstrating the 'Value' of Shelters

Our review has culminated around the following conclusions: (a) VAW shelters are vital to the lives of victim-survivors of IPV, (b) shelters are short on time, staff, and funding, and (c) shelters are doing the best that they can with what they have. Shelters are integral to the lives of women fleeing abuse, but the current neoliberal environment does not allow them the necessary funds to conduct the breadth of the work they have to do in a reasonable way (Beres et al., 2009; Burnett et al., 2016). Instead, they are stretching their limits, taking in more women than they have funding for, and providing a wide range of services despite the many barriers they face (Kosny & MacEachen, 2009; Wathen et al., 2015). One of the goals of this review was to brainstorm ways in which women's shelters could begin to demonstrate their value in a more tangible way (e.g., by counting the number of indicators or parameters of interest), particularly using tools that would generate data/evidence that could be disseminated to funders. In our review, we found that 27 of the sources included measures or tools related to our research aims.

Indicators and Outcomes Being Tracked

Evaluation and assessment are important and need to be done frequently to ensure effective operations. Beetham and Demetriades (2007) highlight the importance of using indicators to measure change, whereby indicators can be used to establish the extent to which the 'status quo' or baseline changes. They recommend that indicators are easily quantifiable; for instance, the number of times something occurs or the number of women who fit a demographic criterion would be easily quantifiable data.

Measuring multiple things are once is important because many times, indicators are interrelated (e.g., concurrent disorders discussed above), so being attuned to this is important. They highlight the fact that data collection is political, and that researchers can choose the narrative they wish to portray based on the data they collect. Lyon and Sullivan (2007) provide a practical guide for outcome evaluation strategies for domestic violence service programs.

The current VAW-related shelter measurement primarily concerns the assessment of three primary outcomes:

(a) needs and priorities;

(b) personal functioning[5]; and

(c) satisfaction (see Table 2).

Much of this is reflective of the Ministry's pre- and post-service surveys (see Appendix A). The measures of needs and priorities assess what victim-survivors need from their shelter stay experience. This typically involves them selecting from a list (e.g., Villanueva et al., 2003) or rank-ordering things they need based on order of importance (e.g., Garza, 2002). Needs and priorities can range from more immediate things like safety (e.g., McFarlane et al., 2016; see Appendix B for the Danger Assessment) or finances to more long-term needs, like housing and legal support. The outcome of personal functioning has mostly been assessed in empirical research and concerns with

[5] We use "personal functioning" to refer to how victim-survivors are doing. This could be positive (e.g., higher self-efficacy, more empowerment) and/or negative (e.g., higher depression, more substance abuse).

factors that promote (e.g., empowerment, self-esteem; Johnson et al., 2011) and hinder (e.g., mental health, substance [ab]use) how women-survivors are doing. The measures of personal functioning tend to be pre-existing self-report measures that women-survivors fill out, and inquire about things like mental health, substance [ab]use, and well-being (e.g., McNamera et al., 2008; Steenrod, 2009). Much of the research concerns satisfaction with women-survivors' shelter stay (including programs and services, other residents, staff, and/or logistics within the shelter itself). Satisfaction questions are included in most exit surveys and the findings are important for tailoring the stay (e.g., Miller, 2019). The questions themselves are often crafted based on VAW shelters' specific needs and inquire about the things that women-survivors would have experienced (e.g., Garza, 2002; Ojha, 2019). There has also been inquiry into shelter staff's perceptions and experiences working in VAW shelters. Satisfaction-related questions have been assessed using a combination of surveys and interview questions.

Table 2

Summary of Outcomes and Indicators Commonly Observed in the VAW Shelter Literature

Outcome	Indicator	Forms of Assessment	Examples
Needs and Priorities	What victim-survivors need and/or use from the VAW-shelter	Primarily a checklist developed based on the available services at the shelter	▪ Garza, 2002 ▪ McFarlane et al., 2016 ▪ Smith, 2013 ▪ Villanueva et al., 2003
Personal Functioning	Whether VAW shelter users experience [a decrease in] mental health symptoms	Primarily validated measures of mental health	▪ Briere & Jordan, 2004 ▪ Cohen et al., 2013 ▪ Garza, 2002 ▪ Jonker et al., 2012
	Whether VAW shelter users experience [a decrease in] substance use behaviours	Primarily validated measures of substance abuse	▪ Cohen et al., 2013 ▪ Garza, 2002 ▪ Ogle & Baer, 2003 ▪ Steenrod, 2009
	Whether VAW shelter users experience positive outcomes like safety, more social support, more empowerment, etc.	Primarily validated measures	▪ Bybee & Sullivan, 2005 ▪ Itzhaky & Ben-Porat, 2005 ▪ Jonker et al., 2012 McNamera et al., 2008
Satisfaction	Whether VAW shelter users are satisfied with the programs and services	Primarily survey questions devised for the research, like shelter entrance/exit surveys	*Surveys* ▪ Fox et al., 2018 ▪ Sullivan & Virden, 2017 ▪ Tutty, 2015 *Interviews* ▪ Ojha, 2019 ▪ Strensrud, 2005 ▪ Villanueva et al., 2003

			Both ▪ Garza, 2002 ▪ Hart et al., 2014 ▪ Nnawulezi, 2016
	Whether VAW shelter users are satisfied with the organizational elements (e.g., staff, shelter rules, logistics)	Primarily interview questions devised for the research	▪ Bergen & Singh, 2016 ▪ Bergstrom-Lynch, 2018 ▪ Glenn & Goodman, 2015 ▪ Haaken & Yragui, 2003 ▪ Hart et al., 2014 ▪ Ojha, 2019
	Whether VAW shelter staff are satisfied with their role and the shelter itself	Primarily interview questions devised for the research	▪ Hart et al., 2014 ▪ Hughes, 2017 ▪ Villanueva et al., 2003 ▪ Wathen et al., 2015

Concerns with Existing Measures and Forms of Evaluation

In our review, we found shelter entrance and exit surveys, interview questions for both staff and women-survivors, and more specific measures of functioning, like mental health functioning and substance abuse behaviours. Although there was content that helped our thinking (e.g., content, format), we noted some concerns with the length, the general nature of the questions, the use of qualitative responses, and the specificity of some of the measures.

Length

Many of the measures we found were too long (e.g., Villanueva et al., 2003). For instance, the victim survey included variations of the same services (e.g., substance abuse treatment) for both the victim-survivor and her partner (Hart et al., 2014; see Appendices C and D). Another exit survey we reviewed inquired about specific services embedded within a larger topic (e.g., legal issues pertaining to a protective/restraining order, my own arrest, divorce issues, etc.; Lyon et al., 2008). The exit survey used by Garza (2002) also went into great detail about shelter operations and relationships, which increased the length. Garza (2002) also had victim-survivors rank order their program and service needs, which is time consuming and may bring forth worry from victim-survivors about implying that lower-ranked services are not needed, when that may not be the case.

Not Tailored to Specific VAW Shelter Contexts

We found that the measures were very general and meant to be used in a variety of contexts. The questions in Miller's (2019) study include more general indicators that are not specific to the VAW shelter in question and its services. One question is "I am satisfied with shelter services," but it is unclear what services. Also, women could be satisfied with some but not all services, so this question is not specific enough. This lack of specificity and broad-strokes approach was especially the case with the Ministry's questions (see Appendix A). For instance, the Ministry's questions only inquire about the impact of counselling and inquire about how women are feeling in that moment more generally. It would be difficult to gauge whether women's feelings (of empowerment, for example) are a result of their experience within the VAW shelter and/or VAW shelter services they have received. This difficulty in gauging women's experiences and feelings could also be expanded to that of safety, which is something that the Ministry (2015) is interested in. Whether women feel safe in a particular moment may be due to multiple factors and it is difficult to infer a cause-and-effect relationship and *what* programs, services, and/or other factors resulted in their feeling of safety. Thus, inferring about women's safety may not be as useful as inferring about other, more specific things (e.g., service use in a VAW shelter and outcomes as a result, like obtaining housing or improved mental health).

Qualitative Responses

Many of the surveys or evaluation tools we came across included qualitative elements that ask victim-survivors to either answer or provide more context to a

quantitative answer. While qualitative data are rich with details and provide more context, the use of qualitative questions should be used sparingly. For instance, the measures that Garza (2002) and Nnawulezi (2016) are already quite long and asking victim-survivors to provide explanations for every question can be burdensome.

As well, we came across some interview guides (see Appendix C) and qualitative questions (e.g., Hart et al., 2014; Miller, 2019). Many of these questions could be re-engineered as yes or no questions. The following is the second part of a question that asks about the "average" client: Have there been significant changes in this "average" profile in recent months or years (Hart et al., 2014)? Using just this latter portion and asking shelter workers would indicate the complexity of client profiles that could be corroborated with data that demonstrates said complexity.

Specificity

Many of the measures we reviewed had multiple questions on just one topic (e.g., Appendices E, F, G, and H). Shelter staff are already overwhelmed with the extent of their duties (Burnett et al., 2016) and victim-survivors are overwhelmed with retelling their stories and re-reporting information. Having victim-survivors fill out a 16-item measure of drug and alcohol behaviours (e.g., the SSI-AD, Center for Substance Abuse Treatment, 1994; see Appendix E) is not an effective use of time if all shelters wish to demonstrate is that the individual does suffer from substance abuse and/or may want treatment during their shelter stay. The same is true for mental health, given the multitude of tools that measure specific concerns (e.g., PTSD, anxiety, depression).

Proposed Brief VAW Shelter Measures

Although many of the measures we found included important information, none of them, in isolation, provided a way to document the value of shelters and the breadth of services they provide. None of them provide a picture of the complexity of clients nor the range of services victim-survivors need. Based on our research, we developed some possible questions for shelter staff (Appendix H) and victim-survivors (Appendix I). It is important that we highlight that we deliberately did not include satisfaction-type questions or questions about the dynamics with staff and other shelter users. The reason for this was because most shelters already ask these questions (e.g., Bumiller, 2010; Hagedorn, 2005). Instead, we wanted to provide an effective way that shelter staff could document the complexity of their clients and the extent of services that they provide and that victim-survivors use.

As well, the following is a list of indicators that VAW shelters may want to consider asking about/tracking if they do not currently do so, to further demonstrate the extent of their services. In Canada, many VAW shelters use W.I.S.H.™ (Women in Safe Housing ©), a case management software[6] that allows for the input and management of a host of data and information. However, other contexts may use similar data tracking software that may allow for the inclusion of some or all of the indicators listed below.

[6] More information about W. I. S. H.™ can be found here: http://www.womensheltersoftware.ca/WISH_software_features.html

The list is based on a VAW shelter survey feedback synthesis from a Let's Talk survey (Morton, 2016). Any or all of the following could be added into existing measures or software platforms to gather the various types of data, all of which demonstrate the extent of what VAW shelters do.

Shelter Population-Level Indicators

- the number of women in shelter beds
- the number of funded beds
- the number of non-funded beds
- the number of children in shelter beds
- the number of funded cribs
- the number of non-funded cribs

Shelter Structure and Size

- the number of full-time staff members
- the number of part-time staff members
- the number of volunteer staff members
- the bed-to-staff ratio
- the ratio of women to children
- the number of women turned away
- the reasoning for women being turned away (e.g., ineligible?)
- the number of women on the waitlist

Shelter Service Delivery

- the kind of services being delivered
- the kind of programs being delivered
- the number of women served under each service/program
- the number of children served under each service/program
- the number of crisis calls
- the number of day assessments
- the number of women referred to other agencies

Questions for Staff

We developed a set of four questions designed for staff, both executive directors and front-line workers (Appendix H). We edited the questions slightly such that the first set is designed for executive directors and others in management and the second set is designed for front-line staff. The questions themselves are the same, just the wording is different (e.g., “in my role” versus “in their roles”). Some of the questions about training, burnout, and staff wellbeing come from a report by Ligotti & Morton (2019), who found that shelter staff can experience negative consequences and results. These questions are simple enough that they would only take a few minutes of staff’s time. The questions being the same for management and front-line staff allows for comparison and for the identification of discrepancies between the two groups’ answers. Discrepancies between staff and management may suggest that evaluation work is needed and may provide a starting point for conversation around future evaluation undertakings.

Questions for Victim-Survivors

We developed two questions to assess client complexity and the extent of programs and services used by victim-survivors (Appendix I). The first one could be incorporated into a shelter's entrance survey and asks women to select all the indicators or parameters that apply to them with respect to their demographic information, their geographic location, etc. The two questions could be used on their own or easily incorporated into entrance and/or exit surveys without increasing the burden on them given how brief they are.

For the first question, we purposefully did not include drop-down options or the option to elaborate on responses for most of the questions because we want it to be expedient. However, we have indicated, with an asterisk (*), which questions could be expanded upon by individual shelters if they wish to gather more specific information. The results of the first question could be easily added into an Excel document, with a 1 indicating presence of and a 0 indicating absence of (please see the Client Tracking Excel document to see an example). We encourage individual shelters to customize the list in the first question based on what types of information they wish to gather.

The second and third questions are identical, except that the former inquires about the programs and services that victim-survivors want to access while at the shelter and the latter inquires about the programs and services that they actually did access. The list of programs and services is broad and general in nature and should be customized based on which programs and services the shelter does offer for women

during their stay. Pre-and-post data tracking can be done in a similar way as with the first question and allows for quick comparison (please see Programs Services Tracking Excel document for an example).

CONCLUSION

In this report, we had two aims: (a) to summarize the academic and gray literature on the nature and extent of VAW shelters and their services, including barriers and constraints with respect to service delivery; and (b) to identify evaluation strategies, tools and indicators for VAW shelters to begin to demonstrate the nature, extent, and value of their work. In our review, we demonstrated the extent of women's shelter services and the growing complexity of the clients that they serve all while operating within a neoliberal context and experiencing funding shortages and staff turnover. Essentially, shelters are expected to do it all with an inadequate budget and growing complexity of client profiles. We then provided some models/frameworks that may be useful to shelter and after unpacking the issues with existing measures, provided possible questions as a brief way to assess client complexity, intended and actual program and service access, and shelter issues according to staff. The questions we have proposed are intended to be a starting point for beginning to demonstrate the extent and value of VAW shelter work. They are a simple, low time commitment option, though they may be adapted based on individual shelter needs. We have also included a data abstraction tool that includes templates for reviewing literature and for tracking important indicators. We invite its alteration and adaptation for individual shelter or shelter coalition needs.

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APPENDIX A: Ministry of Community and Social Services Entrance and Exist Surveys

Sexual Assault Centre Program Survey Beginning of Services

On behalf of Ontario Victim Services, we invite you to participate in a survey. By completing this survey, you will help us to provide the best service possible. The information you provide will help us to understand how you are doing in your day-to-day activities and how you are feeling right now.

Your answers will be kept confidential to protect your privacy and your identity will remain anonymous.

The survey should take about 15 minutes to complete.

Completing this survey is voluntary. You can choose not to complete the survey, stop completing the survey at any time, or skip any questions that you do not feel comfortable answering with no impact on the services you receive.

Thank you for your time and assistance in completing this survey.

To complete the survey online, go to:
https://www.surveymonkey.com/s/SACProgramSurvey?c_____

1. Please check off the region that you are in. (If you are unsure, agency staff can help you.)
   □ Central region
   □ Central West region
   □ East region
   □ North region
   □ Toronto region
   □ West region
   □ Do not know / Prefer not to answer
2. What is your age?
   □ 19 or under
   □ 20-29
   □ 30-39
   □ 40-49
   □ 50-59

□ 60+
□ Prefer not to answer

Please check the box that best describes how much you agree or disagree with each statement below.

3. I know of other community support services I can use if I choose to do so (e.g., health services, financial assistance, crisis support, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

4. I have one or more supportive relationships in my life (e.g., friends, family, pets, neighbours, co-workers, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

5. I am able to take part in social activities easily (e.g., visits with friends, social gatherings, talking on the telephone, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

6. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Supported	Somewhat Supported	Neither Supported nor Alone	Somewhat Alone	Very Alone

7. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Empowered	Somewhat Empowered	Neither Empowered nor Helpless	Somewhat Helpless	Very Helpless

8. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Self-Confident	Somewhat Self-Confident	Neither Self-Confident nor Insecure	Somewhat Insecure	Very Insecure

9. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Optimistic	Somewhat Optimistic	Neither Optimistic nor Hopeless	Somewhat Hopeless	Very Hopeless

10. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Calm	Somewhat Calm	Neither Calm nor Stressed	Somewhat Stressed	Very Stressed

11. Please tell us why you chose to come here today.

12. Is there anything else you would like to tell us?
    □ Yes
    □ No

If yes, please explain:

Thank you for taking the time to complete this survey.

Sexual Assault Centre Program Survey <u>After</u> Completing Services

On behalf of Ontario Victim Services, we invite you to participate in a survey. By completing this survey, you will help us to provide the best service possible. The information you provide will help us to understand how you are doing in your day-to-day activities and how you are feeling right now.

Your answers will be kept confidential to protect your privacy and your identity will remain anonymous.

The survey should take about 15 minutes to complete.

Completing this survey is voluntary. You can choose not to complete the survey, stop completing the survey at any time, or skip any questions that you do not feel comfortable answering with no impact on the services you receive.

Thank you for your time and assistance in completing this survey.

To complete the survey online, go to:
https://www.surveymonkey.com/s/SACProgramSurvey?c_____

1. Please check off the region that you are in. (If you are unsure, agency staff can help you.)
   □ Central region
   □ Central West region
   □ East region
   □ North region
   □ Toronto region
   □ West region
   □ Do not know / Prefer not to answer
2. What is your age?
   □ 19 or under
   □ 20-29
   □ 30-39
   □ 40-49
   □ 50-59
   □ 60+
   □ Prefer not to answer
3. What services did you receive at the agency? (Check all that apply)
   □ One-on-one counselling sessions

□ Group counselling sessions
□ Workshops
□ Other services (please explain). For example, you received help with legal or court services.

Please check the box that best describes how much you agree or disagree with each statement below.

4. I know of other community support services I can use if I choose to do so (e.g., health services, financial assistance, crisis support, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

5. I have one or more supportive relationships in my life (e.g., friends, family, pets, neighbours, co-workers, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

6. I am able to take part in social activities easily (e.g., visits with friends, social gatherings, talking on the telephone, etc.).

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

7. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Supported	Somewhat Supported	Neither Supported nor Alone	Somewhat Alone	Very Alone

8. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Empowered	Somewhat Empowered	Neither Empowered nor Helpless	Somewhat Helpless	Very Helpless

9. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Self-Confident	Somewhat Self-Confident	Neither Self-Confident nor Insecure	Somewhat Insecure	Very Insecure

10. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Optimistic	Somewhat Optimistic	Neither Optimistic nor Hopeless	Somewhat Hopeless	Very Hopeless

11. Please check the box that best describes how you are feeling right now.

□	□	□	□	□
Very Calm	Somewhat Calm	Neither Calm nor Stressed	Somewhat Stressed	Very Stressed

Please check the box that best describes how much you agree or disagree with the statements below.

12. I felt supported while receiving services.

□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

13. I am satisfied with the counselling services I received.

□	□	□	□	□	□
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I did not receive counselling

14. Have you experienced any changes in your life that you believe are because of the services you received?
    □ Yes
    □ No

If yes, please explain:

15. Are there any other services that you would like to receive?
    □ Yes
    □ No

If yes, please explain:

16. Is there anything else to would like to tell us?
    □ Yes
    □ No

If yes, please explain:

Thank you for taking the time to complete this survey.

APPENDIX B: Danger Assessment

Campbell (1985, 1986); Campbell et al. (2001)

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Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation. Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or lasting pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-husband, or whoever is current physically hurting you.)

___ 1. Has the physical violence increased in severity or frequency over the past year?

___ 2. Has he ever used a weapon against you or threatened you with a weapon?

___ 3. Does he ever try to choke you?

___ 4. Does he own a gun?

___ 5. Has he ever forced you to have sex when you did not wish to do so?

___ 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.

___ 7. Does he threaten to kill you and/or do you believe he is capable of killing you?

___ 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)

___ 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:____)

___ 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)

___ 11. Is he violently and constantly jealous of you? (For instance, does he say “If I can’t have you, no one can.”)

___ 12. Have you ever threatened or tried to commit suicide?

___ 13. Has he ever threatened or tried to commit suicide?

___ 14. Does he threaten to harm your children?

___ 15. Do you have a child that is not his?

___ 16. Is he unemployed?

___ 17. Have you left him during the past year? (If you never lived with him, check here: ____)

___ 18. Do you currently have another (different) intimate partner?

___ 19. Does he follow or spy on you, leave threatening notes, destroy your property, or call you when you don’t want him to?

___ Total “Yes” Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

APPENDIX C: Survey and Interview Questions

Hart et al. (2014)

PART 1: VICTIM SURVEY

Please complete this 4-page survey, which is part of an effort to help domestic violence victims. Your answers will be completely confidential. Your identity will never be published in any form.

A. This section is for all domestic violence victims.

1. Rate each of the following items as "very needed" by you, "somewhat needed," or "least needed."

Personal Needs	Very needed	Somewhat needed	Least needed
Physical protection from my partner	□	□	□
Help in ending a relationship	□	□	□
Help in staying with my partner	□	□	□
Counseling for me	□	□	□
Counseling for my partner	□	□	□
Substance abuse treatment for myself	□	□	□
Substance abuse treatment for my partner	□	□	□
Help with child custody or divorce issues	□	□	□
Help getting a protection order	□	□	□
Practical Needs	Very needed	Somewhat needed	Least needed
Education about domestic violence	□	□	□
Help in finding housing	□	□	□
Help with child care	□	□	□
Help with safety planning	□	□	□
Help with immigration issues	□	□	□
Other needs:			

2. If you have received domestic violence services — such as counseling, safety planning or help getting a protective order — where did you get them? *(Please check up to three)*

□ Faith-based organization
□ Victim advocate at court
□ Homeless shelter
□ Professional therapist
□ Police department
□ Doctor, nurse, healthcare provider

□ Family Advocacy Center
□ Domestic violence shelter
□ Family member or friends
□ Prosecutor's office
□ Other _____

3. IF YOU CHOSE NOT TO LEAVE an abusive relationship, please note the main reason or reasons why you did not leave. *(Please check up to three)*

□ The abuse was not bad enough
□ I did not want to leave my home, possessions or pets
□ I didn't want to disrupt my and my children's lives
□ I wanted to save the relationship
□ My partner threatened to hurt me if I left
□ I had no place to go
□ I could not support myself and my children
□ My partner threatened to hurt the children

4. IF YOU DID NOT LEAVE, what was the main way you handled abuse? *(Please check only one)*

□ I just endured it
□ I tried to please my partner more
□ I fought back (verbally and/or physically)
□ I called the police
□ I tried to get help for my abuser (such as substance-abuse treatment)
□ I relied on friends or family for help
□ I received counseling and support from a counselor, victim advocate or support group
□ I got a protection order

5. IF YOU DID LEAVE because of abuse, where did you go? *(Please check up to three)*

□ Family member's home
□ Friend's home
□ Hotel
□ Homeless shelter
□ The street
□ Domestic violence shelter
□ My car
□ Other _____

6. IF YOU DID LEAVE BUT DID NOT GO TO A DOMESTIC VIOLENCE SHELTER, note the main reason or reasons you did not enter the shelter. *(Please check up to three)*

□ I did not need that much physical protection
□ There were other places I could go (such as family or friends)
□ I tried, but there were no shelter beds available
□ I would have, but didn't know how to get to a shelter
□ I had heard bad things about shelter
□ I myself had bad experiences at shelter in the past
□ I didn't know DV shelters existed
□ Other _____

7. Looking ahead, would you ever consider entering a DV shelter to escape an abusive relationship?
□ Yes
□ No

B. Please answer questions 8 through 13 *ONLY* if you have stayed in a domestic violence shelter, even briefly. If you have never stayed in a DV shelter, skip to question 14.

8. What was your single most important reason for entering a domestic violence shelter?
□ I was afraid my partner would hurt me or my children
□ I wasn't in fear, but wanted to end a relationship
□ I was thrown out of my home by my partner
□ I needed time apart from my partner
□ I was homeless
□ I was unable to support myself/my children
□ I wanted counseling, emotional support, or other services that shelters offer
□ Other _____

9. Overall, how would you rate the help you received at the domestic violence shelter?
□ Very helpful □ Helpful □ A little helpful □ Not helpful

10. Please rate the importance to you of each of the domestic violence shelter services listed.

Personal Services in Shelter	Very important	Somewhat important	Least important
Physical protection	□	□	□
Help in ending an abusive relationship	□	□	□
Help in saving a relationship	□	□	□
Counseling and emotional support	□	□	□
Referral to substance abuse treatment	□	□	□
Referral to mental health treatment	□	□	□

Practical Services in Shelter	Very important	Somewhat important	Least important
A roof over my head	□	□	□
Help in finding housing	□	□	□
Education about domestic violence	□	□	□

Help with legal issues	□	□	□
Help finding a job	□	□	□
Help with safety planning	□	□	□
Help with immigration issues	□	□	□
Help getting a protection order	□	□	□

11. Some people have had bad experiences in domestic violence shelters. Please rate the importance to you of <u>each</u> of the following issues.

Shelter Issues	Serious problem	Minor problem	Not a problem
Adjusting to shelter rules	□	□	□
Lack of child care	□	□	□
The monitoring of children	□	□	□
Sharing cores	□	□	□
Being required to attend group sessions	□	□	□
Being prevented from contacting my partner	□	□	□
Being prevented from contacting my friends/family	□	□	□
Conflicts with/concerns about other residents	□	□	□
Conflicts with shelter staff members	□	□	□
Lack of respect for my cultural practices or needs	□	□	□
Lack of privacy	□	□	□

12. Would you consider entering a domestic violence shelter again to escape abuse?

□ Yes
□ No

13. Based on your experience, how can domestic violence shelters provide better services?

C. General Information (for all victims)

14. Are you …
□ Male
□ Female

15. What is your age? _____

16. Do you consider yourself …
□ Heterosexual/straight
□ Lesbian/gay
□ Bisexual
□ Transgender
□ Other _____

17. How many children do you have living with you?
□ None □ One □ Two □ More than two

18. What is/was your relationship to your partner?
□ Boyfriend/girlfriend
□ Ex-boyfriend/ex-girlfriend □ Husband/wife
□ Ex-husband/ex-wife
□ Separated spouse
□ Other _____

19. Which best describes your race/ethnicity?
□ White, non-Hispanic
□ African American/Black
□ Hispanic/Latina/Latino
□ American Indian/Alaskan Native
□ Asian/Pacific Islander
□ Other _____

20. What is the highest level of education you have completed?
□ Less than high school diploma
□ High school diploma or GED
□ Some college
□ Associate's degree or vocational graduate
□ 4-year college degree
□ Advanced degree

21. What is your home's ZIP code? _____

PART II: INTERVIEW QUESTIONS

Questions for Victims Who Are or Have Recently Been in Shelter

1. How did you end up at this shelter?
2. How long have you been (or were you) at this shelter?
3. Is (was) this your first time in a shelter? In this shelter?
    a. If so, did you have any concerns about entering a shelter? This shelter?
4. If you have been in other shelters, were they the same as or different from this shelter?
5. Have you ever tried to enter a shelter but been turned away? If so, why?
6. If you have ever stayed in a homeless shelter, how was it compared to the domestic violence shelter?
7. What were the most important needs that you came to shelter for?
8. Overall, how well would you say the shelter has helped you meet your needs?
9. Did you have (have you had) any bad experiences while in shelter?
10. Do you (did you) have any problems with the shelter's rules?
11. Do you (did you) have any conflict with other residents? With staff members?
12. Do you (did you) feel that your cultural customs and practices are (were) respected?
13. What are (were) the most valuable services you are getting (or did get) in shelter?
14. Are there (were there) services you need that aren't (weren't) available here?
15. How could this shelter (and/or other ones) help victims better?
16. Would you enter a domestic violence shelter again if necessary?
17. Would you recommend shelter to a family member or friend who was suffering abuse?

Questions for Shelter Directors

1. What is your title? For how long held? How long have you been involved in helping DV victims? How long with this shelter?
2. Are you a 501©(3)? Are you licensed by the state? Where does your funding come from? What is your annual budget?
3. How many beds available now? How has this changed? Number of staff?
4. How, if at all, do you differentiate among your types of beds?
5. How, if at all, does this shelter differ significantly from other DV shelters? Does it serve a certain population or offer services that others do not?
6. How, if at all, have this shelter’s policies and approaches changed significantly from the past?
7. It’s been said that most [area] shelters have been loosening their screening criteria, especially concerning substance abuse and mental health issues. Is this true? If so, why the change?
8. What, if any, are your major challenges in dealing with your board?
9. What percentage of your staff has professional credentials in the areas they work?
10. How important do you think such credentials for effective advocacy?
11. What percentage of your staff are volunteers?

12. What is your staff turnover rate? Does it present a problem in providing services? Has your organization taken any steps to increase staff retention?
13. Could you describe an “average” client, including SES, type of abuse and length of stay? Have there been significant changes in this “average” profile in recent months or years?
14. What are your major challenges in dealing with clients?
15. How often must you ask clients to exit early? What are the most common reasons?
16. How big of a problem is “shelter-hopping?”
17. What is your screening procedure? Is there a written policy? Has it recently changed?
18. Have you ever had a physically threatening stalker/abuser come to this shelter?
19. How confidential do you think your location really is?
20. What % of your clients would you estimate are in immediate physical danger?
21. Could you estimate what % of your clients are, or recently have been homeless for any reason?
22. Do you see regular fluctuations in requests for shelter throughout the year?
23. Have there been notable fluctuations in your clients’ average length of stay?
24. Do you receive most of your clients via CONTACS?
25. Do you regularly turn victims away? Daily? What are the most common reasons?
26. As you probably know, [the area] shelters’ aggregate data (as reported to ADES) indicate that both requests for shelter in the [area] and new clients served have been flat or declining for a number of years. Why do you think this is happening? Are these trends reflected at this shelter? Are there actions shelters should take in response?
27. What is the “right” number of emergency beds for the [area]? Do you think there is a method for determining the number of beds the [area] needs? If so, what is that method? Could it be based on the number of clients referred to DVSTOP?
28. Data from daily CONTACS calls to shelters over the years indicates that, in any given month, there are numerous beds available every day in [the area] shelters. How can this be reconciled with shelters’ experience of being full?
29. DES has recently reconfigured its contracts to provide the opportunity for reimbursement of non-residential as well as residential services. What do you think of this change?
30. What are your shelter’s greatest needs, in terms of staff, resources, etc.?
31. Name some ways [the area’s] shelters could improve their services.
32. What think of the “rapid re-housing” approach?
33. Do you regularly meet with/network with other EDs? Why or why not?
34. Do you think it would help if some shelters “specialized” in particular types of clients, such as older clients, those with several children, those with mental-health or substance-abuse issues?
35. In general, do you think the mission of [the area’s] shelters is changing, or remaining largely the same? If the former, how is it changing? Do you support these changes? If the latter, do you think that this continuity best serves [the area’s] victims?
36. Are there any other comments you would like to make?

APPENDIX D: Satisfaction with Programs and Services

Garza (2002)

During your stay here at the shelter, you used and/or received a number of services/ programs. I am going to go through a list of services/programs. I would like you to tell me: (1) if you used the service; (2) if YES, how helpful was the service; and (3) explain your response. (For example, if the service was very helpful...Explain WHY it was very helpful)

1a. Did you receive individual counseling from [designated counselor] or another social worker?	1 No (Go to 2a) 2 Yes
1b. How helpful was the individual counseling?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
1c. Explain your response.	
2a. Did you receive counseling from a case manager?	1 No (Go to 3a) 2 Yes
2b. How helpful was the individual counseling?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
2c. Explain your response.	
3a. Did you receive support group counseling?	1 No (Go to 4a) 2 Yes
3b. How helpful was the support group counseling?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
3c. Explain your response.	
If no children, skip to 7a 4a. Did you receive children's group counseling?	1 No (Go to 5a) 2 Yes
4b. How helpful was children's group counseling to your child?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
4c. Explain your response.	
5a. Did your child receive children's individual counseling?	1 No (Go to 6a) 2 Yes

5b. How helpful was children's individual counseling to your child?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
5c. Explain your response.	
6a. Did you attend parenting education classes?	1 No (Go to 7a) 2 Yes
6b. How helpful were parenting education classes?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
6c. Explain your response.	
7a. Did you use legal service?	1 No (Go to 8a) 2 Yes
7b. How helpful was legal service?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
7c. Explain your response.	
8a. Did you use health care services?	1 No (Go to 9a) 2 Yes
8b. How helpful was the health care service?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
9a. Did your child use the child care program?	1 No (Go to 10a) 2 Yes
9b. How helpful was the child care program?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
9c. Explain your response.	
10a. Did you attend the wellness program?	1 No (Go to 11a) 2 Yes
10b. How helpful was the wellness program?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
10c. Explain your response.	
11a. Did you attend the life skills program?	1 No (Go to 12a) 2 Yes
11b. How helpful was the life skills program?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful

	4 Very helpful
11c. Explain your response.	
12a. Did you attend job development component of the life skills program?	1 No (Go to 13a) 2 Yes
12b. How helpful was the job development component of the life skills program?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
12c. Explain your response.	
13a. Did you attend classes to obtain your GED or an equivalent education?	1 No (Go to 14a) 2 Yes
13b. How helpful were the education classes?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
13c. Explain your response.	
14a. Did you attend DV101 class?	1 No (Go to 15a) 2 Yes
14b. How helpful was the DV101 class?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
14c. Explain your response.	
15a. Did you attend the resident orientation class (Mondays)?	1 No (Go to 16a) 2 Yes
15b. How helpful was the resident orientation class?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
15c. Explain your response.	
16a. Did you use other shelter services not mentioned above?	1 No 2 Yes
16b. How helpful was the other service?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
16c. Explain your response.	
17a. Did you complete the exit form?	1 No 2 Yes
17b. Did you have an exit interview with shelter staff member?	1 No 2 Yes

17c. How helpful was the exit interview?	1 Not at all helpful 2 Just a little helpful 3 Somewhat helpful 4 Very helpful
17d. Explain your response (if yes had an exit interview or no did not have an exit interview)?	

The next set of questions are specifically about the shelter, for example, the rules, accommodations, how you felt, etc. I will be using the scale 1" No, not at all," 2" Yes, somewhat," and 3 "Yes, a lot."

18. Did you feel that the shelter staff supported you emotionally?	1 No, not at all -- Explain your response: _____ 2 Yes, somewhat 3 Yes, very
19. Did you feel that residents supported you in the shelter?	1 No, not at all -- Explain your response: _____ 2 Yes, somewhat 3 Yes, very
20. Were you satisfied with the room accommodations in the shelter?	1 No, not at all 2 Yes, somewhat 3 Yes, very
21. Were you satisfied with the food in the shelter?	1 No, not at all 2 Yes, somewhat 3 Yes, very
22. Were the shelter rules (curfew, etc.) reasonable?	1 No, not at all 2 Yes, somewhat 3 Yes, very
23. Did you understand the rationale behind the shelter rules?	1 No, not at all 2 Yes, somewhat 3 Yes, very
24. Was there sufficient flexibility regarding the shelter rules?	1 No, not at all 2 Yes, somewhat 3 Yes, very
25. Was there a smooth transition to continue your child's formal education?	1 No, not at all 2 Yes, somewhat 3 Yes, very
26. Did your child attend their former school or the neighborhood school?	1 Former school 2 New school 3 Not applicable
27. Were you satisfied with the new school	1 No, not at all 2 Yes, somewhat 3 Yes, very
28. Was your stay at the shelter (length of stay) adequate?	1 No, not at all -- Explain your response: _____ 2 Yes, somewhat

	3 Yes, very
29. Did you feel safe in the shelter?	1 No, not at all -- Explain your response: _____ 2 Yes, somewhat 3 Yes, very
30. Would you recommend any other service that you needed but did not receive in the shelter?	1 No 2 Yes Specify: _____
31. What was the most valuable service you received in the shelter?	Specify:
32. What was the least useful service you received in the shelter?	Specify:
33. Would you recommend [this shelter] to others in similar situations?	1 No 2 Yes
34. Do you plan to take advantage of services at the shelter after you leave?	1 No 2 Yes
35. If yes, which services?	
36. If no, why not?	

APPENDIX E: Simple Screening Instrument for Alcohol and Other Drugs (SSI-AD)

Center for Substance Abuse Treatment (1994)

During the past 6 months:

1. Have you used alcohol or other drugs? (such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants) □ Yes □ No

2. Have you felt that you use too much alcohol or other drugs? □ Yes □ No

3. Have you tried to cut down or quit drinking or using drugs? □ Yes □ No

4. Have you gone to anyone for help because of your drinking or drug use? (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program) □ Yes □ No

5. Have you had any of the following? Put a check mark next to any problems you have experienced.

□ Blackouts or other periods of memory loss?

□ Injury to your head after drinking or using drugs?

□ Convulsions or delirium tremens (DTs)?

□ Hepatitis or other liver problems?

□ Felt sick, shaky, or depressed when you stopped drinking or using drugs?

□ Felt “coke bugs” or a crawling feeling under the skin after you stopped using drugs?

□ Injury after drinking or using?

□ Used needles to shoot drugs?

Circle “yes” if at least one of the eight items above is checked □ Yes □ No

6. Has drinking or other drug use caused problems between you and your family or friends? □ Yes □ No

7. Has your drinking or other drug use caused problems at school or at work? □ Yes □ No

8. Have you been arrested or had other legal problems? (such as bouncing bad checks, driving while intoxicated, theft, or drug possession) □ Yes □ No

9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? □ Yes □ No

10. Do you need to drink or use drugs more and more to get the effect you want? □ Yes □ No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? □ Yes □ No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? □ Yes □ No

13. Do you feel bad or guilty about your drinking or drug use? □ Yes □ No

The next questions are about lifetime experiences.

14. Have you ever had a drinking or other drug problem? □ Yes □ No

15. Have any of your family members ever had a drinking or drug problem? □ Yes □ No

16. Do you feel that you have a drinking or drug problem now? □ Yes □ No

APPENDIX F: Short Screening Scale for PTSD

Breslau et al. (1999)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month…

1. Did you avoid being reminded of this experience by staying away from certain places, people, or activities? □ Yes □ No

2. Did you lose interest in activities that were once important or enjoyable? □ Yes □ No

3. Did you begin to feel more isolated or distant from other people? □ Yes □ No

4. Did you find it hard to have love or affection for other people? □ Yes □ No

5. Did you begin to feel that there was no point in planning for the future? □ Yes □ No

6. After this experience were you having more trouble than usual falling asleep or staying asleep? □ Yes □ No

7. Did you become jumpy or get easily startled by ordinary noises or movements? □ Yes □ No

APPENDIX G: General Self-Efficacy Scale

Schwarzer & Jerusalem (1995)

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.	□	□	□	□
2. If someone opposes me, I can find the means and ways to get what I want.	□	□	□	□
3. It is easy for me to stick to my aims and accomplish my goals.	□	□	□	□
4. I am confident that I could deal efficiently with unexpected events.	□	□	□	□
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	□	□	□	□
6. I can solve most problems if I invest the necessary effort.	□	□	□	□
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	□	□	□	□
8. When I am confronted with a problem, I can usually find several solutions.	□	□	□	□
9. If I am in trouble, I can usually think of a solution.	□	□	□	□
10. I can usually handle whatever comes my way.	□	□	□	□

APPENDIX H: Proposed Questions for Shelter Staff

NOTE FOR USE:

These questions are not exhaustive nor do they include everything that could be asked or that individual VAW shelters may want to ask. Rather, they are meant as a supplement to the current data collection efforts and can either be used on their own or can be included in existing surveys or other research or tracking tools. These questions can be adapted and/or added to as needed.

a. For Executive Directors and Other Shelter Management

1. Which of the following are relevant challenges at the shelter?

□ We have more requests for shelter stay than we have funded beds

□ We do not have enough government funding to cover our operations' costs

□ Client profiles continue to be complex (e.g., mental health and substance abuse issues)

□ We have experienced government funding cuts

□ We fundraise to fill funding gaps

□ We solicit donations to fill funding gaps

□ We rely on volunteers

□ We are unionized

□ We are flexible with our mandate when we get requests for shelter stay

2. Which of the following are relevant for the staff at the shelter?

□ They have more responsibility in their roles

□ They do a lot of unpaid work

□ They do a lot of invisible work

If so, please describe what that entails: _____

□ They see really complex clients

□ They do not feel trained for all the things they need to do in their respective roles

□ They have to report the same information about clients in multiple places

□ There is a lot of staff turnover

□ There is single shifting (one person working at a time) happening

□ They experience stress (e.g., burnout) at work

□ They experience risk and/or danger in their roles

3. Please describe the "average" client that comes to the shelter (think in terms of background, socioeconomic status, age, needs, etc.)

---

4. We have shelter policies for the following (select all that apply):

□ Substance abuse

□ Pets

□ Medication use

□ Trans women

□ COVID-19

□ Harm reduction

□ Chores

□ Abuse/assault in the shelter

□ Other *Please specify*: _____

5. We have created partnerships in/with (select all that apply):

□ The healthcare system

□ Criminal justice

□ Child protection

□ Social services

□ Other *Please specify*: _____

b. For Shelter Staff

1. Which of the following are issues at the shelter?

□ We have more requests for shelter stay than we have funded beds

□ We do not have enough government funding to cover our operations costs

□ Client profiles continue to be complex (e.g., mental health and substance abuse issues)

□ We have experienced government funding cuts

□ We fundraise to fill funding gaps

□ We solicit donations to fill funding gaps

□ We rely on volunteers

□ We are unionized

□ We are flexible with our mandate when we get requests for shelter stay

2. Which of the following are issues for you in your role at the shelter?

□ I have more responsibility in my role

□ I do a lot of unpaid work

□ I do a lot of invisible work

If so, please describe what that entails: _____

□ I see really complex clients

□ I do not feel trained for all the things I need to do in my role

□ I have to report the same information about clients in multiple places

□ There is a lot of staff turnover

□ There is single shifting (one person working at a time) happening

□ I experience stress (e.g., burnout) at work

□ I experience risk and/or danger in their roles

3. Please describe the "average" client that comes to the shelter (think in terms of background, socioeconomic status, age, needs, etc.)

_____

APPENDIX I: Proposed Questions for Victim-Survivors

NOTE FOR USE:

We want to note that these questions are NOT exhaustive nor do they include everything that could be asked or that individual VAW shelters may want to ask. They also do not include any satisfaction questions that ask about whether clients are satisfied with programs/services and shelter stay. Instead, these questions are meant as a supplement to the data collection efforts already happening and can either be used on their own or can be included in existing surveys. These questions can be adapted and/or added to as you see fit but are a starting point. The questions with an asterisk (*) are questions that could be further described should you want more detail.

1. Please select which of the following apply to you coming into the shelter:

I am...

□ an immigrant*

□ a refugee*

□ Indigenous

□ a single mother

□ homeless*

□ a member of the LGBTQ+ community*

□ from a cultural minority that is not White*

□ living in a rural area

I have...

□ one or more children that I have brought to the shelter*

□ one or more mental health concerns*

□ a substance abuse issue (like alcohol or drugs)*

□ been trafficked

□ been involved in sex work

□ a disability*

□ been physically injured as a result of the abuse I experienced

□ been or continue to be involved with multiple agencies – select which one(s)

- □ Children's Aid
- □ Canadian Mental Health Association
- □ family court
- □ the criminal justice system
- □ other *please describe:* _____

□ brought a pet with me to the shelter*

Note for use: please remove the programs and services your shelter DOES NOT provide from the list. The following two questions are the same, #2 is to be used upon entry and #3 is to be used at shelter exit.

2. Please select which of the following services you hope to access in your time at the shelter:

Programs:

□ Children's programming

□ Education and skills/training

- □ Cooking classes
- □ Education about violence against women or related topics
- □ Practical skills
- □ Other *Please describe:* _____

□ Mental health program

□ Substance abuse treatment

□ Other *Please describe:*

_____

Services:

□ Advocacy

□ Children’s needs (like childcare, counselling)

□ Counselling, group therapy, or other mental health services

□ Employment assistance

□ Financial assistance

□ General systems navigation (like health, legal, social services)

□ Housing assistance

□ Internet access

□ Legal assistance

□ Online resources

□ Online services

□ Physical health needs (like a doctor’s visit)

□ Telephone crisis support hotline

□ Transportation assistance

□ Other *Please describe:*

_____

3. Please select which of the following services you accessed in your time at the shelter:

Programs:

□ Children’s programming

□ Education and skills/training

□ Cooking classes

□ Education about violence against women or related topics

□ Practical skills (e.g., resume writing, budgeting, farming)

□ Other *Please describe:* _____

□ Mental health program

□ Substance abuse treatment

□ Other *Please describe:*

_____

Services:

□ Advocacy

□ Children's needs (like childcare, counselling)

□ Counselling, group therapy, or other mental health services

□ Employment assistance

□ Financial assistance

□ General systems navigation (like health, legal, social services)

□ Housing assistance

□ Internet access

□ Legal assistance

□ Online resources

□ Online services

□ Physical health needs (like a doctor's visit)

□ Telephone crisis support hotline

□ Transportation assistance

□ Other *Please describe:*

_____

APPENDIX J: Canadian and Provincial Shelter Organizations

CANADA

Women's Shelters Canada
Telephone: (613) 680-5119
Fax: (613) 695-1148
Email: info@endvaw.ca
Website: https://endvaw.ca/about-wsc/

BRITISH COLUMBIA

BC Society of Transition Houses
Suite 325, 119 W. Pender St., Vancouver, BC, V6B 1S5
Telephone: (604) 669-6943
Fax: (604) 682-6962
Email: info@bcsth.ca
Website: https://bcsth.ca/

ALBERTA

Alberta Council of Women's Shelters
Treaty 6 Territory
600, 10310 Jasper Avenue, Edmonton, AB, T5J 2W4
Telephone: (780) 456-7000
Hotline: (866) 331-3933 Hotline
Website: https://acws.ca

SASKATCHEWAN

Provincial Association of Transition Houses and Services of Saskatchewan
2505 11th Ave, Suite 308, Regina, SK, S4P 0K6
Telephone: (306) 522-3515
Email: paths@sasktel.net
Website: https://pathssk.org/

MANITOBA

Manitoba Association of Women's Shelters
MAWS c/o Box 389, Winkler, MB, R6W 4A6
Telephone: (204) 430-4346
Hotline 24/7: (877) 977-0007

TTY: (888) 987-2829
Website: http://www.maws.mb.ca/

ONTARIO

Ontario Association of Interval & Transition Houses
PO Box 27585 Yorkdale Mall, Toronto, ON, M6A 3B8
(416) 977-6619
Email: info@oaith.ca
Website: http://www.oaith.ca/

QUEBEC

The Federation of Women's Shelters (FMHF)
PO Box 55036, Maisonneuve Branch, Montreal, QC, H1W 0A1
(514) 878-9757
Website: http://fede.qc.ca/

NEWFOUNDLAND & LABRADOR

Transition House Association of Newfoundland and Labrador
510 Topsail Road, Suite 113, St. John's, NL, A1E 2C2
Telephone: (709) 739-6759
Fax: (709) 739-6951
Email: info@thanl.org
Website: http://www.thanl.org

NEW BRUNSWICK

Réseau des Services pour Victimes de Violence du Nouveau-Brunswick
Website:
https://www2.gnb.ca/content/gnb/en/departments/women/Violence_Prevention_and_Community_Partnerships/content/Regional_Violence_Prevention_Networks.html

NOVA SCOTIA

Transition House Association of Nova Scotia
204 – 6169 Quinpool Rd., Halifax, NS, B3L 4P8
Telephone: (902) 429-7287
Fax: (902) 429-0561
Email: coordinator@thans.ca
Website: http://thans.ca/

PRINCE EDWARD ISLAND

PEI Family Violence Prevention Services
PO Box 964, Charlottetown, PEI, C1A 7M4
Telephone: (902) 984-3354
Fax: (902) 628-8718
Email: admin@fvps.ca

YUKON TERRITORY

Yukon Women's Transition Home Society
P.O. Box 31392, Whitehorse, YT, Y1A 6K8
Telephone: (867) 633-7720
Fax: (867) 668-2374
Email: adminywth@northwestel.net

NORTHWEST TERRITORIES

YWCA Northwest Territories
YWCA NWT, Box 1679, Yellowknife NT, X1A 2P3
Telephone: (867) 920-2777
Fax: (867) 873-9406
Email: giving@ywcanwt.ca