BACKGROUND REPORT FOR

SHELTER 2.0

Learning From The Literature
On Domestic Violence Shelter Policies And Practices

Women's Shelters:
Enhancing Impact to
End Violence

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AUTHOR
Chantal Hansen, Geo-Lens

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THE PROJECT TO END
DOMESTIC VIOLENCE

Calgary
Women's
Emergency
Shelter

The CWES and the YW of Calgary are embarking on a comprehensive review to revise their domestic violence shelter operations through the Shelter 2.0 project. The aim of the project is to propose a new paradigm for domestic violence shelter operations, with a focus on shelter objectives, service models, policies and practices. Implications for the broader domestic violence sector and public policy will be considered as well.

As part of this initiative, a review of best and promising domestic violence shelter practices in Canada and internationally was undertaken to understand the opportunities for shelters within the broader movement to prevent and end domestic violence.

PURPOSE

The purpose of this paper is to conduct a review of recent Canadian and international research related to domestic violence service models to discern best and promising practices for shelters, and how these are evolving to serve individuals and communities more effectively. Primarily, the report will:

- Review literature to identify common characteristics of effective service provision and best/promising practices implemented by domestic violence shelters;

- Highlight emerging, innovative interventions being undertaken by various shelters in Canada and internationally; and

- Explore the movement to challenge existing domestic violence shelter service models.

This report adds to the literature by focusing on practices and services at the shelter level that are moving away from a traditional crisis response by questioning the premise of domestic violence shelters, and suggesting alternative models to support the broader goal of preventing and ending violence.

KEY RELEVANT STUDIES

Rather than duplicating the scope of comprehensive research projects already underway or completed, the research team sought to identify any meta-analyses or meta-syntheses focused on a similar scope as this literature review. Two reviews and one inventory were identified that had a similar research inquiry (albeit different context) as the Shelter 2.0 Project.

Because of their relevance to the Shelter 2.0 project, these studies warrant a thorough analysis by interested parties, rather than summarization – which is the purpose of this report.

1. Safety from Domestic Violence: Using evidence-based practices to keep women safe - 2016

Hoffart, I. 2016. Safety from Domestic Violence: Using evidence-based practices to keep women safe. Discussion paper. Prepared for the Alberta Council of Women's Shelters. Synergy Research Group.
Objectives:
a) Highlights evidence-based and promising practices in keeping women safe from domestic violence, and helps to:

- Gain a better understanding of what more needs to be done to keep women safe;

- Inventory, amplify, and test programming that will achieve increased safety for women across Alberta; and,

- Support implementation and evaluation of selected best practices across Alberta.

2. [Prevention and Early Intervention for Domestic Violence](#) - 2014

Buckle, L., Simpson, B. Berger, S., Metcalfe, R. 2014. Prevention and Early Intervention for Domestic Violence. Prepared for the Reference Group and FCSS Calgary, Brenda J. Simpson & Associates
Objectives:
a) To identify best and promising practices and innovative models for the prevention of domestic violence across the four Family and Community Support Services (FCSS) Social Sustainability mid-term outcomes;

b) To identify gaps in the current research described in the FCSS research briefs across the four mid-term outcome areas as it relates to the prevention of domestic violence;

c) To identify the implications of the literature review for practices in the agencies, identified as intentionally preventing domestic violence through the promotion of mid-term outcomes. This may ultimately lead to new approaches or methods, or to a refinement of existing ones.

3. [Alberta Council of Women's Shelters. Inventory of Promising Practices](#) - 2018

The Inventory contains a listing of practices that have been identified in literature, interviews, and consultations with Alberta service providers. It also reflects the results of interviews with service providers identified by participants of both provincial and regional consultations as delivering promising practices in Alberta.

REPORT LIMITATIONS

The report provides a perspective on the topic of intervention practices undertaken by domestic violence shelters from 2000 onwards. It is based on a review of published and grey literature on shelters in North America, the United Kingdom, Europe, Australia, and New Zealand. Terms relevant to the research focus vary among service providers, across the country, and

internationally, and include terms such as domestic violence, intimate partner violence, gendered violence, family violence, domestic conflict, and violence against women. All Government of Canada departments use the term family violence,[1] and the Canadian statistics reflect this in turn. For the purposes of this report, we sought to be inclusive of the various terms in our search, thus did not limit the studies reviewed based on the specific term used. The research was focused on how shelters could be re-visioned within a broader context as the main focus of the Shelter 2.0 project.

There is no guarantee that the research team has determined an exhaustive, universal list of all important domestic violence shelter delivery practices. Other critical service delivery practices likely exist, and are not available for review online. It is not always clear how domestic violence shelters are, or whether they should be, different from homeless shelters (i.e. average longer stays, more integrated emotional supports, follow-up aftercare). The lack of clarity both in Canada and internationally at times clouded the distinction of shelter-based and interim housing supports. This is another limitation that impacted the research team's capacity to identify relevant literature, though it is of note as a finding in and of itself.

The report is limited by the minimal literature on the <u>effectiveness</u> of domestic violence shelter practices. The literature tends to focus on descriptive studies, shelter programs, and service summaries. There are very few studies that involve outcome measures,[2] and even these are limited in the range of outcomes measured. There are also very few longitudinal studies, indicating little follow-up with women after leaving shelter.

Overall the review revealed several gaps in the domestic violence shelter literature, particularly studies focusing on follow-up services after exit from shelter, as well as shelter recidivism for women and children fleeing domestic violence.

SEARCH STRATEGY

The literature review was conducted using online database keyword searches, additional searches for other studies identified during initial scanning, screening of abstracts, assessing the methodological strength of the studies, and integrating the findings. The search process included the following steps:
- Development of keywords and search strategies

- Online searches of databases for potentially relevant articles

- Review of government departments, NGO websites, and related links for additional studies and/or unpublished documents

- Screening of the abstracts to identify studies for more in-depth review

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[1] Refer to list of federal government departments involved in The Family Violence Initiative. Retrieved from http://www.phac-aspc.gc.ca/sfv-avf/initiative-eng.php

[2] Interrelationships among length of stay in a domestic violence shelter, help received, and outcomes achieved

The research began utilizing Google and Google Scholar to find information on the topic. The keyword searches included combinations of: family violence, intimate partner violence, domestic violence, violence against women, emergency shelter, program, practice, service delivery, intervention, best, promising, emerging, innovative.

These search terms were utilized to search the following social science databases for finding and accessing articles in academic journals, repositories, and archives: PubMed Central, Cambridge Core, JSTOR: Journal Storage, ScienceOpen, and Springerlink. The date range selected was 2000 – 2017 to identify most current practices.

This report highlights formal research and evaluation related to domestic shelter practices, and then delves into "best" and "promising" and "emerging" practice examples around the world:[3]

- A **best practice** is an intervention, method, or technique that has consistently been proven effective through the most rigorous scientific research (especially conducted by independent researchers), and which has been replicated across several cases or examples.

- A **promising practice** in an intervention when there is sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome, consistent with the goals and objectives of the activity or program.

- An **emerging practice** is an intervention that is new, innovative, and which holds promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice.

Only those plans available in English were reviewed.

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[3] Canadian Observatory on Homelessness. 2013. What Works and For Whom? A Framework for Promising Practices. "Best, Promising and Emerging Practices." Retrieved from http://homelesshub.ca/resource/what-works-and-whom-framework-promising-practices

INTRODUCTION

The 2017 report from Canada's Chief Public Health Officer, "A Focus on Family Violence in Canada," reported that 131 Canadians died at the hands of a family member. The report notes that there were 133,920 reported victims of dating or family violence, with most victims being women during this period. Just fewer than nine million Canadians have reported experiencing abuse before the age of 15 years.[4]

Family violence causes physical and psychological harm, particularly to women and children. Children who have directly experienced family violence or have been exposed to it are likelier to become victims or perpetrators of violence later in life, so that the effect of violence is passed to the next generation (Sinha, 2013).

Recognition of the harm this violence causes, and of the need to provide support to women and children experiencing it, has led to the creation of a support system focused on an immediate response to keep victims safe. In Canada, referrals to residential services and emergency shelters are among the most common referrals made by victim service providers (Allen, 2014).

Despite this, on any given day, many are turned away because domestic violence shelters are at capacity. While there is no clear data (aside from one UK report: Women's Aide, 2016) to show what happens to victims who are denied shelter, it is safe to assume that at least a portion of them stay with or return to those perpetrating the violence. Another portion likely ends up on the streets or in homeless shelters, which are unsafe locations when fleeing a dangerous assailant. Recognizing the need to move beyond a shelter-based response, current approaches can be broadly divided into three co-existing and overlapping strategies:

1) Shelter expansion: find and fund more shelters

2) Augment shelter services, referrals and supports programming

3) Implement prevention approaches.

These strategies are expanded upon below.

SHELTER EXPANSION

Understandably, persons fleeing violence need access to a safe place to stay as quickly as possible. To this end, shelters play a key role in the crisis response system being accessible to victims, providing a secure or confidential location, and connecting victims to assistance quickly. To better respond to the needs of a diverse and increasingly complex population, some domestic violence shelters have augmented their services. Recognizing the individual needs of victims and understanding the steps that drove them to seek shelter has led to the expansion of shelter-based services around safety, counselling, resources, advocacy, and support for a variety of situations such as: dealing with legal issues and navigating the legal system, building a safety plan, onsite medical services, children's services, and emotional support.

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[4] The 2017 A Focus on Family Violence in Canada Report uses 2014 data.

Dovetailing this expansion of shelter programming, a number of international reviews (WHO, 2010; Heise, 2011; UN, 2006; Wells, 2013a) have synthesized evidence on effective and promising approaches to responding to violence against women. These reviews suggest a need for comprehensive, multi-sectoral, long-term collaboration between governments and civil society at various organizational levels. Here, the intent is for shelters to become less a stop-gap, and more an effective and efficient part of a systemic response to keep women safe, prevent and end homelessness, and no longer operate as an individual or stand-alone program, but rather functioning as part of a coordinated system of programs working together to provide women fleeing violence with permanent housing solutions quickly.

CURRENT CHALLENGES

The literature on domestic violence shelters has identified a number of challenges facing these services. Glenn and Goodman (2015) and Weis (2009) suggest that as shelters proliferated in response to demand and resources available, operations became increasingly intertwined with and accountable to government funders, and accountable through contractual agreements. This contributes to the concept of shelters as a service: where residents are clients or consumers, and staff/volunteers are service providers. These arrangements often require that staff hire professionals rather than clients; measure success based on specific criteria, such as securing stable housing or leaving abuse; and adhere to screening criteria concerning who may enter shelters and how long they may stay. These changes in turn can, in turn, dramatically shift the culture and context within which clients are supported. There is some evidence that not all people experiencing violence feel that shelters are options for them, and that some are distrustful of the experiences they might have there (Lyon, 2008).

Domestic violence shelters also face operational challenges that can impede their effectiveness and adherence to service provision standards. Morrison, et al. (2016) found information barriers, safety issues, facilitator retention and training, the need for outcomes monitoring, and funding constraints impact sustained, safe, and effective work. Augusta-Scott (2016) point out that while many shelters have follow-up or outreach programs to continue providing support to residents with respect to critical issues such as housing, employment, and income support, the funding for these services can be tenuous as they may be considered as extras rather than essential to the operation of shelters.

Finally, many women who are seeking refuge from domestic abuse are being turned away from shelters that are unable to accommodate them. For a woman to access a shelter space it must be available both at the time and in the location she needs it. It must also match her requirements, such as having space for children, and the appropriate support to meet her unique needs. The high demand for shelter space often leads to many enquiries and referrals for each space in a short period of time, meaning that by the time a woman contacts or arrives at a shelter space, it may have already been taken (Women's Aide, 2016).

These challenges faced by domestic violence shelter providers are impacting their ability to deliver a quality service for all women and their children who require it, and this has lead to the

exploration of new paradigms for Canadian domestic violence shelters, including their objectives, service models, policies, and practices.

THE CANADIAN CONTEXT

To better understand the context in which the Shelter 2.0 model is being developed, this section takes a closer look at the Canadian context in which domestic violence shelters operate. In terms of raison d'être, the safety of the victim is the priority of a domestic violence shelter. This is manifested in the physical features of the sites: bulletproof glass, outside and indoor cameras, double entry gateways, and areas restricted to badge access are just a few of the features used to keep women fleeing violence and their children safe (Duffy and Momirov, 2011; Tutty, 2007).

From a program design perspective, these shelters are generally designed for communal living: women with children share a room, single women share rooms, and then there are common spaces to the entire house (such as living areas, kitchen, dining areas) that are shared by all residents. Depending on the funding formula, in some provinces women with small families will share the same room (Tutty, 2007).

Emergency accommodation is provided on a 24-hour basis, seven days a week, and developed exclusively to address the safety needs of abused women. Access to shelters is universal regardless of the financial resources available to the individual. The typical length of stay at a domestic violence shelter in Canada is one to 21 days although most programs today offer extensions as needed, or provide longer stays, given the lack of housing and other resources available in communities (Beattie and Hutchins, 2015). A recent study by Sullivan and Virden (2017) found that the length of stay in a shelter was not correlated to outcomes achieved nor overall satisfaction, supporting the argument that many shelter staff work from an empowering, survivor-driven philosophy to meet the myriad of needs of shelter residents, and that the help they provide leads to positive outcomes. These findings substantiate the assertion that domestic violence shelters are critical resources that address far more than immediate safety needs of victims.

Currently, shelters exist in every province and territory and provide services to women and child victims of various types of abuse. Statistics Canada most recent data reports 627 shelters for abused women were operating across Canada on April 16, 2014.

Table 2: Number of shelters, beds in Canada

Province or Territory	Shelters*	Beds
Alberta	60	1,437
British Columbia	113	1,677
Manitoba	32	926
New Brunswick	25	352

Newfoundland and Labrador	16	220
Northwest Territories	6	98
Nova Scotia	17	264
Nunavut	4	48
Ontario	177	4,271
Prince Edward Island	6	65
Quebec	135	1,926
Saskatchewan	29	693
Yukon	7	81
Total	627	12,058

*The term "shelter" is used broadly to refer to all residential facilities for abused women.
Source: Beattie and Hutchins, 2015

Types of residential shelters for abused women
According to the Beattie and Hutchins (2015), there are a variety of different types of facilities in Canada that offer services to abused women seeking shelter:

- **Transition home:** Facility offering short- or moderate-term (one day to 11 weeks) secure housing for abused women with or without children. This type of shelter may also be referred to as first-stage emergency housing. In 2013/2014 there were 281 transition homes known to be in operation.

- **Second-stage housing:** Facility offering long-term (generally three to 12 months) secure housing with support and referral services designed to assist women while they search for permanent housing. In 2013/2014 there were 123 second-stage housing facilities known to be in operation.

- **Women's emergency centres:** Facility offering short-term (one to 21 days) respite for women and their dependent children. In 2013/2014 there were 80 women's emergency centres known to be in operation. This facility may serve those experiencing violence.

- **Emergency shelters:** Facility offering short-term (one to three days) respite for a wide population range, not exclusively abused women. Some facilities may provide accommodation for men as well as women. This type of facility may accommodate residents who are not associated with family abuse, but are without a home due to an emergency situation (e.g., eviction for non-payment of rent). In 2013/2014 there were 84 emergency shelters known to be in operation.

- **Safe home networks:** A network of private homes in rural or remote areas where there is no full-fledged operating shelter. It offers subsidiary, short-term (one to three days) emergency housing for women. In 2013/2014 there were 17 "safe home" networks known to be in operation.

- **Other:** Includes all other residential facilities offering services to abused women with or without children, not otherwise classified. In 2013/2014 there were 42 other residential facilities known to be in operation.
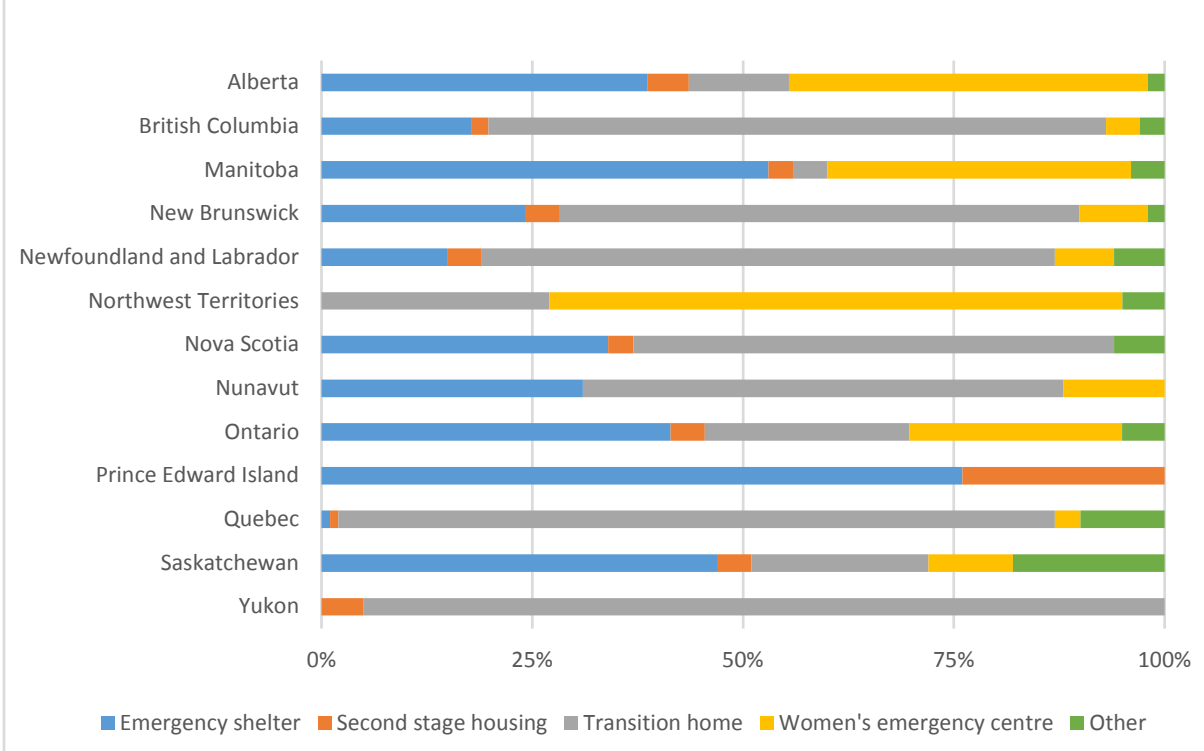
Admissions

In 2013/2014, shelters across Canada reported 60,341 admissions of women, representing a rate of 403 admissions per 100,000 women 15 and older.[5] The rate of admissions tended to be higher in the territories and the western provinces. Saskatchewan had the highest rate of admissions among the provinces (717 admissions per 100,000 women) while Prince Edward Island reported the lowest (138 admissions per 100,000 women).[6]

Figure 1: Shelter Admissions

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[5] Admissions refer to the official acceptance of a resident into the facility with the allocation of a bed, child's bed, crib, bedroom or bedroom unit, or apartment. The total number of admissions of women includes those who may have been admitted more than once. Each shelter visit is counted as a separate admission. For example, the same woman being admitted to a facility three times in a year would count as three admissions.

[6] Admission rates vary according to shelter capacity. As a result, differences among the provinces may be influenced by the number of high capacity shelters in operation.
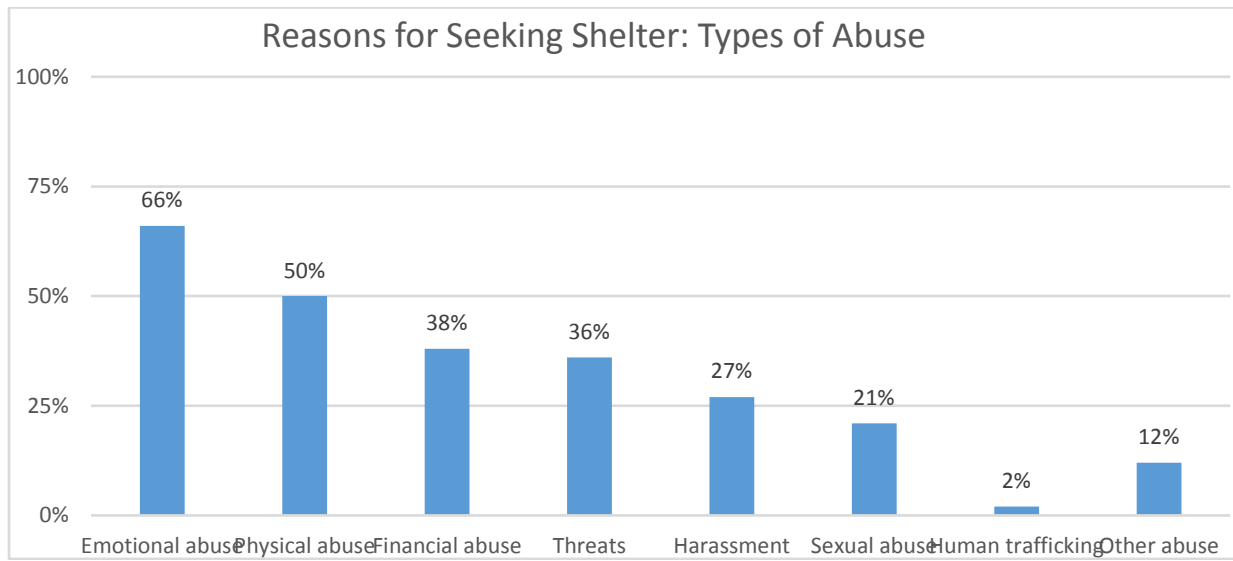
Annual % of admissions of women to shelters, by type of shelter, provinces and territories, 2013/2014

Province/Territory	Emergency shelter	Second stage housing	Transition home	Women's emergency centre	Other

Source: Beattie and Hutchins, 2015

As seen in Figure 12 below, emotional abuse (reported by 66% of women residents) and physical abuse (50%) were the most common reasons women sought shelter. This finding held true for most provinces and territories.

Figure 12: Reasons for Seeking Shelter

Reasons for Seeking Shelter: Types of Abuse

Type of Abuse	Percentage
Emotional abuse	66%
Physical abuse	50%
Financial abuse	38%
Threats	36%
Harassment	27%
Sexual abuse	21%
Human trafficking	2%
Other abuse	12%

Source: Beattie and Hutchins, 2015

Research shows most domestic violence shelters in Canada and internationally implement a standard range of practices. These have been categorized into broad themes that emerged from the research reviewed focusing on best, promising, and emerging practices.

Safety Planning

Campbell, et al. (2009) and Messing, et al. (2015) validate and emphasize safety planning as an essential part of the work shelters undertake with clients experiencing domestic violence. Safety planning is the creation of a plan to keep the victim and any children and/or pets safe while living in an environment of domestic violence and abuse, preparing to leave, leaving, and after leaving abuse. Common practices vary widely from site to site, ranging from the simple provision of informational materials or a basic escape plan to a more comprehensive approach that addresses a broad range of the victim's short- and long-term needs. Effective strategies for safety planning vary from woman to woman although those linked with shelter services may be more likely to improve safety (Goodkind, et al. 2007).

Best Practice
The process of safety planning typically includes defining what safety means to the client, viewing the client as the expert in his or her safety, and holding a dialogue through which the client can discuss his or her safety concerns with a trained professional. The literature emphasizes that the result of this process should be a detailed, personalized plan that provides specific strategies to help the client make decisions that will promote his or her safety in the face of an abusive situation (Kress, et al., 2008; Women's Aide Federation, 2009; Northcott, 2012). Authors found that a thorough assessment of risk that is appropriately conveyed to the client is an important element in promoting her safety, rather than simply relying on a tool for predicting intimate partner violence: users are cautioned with respect to various tools' strengths and weaknesses. All instruments and methods have a certain level of fallibility, meaning that they should never be taken as definitive (ACWS, 2016).

Promising Practice
Safety plans are increasingly being computerized and recent studies from NZ (Koziol-McLain, et al. 2015), and the USA (Glass, et al. 2010) have indicated an online decision aid was useful, provided much-needed privacy for making safety decisions, and reduced decisional conflict. Safety plans are increasingly including children and youth. In Canada, there are no standardized tools available to assist support workers to develop safety plans with children and youth who have been exposed to domestic violence, thus provinces are addressing this gap by providing support workers with various resources to develop individualized safety plans for children and youth, and provide support workers with information for mothers/caregivers and children/youth exposed to, experiencing, and/or fleeing from domestic violence (BC Ministry of Justice, 2012). Safety planning has evolved to include strategies while on the job, in public, or online. The latter is of particular concern with shelter staff reporting concerns with the way perpetrators have misused technology through email, texting, apps, software, and social media. Location enabled devices (toys, cell phones) can put the security of hidden shelter locations and their residents at risk (Shelter Voices, 2017).

One study, The Technology Safety Project of the Washington State Coalition Against Domestic Violence, increases awareness and knowledge of technology safety issues for people experiencing domestic violence and advocacy staff. The project used a "train-the-trainer" model, and provided computer and Internet resources to domestic violence service providers to (a) increase safe computer and Internet access for domestic violence to help seekers in Washington, (b) reduce the risk posed by abusers by educating those experiencing abuse about technology safety and privacy, and (c) increase the ability of clients to help themselves and their children through information technology. Evaluation of the project suggests that the program is needed, useful, and effective. Client satisfaction was high, and there was perceived improvement in computer confidence and knowledge of computer safety (Finn and Atkinson, 2009).

Shelter Location

The literature is lacking on whether open or hidden shelters are safer. Some domestic violence shelters work to ensure resident security by keeping the shelter's location a secret (hidden); residents and staff are instructed not to reveal the address of the shelter. Other shelters have made a decision to have an open (also known as private or confidential) location: people experiencing violence should not have to "hide out" in their own communities. The staff feel that maintaining an unknown address increases residents' feeling of insecurity and powerlessness, and may reinforce residents' feelings of shame and humiliation in connection with the violence (Minnesota Advocates for Human Rights, 2003).

Promising Practice
In open address shelters, while residents do not generally reveal their location to their perpetrator, the shelter's address is listed in the local phone directory and on shelter brochures. Some shelters that have the advantage of being a part of a network of shelters can move a resident from one shelter to another if the perpetrator discovers her location. In these networks, while the locations of the individual shelters are known, the locations of the victims are not. Other shelters that do not have the advantage of working in a network will move a woman to safe locations (i.e., safehouses), such as an advocate's apartment, if she is located by her abuser (Stop Violence Against Women, 2003).

Bulluck (1997) in a NY Times article found bringing shelters out in the open helps make communities more aware of the problem of domestic violence, makes it easier for abused women to find out about the shelter and get to it, helps shelters raise money and in some cases nets them the increased cooperation of hospitals and town leaders. It remains the only evidence found to date on hidden vs open shelters.

One example: In the Netherlands, The Oranje Huis (Orange House) is a women's refuge shelter where the issue of domestic violence is no longer hidden in an undisclosed location. Oranje Huis is now visible and recognizable. In addition there is also a Domestic Violence Support Centre within the shelter, which means that all services are available collectively under one roof. Oranje Huis is a place for advice, coordination, support, and shelter. In summary, an Oranje Huis provides direct help for all family members who are emotionally impacted as a result of domestic violence. Furthermore the aim of this assistance is not necessarily focused towards the termination of relationships; its fundamental goal is to stop violence (Oranje Huis, 2017).

Security

All shelters, particularly open address shelters, must make shelter security a vital issue for the residents. Crime Prevention through Environmental Design (CPTED) is a crime prevention strategy used by planners, architects, police services, security professionals, and everyday users of space. CPTED contends that the proper design and effective use of the built environment can lead to a reduction in the incidence and fear of crime, and improve the quality of life (The Design Centre For CPTED, 2017). For domestic violence shelters, Situational Crime Prevention is the general approach under the CPTED umbrella to forestall the occurrence of crime, rather than to detect and sanction offenders (Clarke, 2007).

Best Practice
While there is a whole body of academic and urban theory and practice on CPTED and several documented examples of successful situational prevention with outcomes indicating reduction in crime (Clarke, 2007; Cornish and Clarke, 2003) that may be adapted to the domestic violence shelter context, the literature is lacking in outcomes-based shelter security analyses. A search of security best practice highlighted the United Nations Women's "Virtual Knowledge Centre to End Violence against Women and Girls"[7] which recommends domestic violence shelters require security as part of the risk management of shelter work, and they should install security features within and around the facility, such as:

- Strong, secure doors, with safe entrances that cannot be forced open;

- One location established as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time;

- Internally locked entrances and doors with monitored access to the building (ideally including technical monitoring system such as cameras);

- Gratings (metal bars) on all windows accessible from the outside;

- Security of the land/area surrounding the facility, including:

    o Any outdoor space used by women (e.g. fenced and locked gardens)

    o Indoor and outdoor security cameras

    o Chain link fencing

    o Motion lights

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[7] The primary purpose of the Global Virtual Knowledge Centre is to encourage and support evidence-based programming to more efficiently and effectively design, implement, monitor, and evaluate initiatives to prevent and respond to violence against women and girls. To achieve this, the Global Virtual Knowledge Centre offers a 'one stop' service to users by making available the leading tools and evidence on what works to address violence against women and girls. It draws on expert recommendations, policy, and program evaluations and assessments, and fundamentally, on practitioners' experiences from around the world.

- o Personal safety alarms for staff

- o Bulletproof or riot glass on windows

- o Visible parking areas where relevant.

Shelters should work with local police to develop, implement, and periodically review a police security plan, which may involve:

- Button-activated alarm systems to directly inform police of an emergency;

- Direct emergency phone line to the police;

- Map of the layout of the shelter and surrounding grounds, including entrances, and facility locations provided to the police;

- Regular meetings with police to discuss security issues;

- Fire prevention and regular fire safety checks.

Visitors must contact the shelter in advance for permission to enter. Everyone buzzes for admission and identifies themselves over an intercom. The most important presence is around-the-clock staff (Shostack, A, 2001).

Staffing

As shelter services have expanded, providing effective shelter services requires a team of staff with a variety of roles, responsibilities, and skills. Wies (2006) and Merchant (2015) discuss how the nature of domestic violence shelter service provision is changing as a result of the increasingly privatized nature of social service provision and subsequent shifts in domestic violence advocacy participation practices and professionalization trends. Some studies indicate that increasing levels of professionalism may have a disempowering effect among frontline workers (Wies, 2006; Wies, 2008).

Best Practice
For shelters that are accessible 24 hours a day, there should be trained staff present at all-hours who are responsible for emergency admission to receive and facilitate women's access to the shelter's protection and accommodation; provide information and orientation to its services; and complete required paperwork for the intake process in a manner which establishes trust with women. Core shelter staff provide crisis intervention as needed, conduct initial risk assessments and individual safety planning, and implement facility security by following specific safety measures or monitoring security in and around the facility (UN Women, 2012b). Lyon (2008) emphasizes that the response to domestic violence depends on the expertise, experience, and commitment of workers in the field who deal with the realities of women escaping violence on a daily basis.

Van Berkum and Oudshoorn (2008) state in addition to the core staff roles above, and depending on the service model and resources available, daytime staffing may also be required for:
- Individual counselling;

- Therapeutic intervention, including diagnosis and/or treatment of trauma;

- Coordination and facilitation of support groups;

- Specialized services, such as legal advice or counsel, medical diagnosis, or treatment (including through referral);

- Outreach services and community liaison;

- Language interpretation or staff specializing in working with specific populations or groups (ethnic minorities, adolescents, children, women with substance issues, etc.); and

- Shelter management and administration.

Sound management and staffing practices are needed to ensure the quality and sustainability of services provided by shelters, particularly given the stressful and often insecure work environment, and limited resources in which most shelters operate. Shelters are typically not able to hire staff with the qualifications and skills to provide all of the services above. Organizations should prioritize specific roles and qualifications based on the shelter's vision and identified needs of the women it will support. To maximize the range of services that can be provided with limited resources, staff may be brought in on a case-by-case basis, and/or staff with diverse/multiple skills may be sought (UN Women, 2012b). This cross-system collaboration by child welfare, courts, law enforcement, schools, health care, and community and faith-based organizations where services are brought to the shelter is growing,[8] as evidenced by Canadian and international research indicating this coordinated, interagency response better assists victims with their multiple needs, and victims are better supported in dealing with the impact of the domestic violence (Qld Government, 2002; Lyon, et al. 2008; Evans and Feder, 2016). This is discussed further in the section on challenging the shelter model.

Promising Practice

Training
Some shelters require staff to have professional training, some do not (Stover, 2014). Most, however, provide on-the-job training for both staff and volunteers. Staff and volunteers generally receive training when they start working at the shelter; most shelters also provide "in-service" training at monthly, quarterly, or bi-yearly intervals. Shelters also provide staff and volunteers with opportunities to exchange information and experiences; these opportunities should happen more often than training, and can, for example, be part of a weekly or bi-weekly staff meeting. Trainings are also vital in ensuring continuity of information; while this may not be as crucial if there is low turnover, such efforts are absolutely necessary when new staff are beginning to make sure institutional knowledge is not lost (Wathen, et al. 2011). Ensuring that staff have opportunities to exchange experiences with one another also helps to guard against staff burnout.
Consistent case manager
Given the complexity of victims' needs and the comprehensiveness of the services provided, service providers, law enforcement, and victims reported that having a consistent case manager from identification through case closure was a promising practice. While such consistency was

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[8] These are discussed further in the following shelter practice sections.

not possible in all cases due to shelter staff turnover and the lack of funding for case managers for domestic victims, when it was available it benefited the victim, service providers, and law enforcement, including prosecutors. Grey literature suggests a central case manager with knowledge of all aspects of a victim's situation can ultimately save time and resources (Office for Victims of Crime. 2017; Government of South Australia, 2013).

Emerging Practice
In Canada, the past decade has seen increased collaboration and social innovation on the issue of violence against women, and more specifically the role of shelters has emerged: Women's Shelters Canada[9] (formerly the Canadian Network of Women's Shelters & Transition Houses) and YWCA Canada are leaders in knowledge exchange and adoption of innovative practices. Current innovative initiatives include:

- The **Practice Exchange Project** (PEP) offers tools that encourage collaboration between shelters and support implementation of promising and model practices across Canada. The tools of the PEP are being integrated into ongoing capacity building and knowledge exchange projects;

- The **Shelter Exchange Program** is a new initiative that pairs shelter workers from shelters/transition houses in different provinces or territories in reciprocal exchanges, to learn from each other's work, practices, and contexts in a hands-on way.

In terms of shelter-focused knowledge exchange, each year the Women's Shelters Canada publishes Shelter Voices from data collected from shelters across the country. Shelter Voices highlights the voices behind the numbers – the voices of shelter workers dedicated to providing services to the women and children they serve as well as people experiencing violence themselves (Women's Shelters Canada. 2017).

The Centre for Research & Education on Violence Against Women & Children (CREVAWC, 2011) brought together the developers and deliverers of Domestic Violence Training in Ontario in 2011. The overall purpose for the meeting was to promote planning for domestic violence training: there is no national standard for domestic violence training in Canada. Several themes came out of the discussions and importantly the identification of core competencies/outcomes that could inform a national framework or knowledge base for shelter staff training:

- What is domestic violence? (Recognize)

- What are the impacts of domestic violence? (Recognize)

- Interventions (Respond)

- Self-Reflection (Reflective Practices)

- Professional role and practice (Referral, Risk Reduction)

- Inter/Intra Professional Collaboration (Referral, Risk Reduction)

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[9] A network of 14 provincial and territorial shelter networks representing over 400 shelters across Canada.

As long as shelters put staff training, key safety and procedural practices in place, limited staffing is not a problem. The ability to provide quality advocacy to those residing in shelters is not predicated on staffing levels, but rather staff training.

Documentation and Record Keeping

Adequate record keeping can serve a number of functions for shelters. First, an initial description of a new resident's situation can be made available to staff members, so that staff members who may not have been present when the woman arrived do not need to ask the resident again about her situation. Second, this information helps shelter staff remain up-to-date on the needs of battered women in the community. Third, to protect the shelter from liability, it is necessary to document clients' consent to receiving services.

Best Practice
According to National Network to End Domestic Violence (2010) people experiencing violence should be able to decide when, what information, and to whom their information is shared. Sullivan and Cain (2004) recommend shelters should take precautions to protect residents' safety and confidentiality such as not disclosing information about residents to anyone and restricting access to resident files. This can be facilitated by implementing a client information management system. An electronic database protects clients' data from unauthorized access, use, or modification. Domestic violence shelter databases are standalone and information is not shared even if the community has a coordinated information management system connecting other service providers. CEPAL (2002) research on several countries show advanced data collection protocols for domestic violence data collection by shelters. These systems have been developed primarily for providing data to satisfy attempts by funding agencies to evaluate processes associated with the service delivery activities of shelters.

In addition, Iyengar and Sabik (2009) found documenting the number of women who use the shelter could help establish a need for service(s) that can be used in funding applications. Often shelters provide a variety of services that are not funded. Statistics can also be useful in conducting community education efforts; they can help to further the public's awareness of the prevalence and seriousness of the problem.

At the shelter level, effective monitoring and evaluation contributes to ongoing refinements in practice to ensure the best possible services are being provided. In order to adequately monitor and evaluate shelter and related services, UN Women (2012a) recommend shelter documents should clearly describe the following:
- Descriptions of program recipients or beneficiaries, which might include women and their children, or girls who are fleeing violence;

- Definitions of program inputs, which are financial and other resources required by shelters and related programming to deliver services;

- Definition of activities, which include all services and supports that a program or shelter provides in order to achieve the desired outcomes;

- Definition of the outputs, or what the inputs and activities will generate; and

- Definition of the outcomes, or what is expected to change as a result of the inputs, activities, and outputs.

It is crucial for shelters to understand the extent of their service provision and operate within the confines of what they can and cannot do considering their funding and resources: despite the implementation of outcomes databases at domestic violence shelters growing this decade, reviews of evidence related to overall shelter services indicate there is, "limited empirical evidence regarding the effectiveness of domestic violence shelters" (Wathen, 2003; Sullivan, 2012). One of the reasons for this lack of evaluation is that shelters are often not funded to undertake evaluations as well as service provision, and that the transient nature and safety concerns of the clients make evaluation challenging.

One study (Berk, et al., 1986) that used a cohort design found that, "rates of reported violence did not differ between those who stayed at a shelter and those who did not." However, specific services provided to women during their shelter stay are reported to be helpful (see sections on advocacy, counselling, housing, and supports referrals).

Health Supports

Many women fleeing domestic violence face serious health issues related to physical health, trauma-related symptoms such as depression, anxiety, suicidal ideation, and stress as well as addiction issues and mental health issues related to their experience of violence (Hoffart, 2014). The vast majority of domestic violence shelters in Canada and internationally provide screening and referral to external medical services only. Evidence-based literature suggests health care partnerships with domestic violence shelters are critical in order to provide training, develop referral protocols, and link domestic violence victims to medical and mental health services (Dutton, et al., 2015; Ferreira R. et al., 2016; Webb, 2001). Each author recommended specialist health visitors onsite at the shelter to facilitate and provide support, liaison, and follow-up.

Best Practice
Evidence emphasizes shelter health supports should include onsite experts in physical, mental, and substance abuse/addictions:
- Link women to needed medical services and provide onsite mental health support

- Wellness and nutritional programming

- Substance use self-help groups

- Individualized plans between case managers and addiction treatment staff for pregnant/ mothers (e.g. using harm reduction model) and allow women to set their own goals

(Lyon, 2008; Sysko, 2002; Dawson, et al., 2013; Kim and Crutchfield, 2004)

Promising Practice
In terms of onsite health care, multiple shelters in the USA offer this service if funding is designated, yet only one study was found on provision of nursing care management services in a shelter-based clinic. D'Amico in Allander, et al., (2012) found a shelter-based clinic is a safe,

confidential, and easily accessible place for women and children victimized by domestic violence to receive immediate care and ongoing assistance for health-related needs. Mobile medical clinics (MMCs) are non-traditional health care strategies that increase access to care by removing geographic and social barriers associated with traditional, fixed health care settings. Little research, however, has explored factors influencing access to MMCs specifically, and there are no studies that analyze the spatial distribution of MMC clients, health care service utilization, and frequency of MMC usage. Gibson, et al., (2014) found that MMCs innovatively increase health care accessibility and reduce health disparities for communities and individuals marginalized by geographic, social, and structural barriers through delivering essential services at shelters.

Acknowledging this site-specific gap in Canadian service provision, a 2014 ACWS position paper "Responding to the health needs of women and children involved in domestic violence" makes the following recommendation:

> Establish coordinated care teams to implement individualized service planning and case management processes for women and children accessing women's domestic violence emergency shelters. It is expected that this team may vary to some extent from one community to another. However each team should provide the following:
> - **Nursing services** to: provide health assessments and physical check-ups for women and children managing medication needs, prescriptions, and medication administration protocols; screen for sexually transmitted infections; complete developmental screenings for children; and provide vaccinations and flu shots;
>
> - **Dental** repair and dental hygiene for women and children
>
> - Consultation from a professional qualified to assess **mental illness**, and recommend treatment; and
>
> - **Nursing services** that support women and children as they transition from domestic violence emergency shelters to second stage shelters or the community. These services should support women and children to access needed specialists, develop connections with the designated primary care network in their community, and follow through on appointments and other recommendations in the health care case plan as they develop connections to community-based services and incorporate positive health care practices into their lifestyle

Emerging Practice

Another program from Canada of relevance is titled **Saying Yes: Effective Practices for Sheltering Abused Women with Mental Health and Addiction Issues**. Many women with mental health and addiction issues who experience violence face very restricted access to shelters and transitional housing for abused women: they are turned away if under the influence. This leaves them at substantial risk of homelessness and their needs unaddressed. Some shelters have adopted policy and practice innovations to provide wider access for this population of abused women (YWCA, 2014).

Advocacy

Shelter staff offer victims information, emotional support, and help finding resources and filling out paperwork. Sometimes staff members go to court with victims, and may also contact organizations, such as criminal justice or social service agencies, to get help or information. Ramsay (2009) found individual advocacy and assistance with service navigation for women in or just leaving shelter is effective, and can improve women's physical and psychosocial wellbeing by increasing their use of safety behaviours and reducing their symptoms of psychological distress and depression.

Rivas, et al. (2015) reviewed scientific literature worldwide comparing advocacy for abused women with no care or usual care, to understand whether advocacy was safe and effective. The findings indicate intensive advocacy may improve everyday life for women in domestic violence shelters/refuges in the short term, and reduce physical abuse one to two years after the intervention. There is no clear evidence that intensive advocacy reduces sexual, emotional, or overall abuse, or that it benefits women's mental health. It is unclear whether brief advocacy is effective although it may provide short-term mental health benefits and reduce abuse particularly in pregnant women and those suffering less severe abuse.

Best Practice
Research from the USA (Bergstrom-Lynch, 2017; Morgan and Coobes, 2013) indicates the empowerment style of advocacy offered in shelters can protect women from domestic violence. Perez, et al. (2012) used regression analysis to measure the importance of fostering empowerment and addressing PTSD in addition to the provision of resources in battered women. Empowerment demonstrated greater relative importance over resource acquisition. Specifically, empowerment was found to attenuate the impact of IPV severity on PTSD at low and moderate levels of violence.

Some shelters provide post-shelter follow-up programs, a form of intervention designed to provide support and advocacy to women who wish to establish new lives independently from their abusive partner. The literature on the efficacy of follow-up programs is limited. Tutty (1996) found the majority of the women perceived follow-up programs as central in their not returning to an abusive relationship.

Promising Practice
Grey Literature shows many shelters are using pro bono services particularly for legal services. This often involved providing training to attorneys on the issue of domestic violence and allowing them to interview clients. While this resulted in a larger pool of affordable and appropriate service providers for clients, it required significant training and monitoring according to providers (The Queen Mary Pro Bono Society, 2014; Pro Bono Australia, 2016).

Supports for Children and Youth

Domestic violence shelter providers are important first responders for children who may be experiencing symptoms of trauma. This is particularly true because many shelter staff members may spend more time with children than other first responders. Witnessing domestic violence or becoming a direct victim of abuse can have a lasting, negative effect on children, and can contribute to the cycle of violence in the future.

In Sullivan (2012), two studies included a focus on shelter outcomes for children and youth (Chanmugam, 2011; Lyon et al. 2008). Chanmugam (2011) separately interviewed 14 adolescents and their mothers about their shelter experience with the teens reporting many benefits. They appreciated being with other residents, the safety provided by the shelter, and the financial support for their mothers, while disliking the rules and lack of privacy. The other study included outcome questions about the children that the mothers completed. Mothers in Lyon and colleagues' study (2008) reported that, as a result of shelter, their children felt more supported (84%), had a greater understanding of what had happened to them (78%), and were able to express their feelings without using violence (77%).

Promising Practice
In the USA and Canada, research is developing on the following:
- Psychotherapy designed for mothers and children together can increase the quality of parenting and increase positive outcomes for children (Leiberman, et al. 2005);

- Many abusive men are concerned about the effect of violence on their children and the children of their partners. Some may be motivated to stop using violence if they understand the devastating effects on their children (Rothman, et al. 2007);

- A safe, stable and nurturing relationship with a caring adult can help a child overcome the stress associated with intimate partner violence (Middlebrooks and Audage, 2008);

- ACWS Children's Project, phase I − women's shelters and shelter-related programming provide an opportunity to intervene with children who have experienced family violence early on, before trauma impacts become significant and irreparable (ACWS, 2013).

There is a clear and compelling need for domestic violence shelters to provide care for children and youth in the areas of mental health, comprehensive pediatric care, dental care, or academic readiness.

Emerging Practice
Based in the USA, Futures Without Violence (2017) has been providing ground-breaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world. The following innovative programs are undertaken in shelter settings:
- A Window Between Worlds: a non-profit organization dedicated to using art to help end domestic violence;

- Attachment, Self-Regulation, and Competency (ARC): a treatment framework with a components-based model that was designed to be flexibly applied with children across demographic and treatment settings, and ranging in age from early childhood through late adolescence/early adulthood;

- Caring Dads: Helping Fathers Value Their Children: Group parenting intervention for men who have been identified as having, or being at high risk for, abuse or neglect of their children or exposing their children to domestic violence. Intervention includes

contact with children's mothers and coordinated case management to reduce risk that fathers may pose to members of their families;

- Child-Adult Relationship Enhancement (CARE): This intervention utilizes live coaching of adult caregivers and their children based on a modification of Parent-Child Interaction Therapy (PCIT). CARE is a skill-based intervention to enhance the adult-child relationship;

- Christians As Family Advocates – CAFA Parenting Program: Parenting classes for parents who have committed domestic violence and parents who have been victims of domestic violence; separate group classes are provided to offending and non-offending parents;

- Community Group Program for Children and Mothers Exposed to Woman Abuse: Inter-agency collaborative model that provides group treatment for mothers and children exposed to domestic violence;

- Kids' Club and Moms' Empowerment: Parent group training/therapy (mothers only) with behaviour management plus child group training/therapy with development of social skills;

- Parent-Child Trauma Recovery (PCTRP): Advocacy and safety planning combined with relational, parent-child psychotherapy.

- Seeking Safety (SS for Adolescents): Present-focused, coping skills therapy for adolescents that targets trauma /posttraumatic stress disorder (PTSD) and/or substance abuse and can be delivered as group or individual sessions;

- TARGET-A: Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents: Individual or group counselling adapted for preadolescents and adolescents for the prevention and treatment of Post Traumatic Stress Disorder (PTSD). TARGET uses a strengths-based approach that teaches a set of seven skills;

- Trauma-Focused Cognitive Behavioural Therapy (TF-CBT): Cognitive behaviour therapy to address childhood posttraumatic stress disorder (PTSD) symptoms through individual therapy sessions with child and parent and joint parent-child sessions.

Cross-system collaboration between domestic violence shelters and child welfare and schools is also growing and can lead to improved service delivery to families that are dealing with issues of domestic violence and child maltreatment at the same time (Australian Institute of Criminology, 2011; Family Violence Prevention Fund, 2007; MacPherson, 2010).

Cross, et al. (2012) reviews research, policy, and programming in Australia, Canada, and the United States on ways to improve the response to child exposure to domestic violence (EDV). Conclusions indicate that in order to improve the response to EDV, shelters should collaborate with other disciplines that prevent and respond to domestic violence, support training and

programming, consider methods that avoid stigmatizing parents, and build in a program evaluation component to increase knowledge about effective practice.

Counselling

Counselling can be a means to provide victims with a sense of reality, perspective or clarity on the issues at hand. It can also be a tool to increase coping skills with an individual in a safe environment. McNamara (2008), Tutty (2006), and Lyon (2008) found individual counselling of women in the shelter might support their resilience: outcomes related to self-esteem and coping. Bennet (2004) and Grossman (2010) indicate that women who seek more forms of help while in shelter report less re-victimization suggesting that offering treatment may make women more amendable and capable of utilizing other resources that in turn enhance the potential benefits of other shelter services. It appears that a critical time to intervene is when a woman is a resident of a domestic violence shelter, considering that many seek help from shelters and have instituted a change in their life.

Best Practice
Individual counselling grounded in a feminist approach is consistently recommended as the most appropriate and effective form of intervention with people experiencing violence (Bagshaw, et al., 2000). Evidence-based literature dated beyond the scope of this report is highlighted given the following influential articles: Greenspan (1983) found that many traditional approaches aim to overcome the woman's resistance to her gender role while feminist counselling challenges traditional gender roles. McCann and Pearlman (1990) and Walker (1991) advocate a feminist approach as traditional approaches do not seek to empower women. Feminist counsellors seek to affirm women's sense of entitlement to their own thoughts, feelings, needs, and assertive actions. Assessment of the appropriateness of particular therapies when counselling people experiencing violence is also outside the range of this paper. It is clear that a range of skills in supportive counselling, crisis intervention and more clinical skills for managing symptoms such as depression, anxiety, and PTSD is required.

Promising Practice
There is interest in online service and information provision. While no online services have been rigorously evaluated, protocols are being developed to ensure appropriateness and safety alongside a growing collection of online strategies.

Engaging Men and Boys

Wells, et al. (2013b) discusses the rationale for involving men and boys in violence prevention programs: the majority of men do not use violence, nor condone it: "domestic violence is still largely perpetrated by men; constructions of male identity and masculinity play a crucial role in shaping some men's perpetration of physical and sexual assault; men have a positive role to play

in helping to end men's violence"; men and boys shape and, "send powerful messages about relationships, violence, and power."

This recent comprehensive review of the literature shows most programs are at the Promising or Emerging Practice level. Programs are aimed at changing men's attitudes and behaviours towards women such as public awareness campaigns, but also more direct, targeted interventions such as educational activities or peer group activities in a variety of settings such as the workplace, sports, and the military, as well as the community. Thus, these programs are generally not run by shelters, but are collaborative instead.

Promising Practice
Wells, et al. (2013b) identified seven promising areas for engaging men and boys in domestic violence prevention. These appeared most consistently in the literature as areas with potential to affect positive change among males. They are:

- Promoting positive fatherhood as a primary prevention strategy;

- Promoting men's health to prevent domestic violence;

- Infusing prevention policies and activities within sporting and recreation settings as a domestic violence prevention strategy;

- Leveraging the workplace as a key setting to prevent domestic violence;

- Supporting non-violent men and boys to influence their peer relationships as a domestic violence prevention strategy;

- Support non-violent male leadership throughout all sectors, so more men can become allies in preventing domestic violence; and

- Support Aboriginal healing to prevent domestic violence.

There is an opportunity to further engage men and boys in ending domestic violence and in developing strategies to be implemented at the provincial, municipal, and practice levels.

Perpetrator Programs

In recent years there have been a number of literature reviews and meta-analyses of domestic violence perpetrator programs. While evaluations tend to find that men who complete interventions programs often have lower levels of recidivism, drop-out rates are very high. Systematic evaluations have found few rigorous studies of perpetrator programs that reported significant positive results. Overseas studies that have looked at perpetrator programs combined with other interventions – such as substance abuse programs or couples' therapy – have been inconclusive (Babcock, et al. 2004; Ellsberg, et al. 2014).

From a shelter perspective, questions arise as to how best to ensure that the men who need these programs get referred to them, and that the women who are abused by these men have access to

appropriate services. This has led to the development of integrated approaches, which encompass the responses of police, courts, and social services to preventing and stopping domestic violence. In the USA, shelter standards state a shelter may operate a perpetrator program in a separate location from that which serves the victim, their children and/or dependents. Thus, perpetrator programs are run offsite; in some cases, shelters contract with an independent program in the community as well (Tennessee Department of Finance and Administration, 2001).

It is important to note here the need to challenge cultural stereotypes that still assume that the perpetrators of domestic violence are men and the victims are women.[10] Depending on the methodology, some studies have found that the incidence of female-to-male intimate partner violence in the general population is as high as that of male-to-female intimate violence. To date, there are few studies that have been devoted to understanding women who are violent towards their partners. An emerging body of research suggests that several contextual factors and motives may distinguish female and male perpetrators of domestic violence, and that the consequence of this violence may differ between the genders (Gabora, 2007). Williams, Ghandour, and Kub (2008) review a decade of empirical studies that examine the prevalence of female perpetrated intimate partner violence across three distinct populations (adolescents, college students, and adults). All studies were published between 1996 and 2006, and reported prevalence rates of physical, emotional, and/or sexual violence perpetrated by females in heterosexual, intimate relationships. The highest rates were found for emotional violence followed by physical and sexual violence. Prevalence rates varied widely within each population, most likely due to methodological and sampling differences across studies. Few longitudinal studies existed, limiting the extent to which the authors could identify developmental patterns associated with female-perpetrated intimate partner violence.

Trauma-Informed Care

In a seminal article on the development of a trauma-informed service system, Harris and Fallot (2001) propose that such a system is one in which administrators and staff understand how traumatic experiences negatively affect behavioural health in multiple ways, and are committed to responding to those needs through universal trauma screening, staff education and training regarding trauma and its effects, and willingness to review and change policies and procedures to prevent the (re)traumatization of clients. Today, there is broad literature on practices and model programs for trauma-informed approaches in working with people experiencing violence in all countries (Anyikwa, 2016; Blue Knot Foundation, 2016; Hopper, et al. 2010).

Wilson, et al. (2015) systematically identified key documents that describe trauma-informed approaches at domestic violence shelters, and then conducted a qualitative content analysis to identify core themes. Results yielded six principles:
1. Establishing emotional safety;

2. Restoring choice and control;

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[10] Male victims of domestic violence are discussed in the section "Responding to diversity"

3. Facilitating connection;

4. Supporting coping;

5. Responding to identity and context; and

6. Building strengths.

Each of these themes comprises a set of concrete practices. Taken together, these principles reflect the shift at the heart of the trauma-informed approach: the movement from, "What is wrong with you?" to "What happened to you?" This places emphasis on identity, strengths, and context, suggesting that programs remain engaged with the wide range of experiences, systems, and histories that shape a person's experience with violence.

Despite the common themes articulated across descriptions of domestic violence-specific trauma-informed practices (TIP), the authors also found critical differences with some publications focusing narrowly on individual healing, and others emphasizing the broader community and social contexts of violence and oppression.

Best Practice

Research documents trauma-informed approaches focusing on resilience and strengths as well as psychological harm have improved outcomes for women fleeing violence. Tutty (2006) demonstrated a significant decrease in trauma-related symptoms across women's shelter stays, and Bateman, et al. (2013) notes that by facilitating recovery through trauma-informed care, re-victimisation can be minimized, and self and community wellness and connectedness can be promoted. A shelter with a trauma-informed perspective is one in which programs and staff:

- Routinely screen for trauma exposure and related symptoms;

- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;

- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;

- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;

- Address parent and caregiver trauma, and its impact on the family system;

- Emphasize continuity of care and collaboration across child-service systems; and

- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

(Ferencik, and Ramirez-Hammond, 2013; Trauma-Informed Practice Guide. 2013)

Promising Practice
Rules

Abusers often attempt to impose rules on their partners. The loss of autonomy experienced by many survivors at the hands of their abusers can be one of the most devastating effects of domestic violence. Shelters that rely extensively on rules, and echo the abuser's rigid reliance on rules may retraumatize people experiencing violence rather than support them. Shifting away from a rule-based approach to serving people experiencing violence and their children is a key step in becoming trauma-informed (The Anna Institute, 2013).

Vicarious trauma

Shelters recognize working in the domestic violence field is an extremely difficult job, and involves constantly listening to stories of trauma and pain. Sometimes working with such difficult stories can negatively impact helpers, and many advocates experience vicarious trauma. Vicarious trauma occurs due to the repeated exposure to stories of harm and injustices others have suffered. Programs which care for the caregiver have been established in several countries (Hopper, et al. 2010).

Responding to Diversity

Violence transcends cultural, social, and economic boundaries; there are victims in all countries who may be more vulnerable to an increased frequency or severity of violence and face a range of barriers to accessing safety.

Women in pregnancy and early motherhood

Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing family and domestic violence. Research shows that women often experience their first assault during pregnancy, or experience an increase in the frequency or severity of violence (Brownridge, et al. 2011; Daoud, 2012). Professionals working in perinatal, maternal and child health services play a role at shelters, and further research is required on how they support these women in shelter.

Shelters for men

As discussed above, domestic violence is not a gender-specific reality. Women are capable of hitting, beating, abusing, and killing their male partners (CDC, 2010; Burczycka, 2015).
A growing body of research suggests male victims do not use social services (Tsui et al. 2010; Douglas et al. 2012). Authors recommend increasing public awareness and education, providing gender-inclusive practice and services, and strengthening training for service providers working with domestic violence male victims.

Emerging Practice

In 2015, the first registered standalone shelter for male domestic violence victims in the USA opened. The Taylor House in Arkansas is specifically for male victims of domestic violence and sexual assault. The shelter also provides food, toiletries, and necessary sundries for living and starting fresh away from a dangerous and unhealthy environment. The program assists individuals and families to choose options and empower with a full range of supportive services (Batesville Family Violence, 2017).

Cultural competency

Because victims of violence may experience the abuse in culturally specific ways, shelters should consider the cultural background, and the unique issues faced by the victim and their children in order to tailor services to meet their needs.

The Asian Pacific Institute on Gender-Based Violence (2015) provides a concise summary of cultural competency in domestic violence shelters: it requires supplementing the four basic components – awareness, attitudes, knowledge, and skills – with a gendered analysis. This means: (a) maintaining a critique of patriarchal culture without confirming negative cultural stereotypes; (b) resisting the hierarchy of oppressions trap; and (c) focusing primarily on changing and instituting good practice, and less on addressing cultural stereotyping (which can often induce diversity-training fatigue).

Best Practice

Examples of culturally competent practices at the shelter level focus on strategies for individual ethno-cultures, e.g. Chinese peoples (Government of Alberta, 2010), Indigenous peoples (Herring, 2013), Hawaiian peoples (Magnussun , 2011), Latina women, (Edelson et al. 2007), etc. Practices are unique to different cultures, thus a fulsome explanation is out of scope of this report. To generalize, effective practices may focus on:

- Linguistic and cultural needs;

- Cultural concerns about the issues of: shame, guilt, confidentiality, protection;

- Predicaments and situations;

- Community, living within a collective;

- Gender-specific roles.

Tutty, et al. (2010) discusses shelter services specifically addressed to battered immigrant and refugee women across North America. Culturally competent practices offer services in several languages, accommodate dietary and religious restrictions, collaborate with and refer to community-based cultural organizations, and provide aid for sponsorship breakdown, work permits, war/trauma, sex trafficking, etc.

Emerging Practice

The immigrant woman who arrives at shelter for help may have entered the country as a refugee fleeing persecution in her country of origin, as a relative with family members in the country, as a student, as a tourist, or as a worker seeking better economic conditions. In general, immigration status is not relevant to a battered immigrant woman using shelter services.

Kim (2010) reviews innovative strategies to address domestic violence in Asia Pacific Communities. Survivors, advocates and community members have been challenging established practices by insisting on "language-accessible" and "culturally-competent" services, and by developing approaches, practices, and institutions more accessible to and effective for API communities. Strategies include:

- Viewing the survivor within the context of her community: the complexities of it as a place of abuse and entrapment as well as familiarity and resources must be considered during service provision;

- Reshaping Intervention – Expanding Options: de-emphasize shelter as the primary intervention. The importance of community as an emotional and material resource shaped these interventions;

- Intervention Approaches – Family-Style: immigrant programs embraced positive aspects of family to imply a greater level of intimacy and care in their interactions with survivors. Generalist approaches were favoured over rigidly defined roles and areas of expertise. Greater flexibility in terms of time, level of accompaniment and advocacy, and distribution of resources also characterize many API interventions;

- At the Edge of Safety - Redefining Survivor/Abuser Boundaries: while many immigrant programs have accepted mainstream notions of safety and interventions which explicitly separate survivor from abuser, some do explore programs which include both survivor and perpetrator;

- Community Organizing: many immigrant domestic violence programs have rejected conventional service-delivery and prevention models for approaches that actively engage the community;

- Redefining Domestic Violence: extended members of the family, community members, and community institutions could be directly and actively involved in the dynamics of abuse. Furthermore, relations of power and abuse such as racism, classism, homophobia, and imperialism intersected with gender oppression and sexism in ways.

Indigenous Women

Dovetailing the cultural competency practices detailed above are practices targeted for Indigenous women. The main areas of research identified called specifically for investments in culturally-appropriate services or services provided by Aboriginal women (Jackson et al., 2015; Walsh, Rutherford, Krieg, & Bell, 2014); consultations with Aboriginal groups (Byrne & Abbott, 2011; Goudreau, 2011), and research with high levels of involvement from Indigenous communities (Jackson et al., 2015; McCaskill, Fitzmaurice, & Cidro, 2011).

Emerging Practice
In recent work from Alberta, Yerichuk, Johnson, Felix-Mah, and Hanson (2016) contribute a scoping review for shelter, housing, and homelessness policies and practices for Indigenous women affected by domestic violence, and found the following emerging practices:

·   Develop "culturally-responsive services" to ensure that services not only have a clear and deep understanding of Indigenous cultures (both broad understandings and locally-specific), but also integrate ceremony, culture, and community into services and programs;

·   Shelter services need to collaborate with other kinds of services that address substance abuse, legal issues, child welfare interactions, and prevent sexual exploitation;

· Wholistic approaches to understand domestic violence as a community and family issue rather than a justice issue targeting women alone, and in providing a full range of services "that address determinants of homelessness such as continuum of care model, enhancing quality of service provision, affordable daycare" (Elliott & Bopp, 2007). Also, wholistic services can address body, mind, spirit, and emotions, and not only addressing shelter needs (Bird, 2007);

· Have Indigenous women contribute to determining shelter service provision, practices, and strategies to end homelessness and domestic violence;

· More investment of shelter infrastructure and programs on- and off-reserve (Johnston, 2011).

Yerichuk, et al. (2016) also discusses how the review found many reports recommending approaching domestic violence and homelessness from the lens of colonization and intergenerational trauma. The Indian Act, the federal Residential School System, and the Sixties Scoop had lasting effects that have been passed down to current generations through intergenerational trauma resulting in language loss, cultural identity loss, and the overrepresentation of Aboriginal persons in shelters, institutions, and in the foster care system. They emphasize that the complexity of social, historical, economic, and legislative issues must frame homelessness strategies to better support the housing needs of Indigenous women who have experienced domestic violence.

Women from rural and remote communities

Studies from Australia (Wendt, et al. 2015) and the USA (Peek-Asa, et al. 2011) suggest that women living in rural and remote locations experience more frequent violence, greater severity of physical abuse, and remain in abusive relationships longer than women in urban areas, yet live much farther away from available resources. More domestic violence resources and interventions targeting rural women are needed.

Promising Practice

Firearms are often more accessible in rural and remote communities, particularly in farming areas. This must be considered in risk assessments as it can significantly increase the risk for a victim (Domesticshelters.org, 2017). If no shelters are located nearby, there is a need for the integration of screening and counselling for victims and survivors of violence and abuse in primary care practices.

A "mobile advocacy" approach is being used by several domestic violence organizations throughout the USA: advocates meet survivors outside of a shelter environment – in their community or their homes – when the survivors feel they are safe. Having advocates go to them rather than making clients come to the shelter increases access tremendously, particularly in a rural area (Domesticshelters.org, 2017).

Women with disabilities

The degrees of assistance that people with disability require range from none through to very intensive support. They might require mobility assistance, personal care, or interpreters. Shelter programs have made more efforts to accommodate the needs of survivors with physical and other disabilities. However, documentation of these efforts is sparse. There is a growing body of work

(screening, toolkits, guides) around how to better serve women with disabilities, and to enhance the ability of programs serving survivors to reach out to survivors with disabilities.

Best Practice
Grey literature indicates shelters ensure that survivors with special needs (e.g., hearing impaired, visually impaired, physically disabled) are able to receive counselling services onsite (Macy and Ermentrout, 2007). Chang (2003) found collaborations between domestic violence shelters and disability service providers are necessary to improving the services and care delivered to women with disabilities who experience domestic violence.

Promising Practice
According to UN Women (2012d), shelters are working to:
- Provide adequate assessment of survivors with particular focus on the socially-constructed barriers and discriminatory attitudes affecting their experiences,as part of their disability-related issues;

- Develop policies, procedures, and budgets written to specifically include the issue of provision of services to women with disabilities who have experienced domestic violence, sexual assault, or other forms of abuse;

- Ensure that staff are trained to recognize and effectively respond both to areas of need related to the disability, and to physical and sexual trauma (such as integrating disability-specific concerns related to personal care attendants or abuse related to neglect into risk assessment and safety planning);

- Raise awareness of the issue in the public discourse which is equally important to help women and others identify experiences of abuse and community resources available to survivors;

- Provide increased centralization of information which can provide clarity on the linkages between disability and relevant survivor services, and specific contacts who can speak to both issues. Such information should be accessible through a variety of public spaces in the community (bulletin boards, health care facilities, police departments, victim advocate offices, etc.) and utilize television, radio, and other mass communication channels.

People of diverse sexuality, sex, and gender
Domestic violence shelters are required to serve all victims, not just women abused by men. Most only accommodate women, including lesbians, within their main shelters. LGBTQ2S+ victims may not be warmly or competently received everywhere, and may have difficulty finding shelter.

Merrill and Wolfe (2000) found that in comparison to a large body of literature about battered heterosexual women and a growing body about battered lesbians, there is a paucity of published studies on the experiences of battered gay and bisexual men seeking shelter. Brown and Herman (2015) suggest that some sexual minority men and women do not believe shelters to be helpful.

LGBTQ2S+ survivors may fear homophobia at shelters, and sexual minority men and transgender people may be concerned that shelters are not open to them.

Promising Practice

More research, advocacy, and education is needed, so that domestic violence organizations, funders, legislators, churches, and community members are made more aware of the gaps in shelter services for LGBTQ2S+ survivors, and more funding can be generated to fill these service gaps. To minimize the effects of the additional risks and vulnerabilities that might be experienced by people of diverse sexuality and gender, shelters are implementing non-discrimination and anti-harassment policies:

- LGBTQ2S+ cultural competency training;

- Collaboration with LGBTQ2S+ and ally organizations;

- Making one's organization a welcoming environment;

- Direct services practices, including advocacy, legal, shelter, and group services;

- Outreach and media;

- Resources.

(Government of Western Australia. 2015; LGBTQ-Inclusive Model Policies - NYC Anti-Violence Project, 2017)

Housing and Support Referrals

Worldwide research shows that domestic violence is commonly cited as the leading cause of homelessness among women (Baker, et al. 2010; Maycock, et al. 2017; Johnson, et al. 2017). Compounding the issue, a lack of safe, decent, affordable housing continues to be a problem for many women using domestic violence residential services. Also, given the fact that access to independent financial resources and poverty are central characteristics of many women who end up homeless because of violence, income support and strategies to assist women to secure appropriate employment are also offered by domestic violence shelters.

Housing First

Domestic violence shelters are focusing on Housing First program referrals for women fleeing violence. Housing First is a program model and philosophy that emphasizes the importance of stable, permanent housing as a strategy to help end homelessness (NAEH, 2015). To ensure the effectiveness for women fleeing violence, Housing First models must reflect the gendered nature, the need for safety, and individual experiences of homelessness (YWCA, 2013).

Promising Practice

The Domestic Violence Housing First approach was a pilot project out of Washington in 2009-2014, and focused on getting survivors of domestic violence into stable housing as quickly as possible and then providing the necessary support as they rebuild their lives. This approach has been shown to promote long-term stability, safety, and wellbeing for survivors and their children. The Domestic Violence Housing First pilot (DVHF) was structured around four tenets:

1. Survivor-driven advocacy: At shelter intake, domestic violence advocates focused on addressing the needs identified by the survivor rather than matching available services/programs to the survivor. Advocates met survivors wherever was safe and convenient for the survivor.

2. Community engagement: Domestic violence advocates worked to change the way communities responded to domestic violence by providing outreach and education to partners such as landlords, law enforcement, and city government on the dynamics of domestic violence and survivors' needs for safety.

3. Housing stability: Advocates worked directly with survivors on finding or retaining safe housing. This included working directly with landlords and as liaisons throughout the lease negotiation process.

4. Flexible financial assistance: Funding for the pilot was flexible, allowing advocates to address survivors' self-identified needs including transportation, child care, school or employment supplies, and more direct help such as rental assistance.

The results of the pilot are impressive. Of pilot participants, 96% remain stably housed after 18 months. Fully 84% of survivors reported an increase in safety for themselves and their children. And the cost to the participating programs of serving the survivors and their families, once housed, also went down – 76% of survivors received only minimal services from the domestic violence programs at minimal costs to the agency (U.S. Department of Health & Human Services, 2015).

In Calgary, there are several Housing First programs for women and children experiencing violence as well delivered by the YWand Discovery House – the latter being run from the second stage shelter. Discovery House shelter staff have repositioned their shelter model to support Housing First. Using the Housing First model, the Community Housing Program places families affected by abuse into long-term, stable rental housing in the community, and provides the support necessary to help women and their children achieve their goals. Families receive support from their case manager, a mental health specialist, a child and youth support specialist, and a housing liaison. This team works with families to obtain housing, fulfill basic needs, and navigate financial and legal support systems with an emphasis on safety, relationships, trust, and stability. The program-funding model provides moving costs, damage deposits, rental subsidies, transportation costs, utilities, and groceries. Women and children then receive support for emotional, mental health, substance abuse, and physical health needs to build capacity for long-term independence. All of these services are individualized and voluntary, so families can access as much support as they need as they work to accomplish their goals (Augusta-Scott, et al. 2016). The supportive services are an integral part of ensuring women's success in housing. Services include: outreach and engagement; case management services; clinical services; income support; housing retention supports; development of independent living skills; supported employment; and peer support. For example, occupational therapy interventions at shelters have been found useful to increase skills needed for employment for domestic violence victims residing in a shelter (Helfrich and Rivera, 2006; Javaherian-Dysinger, et al. 2016). Most supportive services are delivered in multidisciplinary teams or a combination of team-based and referred services at shelter (Macy and Ermentrout, 2007).

Addressing the barriers to women's economic independence is an important means of preventing and reducing the impact of violence against women. The Republic of Ireland has set up a national funding stream specifically for women's refuges and shelters, so they can assist women with gaining access to employment through the provision of personal development assistance and improving their education and job-seeking skills (Tually, et al. 2008).

CHALLENGING THE DOMESTIC VIOLENCE SHELTER MODEL

For domestic violence shelters to evolve they must pay close attention to program participants and clearly understand the steps that lead them to seek shelter. Providing crisis accommodation is only one step in serving the needs of families affected by domestic violence. Much of the progressive work being done at the shelter level is shared with other providers where individual shelters can offer expanded services and bring in more specialized services from the wider community. The research outlined above suggests that the services provided to women in shelters have grown over time and become more comprehensive in response to awareness of needs. However, in servicing multiple needs, they must balance significant operational changes. As shelters shift to mainstream and the establishment of more hierarchical organizational structures and staff professionalization, a push towards specialization, increased attention to measurable outcomes, and tighter entry criteria, shelters have experienced changes in practice, structure, and culture (Glenn, 2010).

This has lead to an exploration of a "one-stop-shop" set up where women only need to access one place to get connected with housing and the immediate supports they require would limit the time spent finding a specific agency that suits their needs. In this model, the one-stop-shop assumes the role of a navigator, quickly connecting women to the appropriate agencies and equipping them with the information that they may need to navigate the system. A model such as the centralized 211 calls system can be adapted for people fleeing domestic violence (Zinyemba, R. 2017). An emerging option in Alberta is HelpSeeker.org that brings together services in an online app format.

This offering of multiple services in a single location rather than referring out is not a common practice, and those who do view it as a real asset. They report better communication and coordination of services and less confusion for victims. Many of these programs are able to provide case management, job training, English as a Second Language classes, mental health services, and medical exams at the same location. Offering onsite counselling and mental health services is considered one of the greatest benefits for victims. Having various services (counselling, employment, life skills, etc.) onsite increases the likelihood that a client would seek out these services and attend sessions (Lyon, et al. 2008).

Centralizing supports for women and families means more collaborative work between Housing First, the housing, and the women's shelter sectors is necessary in order to extend support and research beyond the shelter system. These different players need to understand and be aware of

each other's work, and appreciate the important role each fills in the sector. This is vital as generally funders and policy makers often have a poor grasp of the range of services that shelters provide, resulting in services being underfunded.

Thus, with this scarcity of domestic violence services funding, shelters often compete for the same finite bundle of money, each must show they are providing a specific set of services that funders have identified as "best practices". While most of these are necessary (e.g., counselling, assistance in applying for income support), the need to specialize in certain services and document best practices inevitably results in services that cannot be provided because they were not included in the grant proposal, or are not supported by the funding agency. In this sense, the current traditional shelter model is failing to meet the needs of victims, and is hindering the radical social change needed to end domestic violence.

In response to this inability to meet all needs by and at the shelter alone, cross-system collaboration has emerged as a critical priority for domestic violence service provision. Many communities have expanded their efforts to integrate a broader array of agencies and stakeholders with shelters, including health care providers, child welfare agencies, substance abuse services, clergy, and business. Some shelters have gone a step further and worked to involve the community as a whole in responding to domestic violence through prevention and education efforts aimed at raising community awareness and reshaping attitudes about this issue. Many of these more expansive efforts are quite new; only limited information is available about them and the broader community in which they have occurred.

Hoffart's (2016) review of evidence-based practices to keep women safe found a functional collaborative structure must be in place before community partners can address the issue of domestic violence in a meaningful and effective way. She suggests that communities prioritize development of sustainable collaborative structures and then review other directions for actions to develop their individuals action plans and determine other priorities. Whatever plans are made for moving forward, evidence-based, multi-disciplinary, and culturally-inclusive, community-level training is essential to support the implementation of collaborative plans.

Clearly, communities cannot do this alone and must have support from government, funders, policy makers and system leaders. To work in tandem with and support community efforts, cross-system collaboration must occur at the highest levels, and structures developed that identify and develop system-wide collaborative processes and approaches that support sustainability, cohesive policies, accountability, and effective interventions that enhance women's safety and wellbeing, and ultimately reduce and then prevent violence against women. This decade has seen countries around the world develop strategies at the national level, rather than local community groups and charities. Refer to Appendix A for a list of these and their objectives. The benefit to shelters means the burden of managing the crisis of family violence is shared: involving all levels of government, along with health care systems, the justice system, community-based organizations and social service agencies. This places less time pressure, human resources pressure, and financial pressure on the domestic violence shelter system.

Clarke, et al. (2010) explores the coordinated community responses to domestic violence in six communities in the USA. The study provides several examples of how these communities have

begun to incorporate a broader number of organizations and stakeholders into their response to domestic violence. The findings illustrate how different approaches have developed based on each community's characteristics. A number of factors, including the history of coordination, resources, and even individual personalities, can all influence a community's effort. There is no single model of a coordinated response that will succeed in every community. In addition, many of the efforts to expand a community's response to domestic violence are relatively recent and, in many cases, are still developing. While the findings of this study do not provide definitive answers about the best approach to a coordinated response, they raise a number of important issues for agencies and stakeholders within a community to consider.

Finally, some shelters have extended their mandate and play a role in strengthening the quality of responses provided by other service providers who are in contact with abused women. Specifically, shelters may:

- Increase awareness and understanding among women and girls of what constitutes gender-based violence and violations of their human rights;

- Assist women leaving situations of violence to maneuver the judicial, police, and social service systems in order to access the critical protection and support provided by these institutions (e.g. facilitating orders of protection, access to housing, and other health, financial, and family resources); and

- Educate health and judicial providers, social service and security personnel, among other professionals to recognize violence against women, understand their obligations on the issue, and provide safe, appropriate referrals and responses (UN Women, 2012c).

The role of shelters in the system of care is changing from simply a crisis refuge to playing a key role as system navigators as a result of their extensive knowledge built on years of practice and commitment to end violence against women. With proper resources, shelters have the capacity to provide the range of protection and support services necessary to help survivors and those at risk of violence to avoid future abuse. Shelters can also contribute to awareness raising and social change as part of broader efforts to prevent violence against women and girls altogether.

POLICY RESPONSES

As discussed earlier, there is a growing awareness that the problem of violence against women is complex and requires comprehensive service responses involving agencies and services beyond the shelter level. Indeed, shelters have played a historic role in establishing and maintaining coordinated responses for survivors although there is limited evidence on the specific impact of shelters (distinct from broader, community-based domestic violence programs) within such mechanisms.

A larger community response must be brought to bear to support shelters to be a more effective and efficient part of a systemic response. Specific examples are discussed below to this effect.

In Australia, there is a push to see domestic violence shelters de-coupled from homelessness policy and have their own dedicated policy and funding program.[11] Most shelters are "generalist services" which means they cater to women who are homeless, are substance abusers, or have mental health issues as well as for women and children needing to be safe from violence. Advocates recommend people with these different needs – all of them legitimate and deserving of assistance – should not be housed with traumatized people escaping violence.

The COAG Report acknowledges short-term nature of funding cycles (sometimes as little as one year) inhibits the development of innovative and reliable services that can meet the needs of all women seeking support. Funding uncertainty can undermine service providers' ability to recruit, retain and develop high-quality staff. Preparing new funding applications can also occupy a significant proportion of staff time. When services struggle to meet demand, they have limited additional time and capacity needed to build new links with related organizations. These factors can lead to fragmented and localized responses, rather than a comprehensive, integrated response. Funding mechanisms need to be able to respond to changes in levels of demand and to give certainty to services, their staff, and clients.

These problems are further exacerbated by combining funding for violence against women with funding for other sectors, such as homelessness. With funding provided under a mix of different funding streams that have a range of stated objectives, it is difficult to ensure domestic violence services have appropriate levels of funding, or to monitor where government funds are being directed in the context of changing levels of demand. Where existing funding is not differentiated from other sectors, funding for domestic violence and sexual assault services should be protected or quarantined in its own dedicated funding stream.

The report recommends all Commonwealth, state, and territory governments should examine current funding arrangements aimed at reducing violence against women and their children. Governments should:

- Ensure funding for supporting women and their children, and for perpetrator programs, is adequate and responsive to changes in demand for services;

- Support the delivery of sustainable and effective services through the introduction of long-term contracts;

- Increase current funding for testing, sharing, and expanding new and innovative responses to violence against women and their children;

- Ensure funding for services that address violence against women and their children can be clearly differentiated from other areas of expenditure;

- Introduce contracting approaches that encourage collaboration and integration across the sector.

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[11] COAG Advisory Panel on Reducing Violence against Women and their Children – Final Report. Retrieved from http://www.coag.gov.au/sites/default/files/communique/COAGAdvisoryPanelonReducingViolenceagainstWomenandtheirChildren-FinalReport.pdf

This push for domestic violence shelters to have their own dedicated policy and funding program is ongoing. The opportunity exists for this to happen with the National Partnership Agreement on Homelessness, which currently funds shelters and ended in 2017. A new Commonwealth/state funding model, called WRAHP (Women's Refuges and Housing Program), has been designed by the Women's Electoral Lobby to address this policy need (ACT Government, 2016).

A Focus on Prevention

Buckle, et al. (2014) provides a comprehensive review of best and promising practices and innovative models for the prevention of domestic violence. Many of these overlap with shelter work outlined above:

- Programs to prevent dating violence;

- Social-emotional development programs for children and youth;

- Programs for men and boys;

- Media/social marketing campaigns;

- Bystander training;

- Empowerment projects to reduce gender inequality;

- Individuals with disabilities;

- Home visitation programs;

- Parenting programs;

- Programs for children who have been abused or witnessed domestic violence; and

- Programs to improve and enhance relationship skills for adults.

In the USA, a program gaining momentum due to effectiveness evaluation is **Bringing in the Bystander**, which uses a community of responsibility approach. The program emphasizes a bystander intervention approach and assumes that everyone has a role to play in ending violence against women. In addition to the prevention goal, the program has a research component which seeks to measure the effectiveness of the prevention program with different constituencies. The program aims to equip participants with skills necessary to identify problematic/dangerous behaviours, develop empathy for victims, practice safe and effective methods of intervention, and commit to taking action as a bystander. Bringing in the Bystander has been evaluated and found to be effective in shifting attitudes, cultivating senses of bystander responsibility, and increasing likelihood of participants intervening across a wide range of colleges and communities. Research comparing results from a rural, residential, urban, and commuter colleges showed significant changes in bystander attitudes after participating in the Bringing in the Bystander program for both men and women (Cares, Banyard, Moynihan, Williams, Potter, & Stapleton, 2014).

Progress in preventing violence against women is possible when the attitudes, identities, and relations among some men that sustain violence can be changed. Perhaps the highest-profile

community attitude campaign is the **White Ribbon Campaign** – a global movement of men and boys working to end male violence against women and girls. Active in over 60 countries, the movement seeks to promote healthy relationships, gender equity, and a compassionate vision of masculinity. There appears to be little in the way of independent evaluation of the success of the White Ribbon Campaign in reducing levels of domestic violence; however, this tends to be true of primary prevention programs targeting violence generally (Flood, 2011).

An example of campaign impact assessment is from New Zealand. The Campaign for Action on Family Violence implemented the "**It's Not OK**" Campaign, a social marketing action program designed to change how New Zealanders think and act about family violence, is an initiative of that taskforce. Along with other service providers, shelters distributed pamphlets. Overall, the campaign has impacted in the following ways:

- The campaign is highly visible. Recall of campaign messages is high across all groups, particularly Māori and Pacific peoples;

- The understanding of the behaviours that constitute family violence appears to be increasing;

- The campaign has had an impact on people's motivation to act;

- The campaign has given strength to local initiatives, including giving them the confidence to use a wide range of social marketing strategies;

- The Campaign is contributing towards increased reporting of family violence and more people are seeking help from agencies;

- Family violence is being reported in the media with greater accuracy, and is more likely to be portrayed as a serious social problem (NZ Ministry of Social Development, 2010).

Awareness is an important part of domestic violence prevention because it helps more and more people recognize and respond to the danger signs that often accompany domestic violence. Awareness also helps generate the financial support necessary to offer assistance to victims and survivors.

Safe at Home
Also from Australia, one of the most appropriate strategies being explored for preventing violence-related homelessness is the 'staying safely at home' housing model. This model is a relatively new program (and necessary, and related integrated support) that removes and excludes the perpetrator of violence against women (and children) from the home, allowing women and children to stay in their own homes – preventing them from becoming homeless. Safe at home models (see also Sanctuary Schemes UK, 2010) are premised on the fact that the perpetrator of the violence should be held accountable for their actions, and removed from the family home, thereby not penalizing the women and children for the violence against them. Edwards' seminal research into staying safe at home models (2004) contends: these models are about challenging traditional assumptions about women leaving domestic violence, i.e. that:

- Leaving the violence means having to leave home;

- Staying at home is not safe for women; and

- The perpetrator of the violence will not leave the family home (from Edwards 2004).

Validating this model, Edwards (2011) conducted a research study in partnership with the NSW Staying Home Leaving Violence Program. "**Staying Home Leaving Violence**" (SHLV) is an innovative and developing program which provides practical and emotional support to women leaving domestic violence, with the aim to support the victims to remain safely in their own home. SHLV works in collaboration with the police and courts in removing the violent offender. Two major results for the SHLV services: clients were free from domestic and family violence in their home, and remained so over time; and domestic and family violence victims experienced long-term stability in housing, income, education and healthy relationships. The study findings provide evidence of a stability of housing which is unusual for women leaving domestic violence relationships and demonstrate the need for improved policing responses to offenders' threats of future violence against the woman. SHLV is based on promoting choices for women when they leave domestic violence, including the choice to remain in their own home.

Shifting the Gender Dyad

Funding, investments, and policies in domestic violence are based on a gender dyad of men as perpetrators and women as victims. The movement against domestic violence evolved from the women's movement. It gave voice to the victims and brought the crisis of domestic violence to light, but it was always crisis intervention. Thus, shelters work in a continuous state of crisis response: not enough beds, not enough funds, and too many women and children in need. All efforts focus on women and children. And generally, it is women doing most of the work: historically men have not been involved in the fight against domestic violence.
In Canada, Calgary's innovative Shift program aims to stop violence against women before it even starts. In 2010, **Shift: The Project to End Domestic Violence**[12] was initiated. The initiative is emerging as a world leader as it combines research with on-the-ground policies and programs designed to get at the heart of domestic violence in Alberta, and stop it. In one of Shift's first studies, researchers concluded the engagement of men and boys should be a "key strategy" to disrupt the culture that allows violence against women to persist (Wells, et al. 2013b). Shift also collaborates with organizations and government. For example, the Fatherhood Collective Initiative encourages men to question their roles, and to take on more work in the home, hoping that will, in turn, encourage fathers to have closer relationships with their children and greater equality with their partners – all of which affects both the parents and the children for the better, and decreases the risk of family violence (Frangou, 2014).

Shift is not alone in asking males to take leadership roles to stop domestic violence or in focusing on prevention. In 1996, the World Health Assembly passed a resolution declaring domestic violence a major worldwide public health problem. It called on governments and agencies to work with men and boys to end violence against women and girls. Since then, prevention programs have been created in countries around the world. In 2014, the United Nations launched its high-profile "**HeForShe**" campaign, kicking off with actress Emma Watson's passionate speech at UN Headquarters in New York City. The campaign encourages men and boys to take a stand against gender inequalities (UN Women, 2016).

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[12] Shift: The Project to End Domestic Violence is located in the Faculty of Social Work, University of Calgary. For more information, please go to www.preventdomesticviolence.ca

In 2017/18, the **#MeToo** movement has prompted an ongoing national reckoning with the issues of sexual harassment and sexual assault. Women (and men) feel less uncomfortable about stepping forward with accounts of injustices they have suffered, and domestic violence is an important part of this conversation. The #MeToo has enhanced comfort levels to speak about these experiences for all genders.

CONCLUSION AND NEXT STEPS

To inform the Shelter 2.0 approach, this literature review detailed the role of domestic violence shelters in community responses to violence in Canada, and around the world, and emerging models and promising practices to enhance impact.

Shelters play a crucial and unique role in system navigation and advocacy when meeting the multiple and complex needs of abused women and their children who are dealing with the aftermath of violence. Shelters support women to increase their safety and assess their risk while manoeuvring through the myriad of systems – many of which are not well-informed about the complex dynamics of violence against women. Shelters help women understand and navigate the array of services, advocate for them at key points, and collaborate with other service providers to help them understand how their particular service can better take account of the unique circumstances of abused women.

These essential aspects of protection, services, and resources enable women who have experienced abuse and their children to recover from the violence, to take steps to regain a self-determined and independent life, and to affirm that shelters play a key role in the system of care. With proper funding and resources, shelters have the capacity to provide the range of protection and support services necessary to help survivors and those at risk of violence to avoid future abuse. Shelters can also contribute to awareness-raising and social change as part of broader efforts to prevent violence against women and girls altogether.

Based on this information, the next steps are to build a Shelter 2.0 'straw-dog' model for consideration and discussion with CWES and YW.

APPENDIX A: NATIONAL RESPONSES

In recognition that violence against women is a global problem, countries around the world are developing strategies at the national level, rather than local community groups and charities.

Canada

In 2017, **It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence** is the Government of Canada's response to gender-based violence (GBV). It builds on current federal

initiatives, coordinates existing programs, and lays the foundation for greater action on GBV.[13]
The Strategy is based on three pillars:

- Prevention;

- Support for survivors and their families; and

- Promotion of responsive legal and justice systems.

The strategy will fill gaps in support for diverse populations, including: women and girls, Indigenous people, LGBTQ2S+ members, gender non-conforming people, those living in northern, rural, and remote communities, people with disabilities, newcomers, children and youth, and seniors. Men and boys will also be engaged in awareness activities.
As part of the strategy, the Gender-Based Violence Knowledge Centre will be created within the Status of Women Canada department to better align government resources and enable the sharing and development of research into GBV.

USA
Founded in 1990, the National Network to End Domestic Violence (NNEDV), a social change organization, is dedicated to creating a social, political, and economic environment in which violence against women no longer exists.[14]

Making domestic violence a national priority.
NNEDV is the leading voice for domestic violence victims and their advocates. As a membership and advocacy organization of state domestic violence coalitions, allied organizations, and supportive individuals, NNEDV works closely with its members to understand the ongoing and emerging needs of domestic violence victims and advocacy programs. Then NNEDV makes sure those needs are heard and understood by policymakers at the national level.

Changing the way society responds to domestic violence.
NNEDV offers a range of programs and initiatives to address the complex causes and far-reaching consequences of domestic violence. Through cross-sector collaborations and corporate partnerships, NNEDV offers support to victims of domestic violence who are escaping abusive relationships – and empowers survivors to build new lives.

Strengthening domestic violence advocacy at every level.
NNEDV further supports the fight to end domestic violence by providing state coalitions with critical information and resources. From training and technical assistance to innovative programs and strategic funding, NNEDV brings much-needed resources to local communities. At NNEDV's national and regional meetings, members share information and ideas with NNEDV staff and with each other, working together to develop comprehensive solutions.

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[13] Status of Women Canada. 2017. It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence. Retrieved from https://www.canada.ca/en/status-women/news/2017/06/it_s_time_canadasstrategytopreventandaddressgender-basedviolence.html
[14] http://nnedv.org/about.html

United Kingdom

In 2010, the **UK**'s Call to End Violence against Women and Girls proposes to work together across government with local partners and internationally to ensure that the response is cohesive and comprehensive.[15] The Action Plan will:

- Change the attitudes, behaviours, and practices which contribute to VAWG by means of appropriate and targeted challenge;

- Increase public understanding of VAWG by putting in place focused awareness-raising initiatives which include looking at its root causes, hidden nature, and economic cost to society;

- Strengthen understanding of the unacceptability of VAWG by ensuring our frontline partners can intervene early to challenge acceptability; and

- Protect vulnerable children by working with frontline partners to make them aware of the tools and systems available to them to ensure the right first response.

Europe

The 2011, the **European** Treaty on Violence Against Women, "The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence" – known informally as the "Istanbul Convention" – was the first European treaty specifically targeting violence against women and domestic violence. It sets out minimum standards on prevention, protection, prosecution, and services. Countries ratifying must also establish services such as hotlines, shelters, medical services, counselling, and legal aid. This treaty will oblige governments to take concrete steps to help women and girls facing violent attacks. The treaty defines various forms of violence against women (including sexual violence, physical and psychological violence, forced marriage, female genital mutilation, and stalking), and calls for their criminalization.[16]

Australia

The *National Plan to Reduce Violence Against Women and their Children 2010-2022* (the *National Plan*) brings together the efforts of governments across the nation to make a real and sustained reduction in the levels of violence against women. It is the first plan to coordinate action across jurisdictions. It is the first to focus strongly on prevention. It is the first to look to the long term, building respectful relationships, and working to increase gender equality to prevent violence from occurring in the first place. It is the first to focus on holding perpetrators accountable, and encourage behaviour change.[17]

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[15] HM Government. 2017. Call to End Violence against Women and Girls. Retrieved from http://www.ncdsv.org/images/HMGovt_CallToEndViolenceAgainstWomenAndGirls.pdf
[16] Council of Europe. 2017. Istanbul Convention. Action against violence against women and domestic violence. Retrieved from http://www.coe.int/en/web/istanbul-convention/home
[17] Australian Government. 2011. The National Plan to Reduce Violence against Women and their Children 2010 – 2022. Retrieved from https://www.dss.gov.au/women/programs-

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The Family Violence Prevention Strategy is the government's official response to and framework for implementing the family violence prevention plan of action released in September 2001. It reinforces the plan of action, the government's dedication to addressing all forms and degrees of violence, and the government's commitment to a number of international conventions specifically relevant to violence in families/whānau.[18]

The strategy:

- Covers a broad range of controlling behaviours that occur within a variety of close interpersonal relationships;

- Takes a multi-faceted approach to preventing, reducing, and addressing violence in families/whanau;

- Integrates the key sections and elements of the family violence prevention plan of action;

- Builds upon the progress made by government and community organizations in responding to violence in families/whanau; and

- Is consistent with current or planned family violence prevention initiatives across the sector, and is linked to a variety of other key cross-sector strategies

Strategies, frameworks, and initiatives aim to provide examples of effective, evaluated, and promising practices that programs can use to prevent domestic violence. It is unclear whether or not as a whole strategies, frameworks, and initiatives help prevent domestic violence.

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services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022

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