

SHELTER 2.0

Discussion Paper



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SHELTER 2.0

Executive Summary

In 2016, the Calgary Women's Emergency Shelter (CWES) and YWCA Calgary (YW) began discussions about innovative interventions and practice challenges within their individual agencies. Discussions found commonalities in operational and programmatic changes underway at both shelters. These discussions expanded to form an advisory group, bringing in a consultant with expertise in system planning and an academic with a background in violence prevention. The aim became to initiate an evolution of the traditional women's shelter model: Shelter 2.0.

The Shelter 2.0 project proposes a new paradigm for women's shelter operations, focusing on shelter objectives, service models, policies and practices. The focus on practices and services at the shelter level proposes evolving the traditional crisis response by adding deliberate interventions that include supporting the broader goal of preventing and ending violence.

Shelter 2.0 proposes a holistic definition of violence and the intentional development of a system planning approach to prevent and end violence.

To develop Shelter 2.0, we undertook a review of best and promising practices encompassing shelter services for women fleeing violence in Canada and internationally to understand opportunities for shelters within the broader violence prevention movement (Findings from the 117 documents reviewed are presented in the Shelter 2.0 Background Report which can be found on the following websites www.preventdomesticviolence.ca, www.calgarywomensshelter.com, www.ywcalgary.ca). In addition, we consulted with experts in the field, both organizations went through an extensive review/assessment and consultation process, and the core themes of the report were presented at Canada's First National Shelter Conference for Women Fleeing Violence in Ottawa (June 2018) where evaluations were completed by close to 100 practitioners from across Canada.

The following discussion paper aims to stimulate direction-setting conversations through which we can begin to develop a possible prototype for the re-visioned model that could be tested and refined. Further consideration and analysis is necessary to debate and refine the concepts presented. We recognize the experience and approach presented draws heavily on two women's shelters in Calgary. This infers limitations on scaling which puts parameters on the ideas presented. These ideas should be examined within local contexts and probed further through thoughtful implementation, continuous improvement and evaluation.

The authors believe, status quo is not an option and encourages advocates, policy makers and practitioners to challenge, build and further refine Shelter 2.0 possibilities as summarized below.

SHELTER 2.0 POSSIBILITIES

The Shelter 2.0 project is an affirmation of the changes both organizations and the sector are currently undergoing, including an emerging focus on prevention support, public policy and system coordination activities, working with men and boys, enhancing services for diverse populations, and awareness and public education activities.

Key Shift 1:

Taking a Broader World View: Comprehensive and Inclusive Practice

Shelter 2.0 calls for the application of a comprehensive lens across our work, recognizing gender and cultural diversity and the unique needs of victims and perpetrators. It calls for using a strength-based, trauma-informed, response-based approach that emphasizes the capabilities of the individual and the resources available within their families, networks and communities. This approach may mean that to effectively support the person experiencing violence, regardless of gender

or age, we must simultaneously seek to engage the perpetrator and their close network. Creating partnerships and the social conditions to support this approach will be key to success. Shelters must also continually reassess how programs and services meet the needs of women from Indigenous and ethno-cultural communities, ensuring their voices are heard and their needs are recognized and met.

2 Key Shift 2:

Shelters Without Walls: The Right Service at the Right Time

A key factor will be a model of wraparound supports that looks at each person and family based on their type and level of need, connecting them to resources, and providing supports accordingly. We can begin to phase in an increasing focus on those who are fleeing violence are assessed at higher risk. This allows us to best utilize our shelters in the way they were designed, located, and operated from a safety risk perspective, by serving those in highest need of support and protection from imminent danger. This is a departure from current practice, which is first come, first served.

We cannot assume those people impacted by violence must always be brought into shelters; we must assess risk and danger and make strategic decisions with those we serve about the best option. This approach requires us to separate wraparound supports from the shelter and support whoever calls: no matter the gender or role in the violence. If we use the outreach teams differently, and refocus our crisis lines on coordinated and collaborative assessment, we can triage our shelter beds differently to support greatest risk and greatest need rather than first come, first served. If shelter stay is no longer the determining factor in accessing support services, then this approach can help shelters overcome the challenge of aftercare supports.

3 Key Shift 3:

One Agency Can't Do it All: Systems of Care Approach

System planning uses a common guiding philosophy and method of organizing and delivering services that co-ordinates resources to ensure efforts align with the goals of ending and preventing violence. A purposeful and strategic framework for service delivery is needed from a collective group of stakeholders. To prevent and end violence, we must strategically permeate social institutions and other sectors, both directly through service presence and indirectly through policy and practice influence.

A systems planning approach implies that no single agency can adequately address the complexity of violence; multiple agencies are necessary to provide a comprehensive and effective response. The focus on a formalized, comprehensive

and integrated systems approach means creating hubs to bring together services from other public systems to complement in-house supports to advance the anti-violence agenda. Sensitizing other service providers to safety and violence could bring agreement on the introduction of evidence-based and standardized safety plans and risk assessments across the continuum. In this instance, core shelter services will focus on better engagement with diverse stakeholders and become more adaptive, flexible, integrated and responsive to ever-changing community needs.

In Calgary, women's shelters can partner with the the Calgary Domestic Violence Collective (CDVC) which is an organic collective comprised of more than 70 community partners whose purpose is to identify and support high-impact opportunities, share knowledge and influence norms, practices, programs and policies related to violence prevention (<http://cdvc.ca>). This collective must be leveraged to implement a system planning effort on anti-violence in the Calgary context.

Key Shift 4:

Shelters Aren't Enough: Investing in the Prevention Continuum

Shelter 2.0 is about expanding the shelter's reach and adding to the core functions while better partnering towards the objective of preventing and ending violence. By adding other community-based and core family violence services, we can develop a response that is comprehensive and strength-based, meeting people where they are at and within their family and community support systems, even if they are perpetrators.

While intervening in domestic violence and preventing it are part of our goals, we must also focus on improving child, family, and community wellbeing. Prevention is possible. If we remove the facility focus of supports, we can develop targeted approaches based on participant needs rather than shelter access. This recognizes our work is more than crisis response: we must target violence at societal, community, relationship and individual levels, systematically and simultaneously.

This expansion of the continuum into areas of prevention should include Gender Transformative Approaches to create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities and address power inequities between persons of different genders. In this regard, our language, fundraising, and marketing narratives will require significant reworking to include, for example, men and members of the LGBQT2S+ community who are victims and other perpetrators such as other family members and women. We must reach all genders in a meaningful, authentic manner.

We must embrace our history and adapt to the current context, which also means better understanding and supporting our Indigenous brothers and sisters.

Shelter 2.0 recognizes that Indigenous worldviews of domestic violence are distinct from the dominant western perspective, are linked to the legacy of colonization and the impact of intergenerational trauma. CWES and YW are committed to support implementation of the Truth and Reconciliation Commission of Canada's Call to Action within shelter practices and policies.

WORKING THROUGH THE SHIFTS

We are just beginning to work through the implications of the proposed approach in our operations for CWES and YW. We look to the strategic shifts as a place to start conversations within our organizations and in our community. We have developed a worksheet that both organizations are using to consider current operations in light of the proposed recommendations to help us develop a strategy for change, evaluating changes needed and highlighting strengths to celebrate. We are contributing this work into the broader body of knowledge as a change management tool for other organizations and capacity-building initiatives working to prevent and end violence. We are meeting with our staff, partners, our sector and decision-makers to advance the ideas together.

Limitations

There are certain limitations acknowledged in this discussion paper: only two women's organizations were involved in this project which might present a biased perspective; it will take a shift in the community and in government to achieve success; to mitigate potential harm, both CWES and YW have shared the report findings throughout the project with their staff and advisory committee and will share the report with multiple stakeholders to continue to integrate feedback; and the research this report draws on may be limited.

Next steps

The purpose of this discussion paper was to present some emerging directions that advance a re-visioning of shelter operations for CWES and YW. Direction-setting conversations are already happening in both shelters, and we have begun to develop prototypes for the model to test in practice and refine, moving forward collectively. Based on our learning, developing further articulation on policy reform that supports these shifts would be important to create sustainable change across the sector and beyond.

This report refers to women's, domestic violence, or women fleeing violence shelters hereafter as "shelters" unless otherwise specified.



SHELTER 2.0

Understanding Women's Shelters

INTRODUCTION

In 2016, the Calgary Women's Emergency Shelter (CWES) and YWCA Calgary (YW) began discussions about innovative interventions and practice challenges within their individual agencies. Discussions found commonalities in operational and programmatic changes underway at both shelters. These discussions expanded to form an advisory group, bringing in a consultant with expertise in system planning and an academic with a background in violence prevention. The aim became to initiate an evolution of the traditional women's shelter model: Shelter 2.0.

The Shelter 2.0 project proposes a new paradigm for women's shelter operations, focusing on shelter objectives, service models, policies and practices. We also considered implications for the broader violence prevention and intervention sector and public policy impacts. The focus on practices and services at the shelter level proposes evolving the traditional crisis response by adding deliberate interventions that include supporting the broader goal of preventing and ending violence.

The purpose of this discussion paper is to present emerging directions that advance a re-visioning of shelter operations for CWES and YW. It highlights strategic directions for consideration at the executive and frontline levels. It also illuminates the changes required in the broader violence sector for this approach to be successful.

In sum, this paper proposes a holistic definition of violence and the intentional development of a system planning approach to prevent and end violence.



We undertook a review of best and promising practices encompassing shelter services for women fleeing violence in Canada and internationally to understand opportunities for shelters within the broader violence prevention movement. Findings from the 117 documents reviewed are presented in the background report¹ which can be found on the following websites www.preventdomesticviolence.ca, www.calgarywomensshelter.com, www.ywcalgary.ca.

This discussion paper aims to stimulate direction-setting conversations through which we can begin to develop a possible prototype for the re-visioned model that could be tested and refined. Further consideration and analysis is necessary to debate and refine the concepts presented. We recognize the experience and approach presented draws heavily on two women's shelters in Calgary. This infers limitations which puts parameters on the ideas presented. These ideas should be examined within local contexts and probed further through thoughtful implementation, continuous improvement and evaluation.

BUILDING A COMMON UNDERSTANDING OF VIOLENCE

The way in which we define violence underpins our actions: the language and constructs we use and the terms and definitions we employ to convey meaning play critical roles in shaping our actions. Yet, we don't often stop to reflect on such foundational matters and consider how challenging these might be to open new ways of addressing multiple forms of violence.

For example, we use various terms to discuss our work: is our role to prevent, respond to and/or end domestic violence (DV), intimate partner violence (IPV),

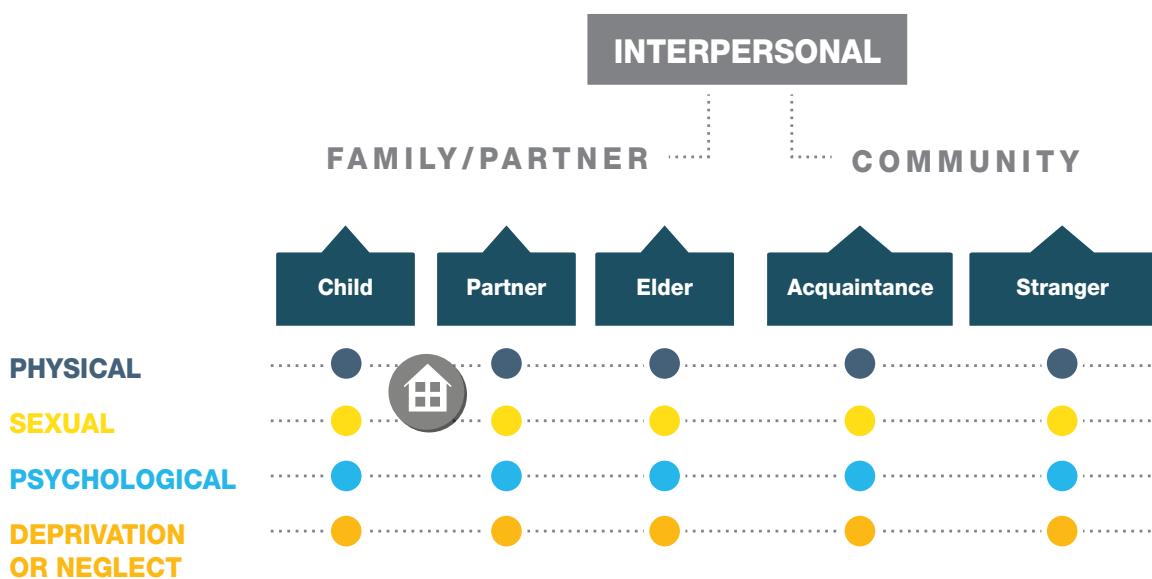
¹ Hansen, C. (2018). *Background report for Shelter 2.0: Learning from the literature on domestic violence shelter policies and practices*. Calgary, Alberta

family violence (FV), violence against women (VAW), etc.?

To truly challenge our understanding of women's shelters and develop a new approach, it is essential we arrive at consistent and agreed-upon terminology, theories of change and shared narratives.

A comprehensive definition of interpersonal violence, as adapted in **Figure 1** from the World Health Organization (WHO), describes the negative effects of power differentials across the social spectrum. Rather than limiting examinations of violence to the domestic/family sphere, it allows for an intersectional view of the behaviour across all social levels. Such a perspective elevates discourse on violence and impacts our strategies and action to address it at a structural and community level, including public policy and social norms, rather than restricting it to individual behaviours.

Figure 1: Typology of interpersonal violence (WHO)



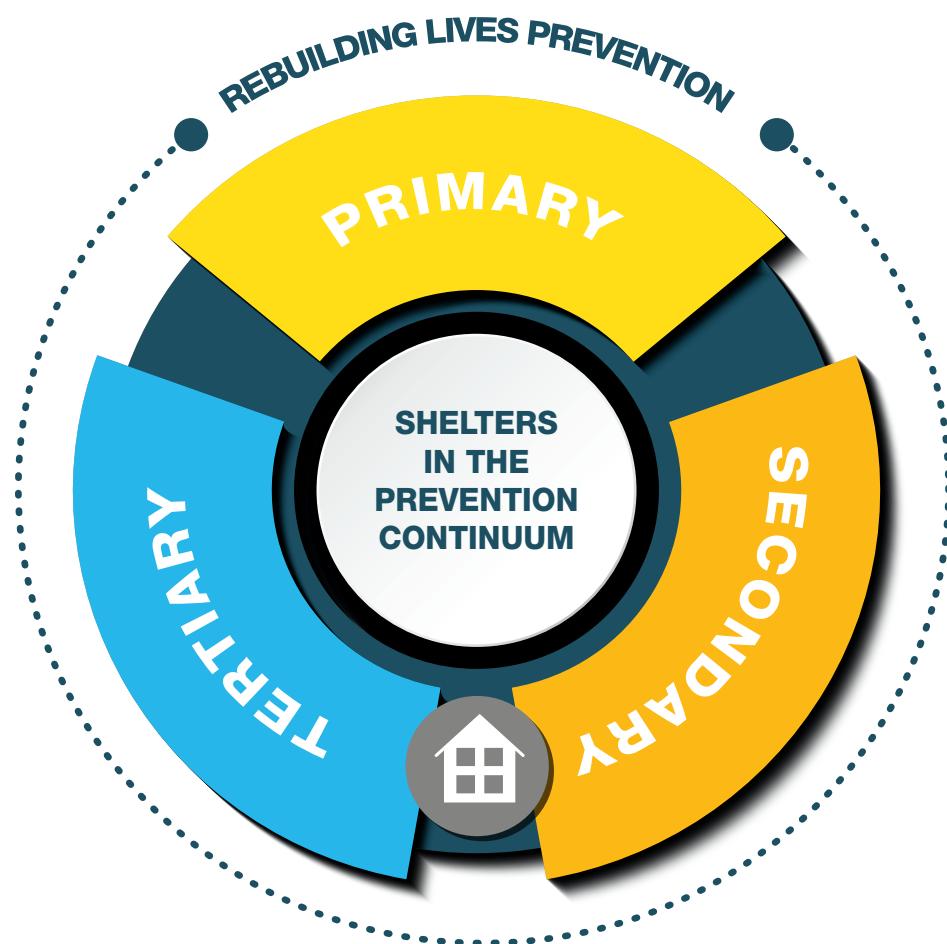
Underpinning this approach to classifying violence is the understanding that varying forms of violence must be treated differently from an intervention and prevention perspective. Thus, a comprehensive Shelter 2.0 approach recognizes the ways in which diverse manifestations of violence relate to, and reinforce, one another. As a result, the literature and practice use terms such as violence against women, domestic violence, family violence and intimate partner violence.

As we learn more through research and practice in the work of violence against women, we recognize that to end violence, we need to end it in all forms. This moves the women's shelter to consider its role in a broadly defined systems approach to violence.

We suggest women's shelters need to broaden their definition and understanding of violence as interpersonal violence, following the WHO typology. This does not mean women's shelters would or should be expected to fully address all forms of violence within their service spectrum; however, using a comprehensive definition, they can then be specific about which violence they are stopping by operating within the context of a broader definition of interpersonal violence.

The WHO typology of interpersonal violence fits well with the public health and Socio-Ecological Model Framework for Prevention, which is also employed by the Centers for Disease Control and Prevention (CDC),¹ and many others² working on violence prevention. This typology helps us distinguish the varying levels at which violence must be addressed as depicted in **Figure 2**. It also contextualizes a traditional model of women's shelters.

Figure 2: Conceptualizing Women's Shelters and Prevention



1 Centers for Disease Control and Prevention. (2009). *The socio-ecological model: A framework for prevention*. Retrieved June 1, 2018 from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

2 Dutton, M. A., James, L., Langhorne, A., & Kelley, M. (2015). Coordinated public health initiatives to address violence against women and adolescents. *Journal of Women's Health, 24*(1), 80-5.

SHELTERS IN THE PREVENTION CONTINUUM

We now understand that ending violence requires work at various levels on the prevention spectrum:

 **Primary Prevention** reduces the number of new instances of violence by intervening before it has occurred. This “relies on identification of the underlying, or ‘upstream,’ risk and protective factors for intimate partner violence, and acts to address those factors”.³

 **Secondary Prevention** mediates responses following violence. Efforts address the short-term consequences of violence and detecting it earlier, including crisis counseling and screening mechanisms in hospitals and working with men and boys who are at high risk of perpetrating violence. Secondary prevention may include targeted programs for at-risk populations including counselling, supports and skill-based programs.

 **Tertiary Prevention** focuses on long-term care in the wake of violence, such as programs addressing the trauma of the violent event. This includes working with people perpetrating violence and interventions by the criminal justice system after violence occurs. In these cases, the goal is intervention and prevention of re-occurrence of the violence.⁴

 **Rebuilding Lives Prevention** focuses on long-term interventions that support people to heal, restore, rebuild and experience well-being. This can happen at any prevention point and may include long-term affordable housing, income support programs, counseling, children’s programs and on-going outreach and diverse supports to ensure quality of life.

Shelters initially emerged to keep women safe and stop physical and sexual violence; this places shelters in the Tertiary Prevention category. Over time, our understanding of different forms of violence evolved (i.e. children witnessing violence) and the need for more focus emerged on the importance of working with the people perpetrating violence and their networks.

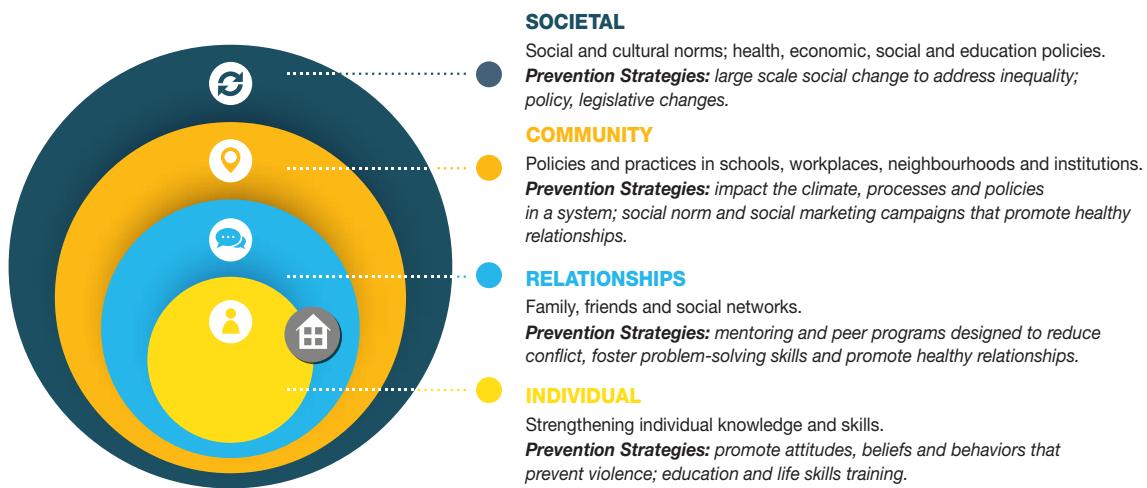
Combined with our enhanced knowledge of systems and social structures that reinforce multiple forms of violence, the lines of different types of prevention became blurred with shelters engaging in activities outside their immediate crisis focus. While this work is certainly justified, shelters were not necessarily resourced to take

3 Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). *Primary prevention of intimate partner violence and sexual violence: Background Paper for WHO Expert Meeting May 2-3, 2007*. Geneva, Switzerland: World Health Organization. Retrieved June 1, 2018 from http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf

4 Minerson, T., Carolo, H., Dinner, T., & Jones, C. (2011). *Issue brief: Engaging men and boys to reduce and prevent gender-based violence*. Toronto, ON: Status of Women Canada.

on this additional work. As a result, these issues were dealt with inconsistently and episodically. In addition, an anti violence sector has grown around shelters with broader services and prevention supports. This begs the question: what is the role of the women's shelter in this new context?

Figure 3: The Social-Ecological Model: A Framework for Prevention (CDC)



Using the typology of interpersonal violence, we can further situate shelters in a socio-ecological model for prevention found in **Figure 3** to help us understand the role of shelters through a systems lens. ***The primary role of shelters is at the individual level,*** to support people experiencing violence – or at risk of immediate and acute violence – and to provide access to a safe place from which they can connect to appropriate resources in the broader system of care.

Shelter 2.0 specifies shelters as service providers to people at risk of, or experiencing violence, and are critical players in a comprehensive systems approach to prevent and end violence.

This comprehensive approach is already emerging and evidenced by coordinated efforts across Canadian communities focused on the complex interplay between violence, homelessness, mental health, addiction and poverty. The role of shelters is therefore critical both in practice and in policy change as part of a system-of-care approach to violence prevention. This will fundamentally probe the role of shelters as they are no longer expected to provide the entire system of care, but to play a specific role within it.

EXPLORING SHELTERS THROUGH A GENDER-INCLUSIVE LENS

The proliferation of perpetrator intervention programs and violence shelters for women around the world have developed as a response to the disturbingly high levels of serious injuries and deaths of women from spousal violence. Women also are more likely to experience the most severe forms of spousal violence, including sexual assault, beating or choking, and to experience injuries from spousal violence.⁵ In Alberta, every hour of everyday a woman is abused by her ex-partner.⁶ Most government investments, legislation, policies and programs have been a response to intimate partner violence within the context of heteronormative relationships and broader social constructs influenced by this gender disparity in the rates of serious injuries and homicides. This gender dyad is rooted in our early understandings of violence against women.

The authors believe programmatic and policy interventions are an essential part of the social infrastructure necessary to respond to interpersonal violence. It is also crucial to critically reflect on the underlying structural violence and discourse shaping these measures, thereby challenging the conditions that promote violence in everyday life.

We must also consider a growing body of research in North America that indicates girls and women perpetrate some forms of partner violence at least as often as boys and men, and bidirectional violence is the most common pattern of violence in abusive heterosexual dating relationships.^{7,8,9} Large scale victimization surveys tend to capture situational couple violence,¹⁰ which accounts for reports of gender symmetry around who initiates and participates in the violence. In contrast, reports from shelters, police and emergency rooms are more likely to represent coercive controlling violence, largely perpetrated by men against women, and more likely

5 According to the Canadian Women's Foundation, a woman is murdered by her partner or ex-partner every six days. From 2011 homicides, 85% were women. Canadian Women's Foundation. (2014). Fact sheet: Moving women out of violence. Retrieved June 1, 2018 from http://www.canadianwomen.org/sites/canadianwomen.org/files/FactSheet-StopViolence-ACTIVE_0.pdf

6 Wells, L., Boodt, C., & Emery, H. (2013). Preventing domestic violence in Alberta: A cost savings perspective. SPP Research Papers, 5(17): 1-16. Retrieved June 1, 2018 <http://www.pollicyschool.ca/wp-content/uploads/2016/03/l-wells-domestic-violence.pdf>

7 Holmes S.C., Johnson, N.L., Rojas-Ashe, E.E., Ceroni, T.L., Fedele, K.M., & Johnson, D.M. (2016). Prevalence and predictors of bidirectional violence in survivors of intimate partner violence residing at shelters. *Journal of Interpersonal Violence*, 1-24. DOI: 10.1177/0886260516670183

8 Langhinrichsen-Rohling, J., Misra, T. A., Selwyn, C., & Rohling, M. L. (2012). Rates of bidirectional versus unidirectional intimate partner violence across samples, sexual orientations, and race/ethnicities: A comprehensive review. *Partner Abuse*, 3, 199-230.

9 Williams, J.R., Ghadour, R.M., & Kub, J.E. (2008). Female perpetration of violence in heterosexual intimate relationships. *Trauma Violence Abuse*, 9, 227-249.

10 Johnson, M.P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Lebanon, NH: Northeastern University Press.

to cause injuries and death to women.^{11,12}

We unequivocally know violence against women is largely perpetrated by males;¹³ yet, we cannot ignore that this is not the only form of violence impacting those we serve. The findings noted require us to expand the prevailing paradigm guiding research, government and community responses to violence, which assume girls and women are the only victims of violence perpetrated by males. Coercive controlling violence is the deadliest form of violence and therefore rightly captures the focus of our work; however, the reality is more broad and complex and so must be our responses. While this violence has historically been viewed as a women's issue and a women's response, we must learn from and adapt to changing social conditions and societal norms.

Boys and men are themselves vulnerable to violent victimization and gender and social constructs, both of which can increase their risk of becoming perpetrators of violence. This reconsideration of vulnerability can significantly strengthen our understanding of violence and shape our responses. However, we must be careful that the experiences of victimization do not become justification for the perpetration of violence. Leading-edge therapeutic approaches like response-based practices take the position that it is respectful of men to acknowledge their personal agency and choice inherent in their actions, rather than victims of forces they cannot be expected to control.¹⁴

The gendered focus in women's shelters, while it is appropriate and necessary, has historically missed the reality of violence between same-sex partners, elder and child abuse, violence within diverse cultures and instances where women are abusers of women or men, or where violence is mutual between partners. This points to the need for shelters to understand the complexity and nuances of diverse interpersonal violence and identify where shelters can enhance service provision. It also means we must challenge the victim/perpetrator boundaries and how these concepts may be causing harm in our practice. This does not negate the many

Research shows a significant proportion of violent incidents involves multiple perpetrators.

11 Department of Justice Canada. (2013). Making the links in family violence cases: Collaboration among the family, child protection and criminal justice systems. Retrieved from <http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/vol2/p1.html>

12 Johnson, M.P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Lebanon, NH: Northeastern University Press

13 Fleming P., Gruskin, S., Rojo, F., & Dworkin, S. (2016). Men's violence against women and men are inter-related: Recommendations for simultaneous intervention. *Social Science and Medicine*, 146, 249-256.

14 Todd, N., Weaver-Dunlop, G., & Ogden, C. (2014). Approaching the subject of violence: A response-based approach to working with men who have abused others. *Violence Against Women*, 20 (9), 1117-1137.

instances where violence is clearly unilateral, with a clear perpetrator and a victim. In these cases, it would be an injustice to the victim to suggest they are in any way responsible for the abusive actions of the perpetrator.

While violence against women, men and boys is largely perpetrated by males,¹⁵ the gender dyad obscures violence where extended members of the family, community and community institutions could be directly and actively involved in reinforcing the dynamics of abuse. Research shows a significant proportion of violent incidents involves multiple perpetrators. This abuse may be premeditated, coordinated and include the friends or family of an ex-partner.¹⁶ This means our work must consider how kinship networks, friends, colleagues and community settings can both reinforce perpetration and be part of ending violence.

While stopping male violence against women must still be a priority, research indicates expanded and new approaches to stop and prevent violence are required. As both genders are socially constructed, and sometimes both engage in violence, identifying distinct and common risk factors can render a more nuanced understanding of domestic violence perpetration and victimization. Also, understanding root causes and structural inequities that reinforce violence is critical to the discussion.

Shelter 2.0 means we will prioritize the experience of violence reflective and inclusive of gender diversity. From this perspective, we can consider the role of shelters as violence shelters, with the possibility of serving those in transition (male-to-female or female-to-male), males and females experiencing violence. This does not mean all women's shelters become all-gender shelters. Rather, as a violence prevention system, we will develop options to address the experience of violence reflective and inclusive of gender diversity. Thus, a violence shelter might have a specific focus on women, but can make appropriate referrals to other providers who serve males, those transitioning, etc.

15 Fleming P., Gruskin, S., Rojo, F., & Dworkin, S. (2016). Men's violence against women and men are inter-related: Recommendations for simultaneous intervention. *Social Science and Medicine*, 146: 249-256.

16 Salter, M. (2014). Multi-Perpetrator Domestic Violence. *Trauma, Violence, & Abuse* , 15(2), 102-112.

A Shelter 2.0 approach illustrated in **Figure 4** requires a re-examination of the predominant focus on the female victim/male perpetrator to consider possible alternatives.

Figure 4: Inclusive Language



WORKING WITH INDIGENOUS PEOPLE AND THEIR FAMILIES

In Canada, Indigenous women are 2.5 times more likely to experience domestic violence than non-Indigenous women.¹⁷ They are also more likely to report experiencing some of the most severe forms of violence such as sexual assault, choking, and fearing for their lives.¹⁸ Indigenous women are disproportionately represented as homicide victims in cases involving an intimate partner.^{19, 20}

At CWES and YW, Indigenous women represent approximately 30 per cent of clients annually. Due to the egregious numbers, multiple factors must be taken into consideration when reflecting on the future role of women's shelters in Canada, including the history of colonization, structural violence and oppression and continued marginalization against Indigenous peoples.

The authors recognize Indigenous worldviews of domestic violence are distinct from the dominant western perspective.²¹ Indigenous worldviews link domestic violence to the legacy of colonization and the impact of intergenerational trauma, emphasizing the value of family and community from a holistic viewpoint. However, the discourse present in the domestic violence literature and the women's shelter movement reflects the dominant western paradigm of domestic violence. Shelter

17 Brennan, S. (2011). Violent victimization of Aboriginal women in the Canadian provinces, 2009. *Juristat*, 36(1). Retrieved on January 16, 2018 from <https://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf>

18 Boyce, J. (2016). Victimization of Aboriginal people in Canada, 2014. *Juristat*, 36(1). Retrieved on January 16, 2018 from <http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14631-eng.htm>

19 Perreault, S. (2015). Criminal victimization in Canada, 2014. *Juristat, Statistics Canada Catalogue no. 85-002-X*.

20 Sinha, M. (2013). Measuring violence against women: Statistical trends. *Statistics Canada*. Retrieved on January 16, 2018 from <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

21 Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners*. Kitchener: Wilfred Laurier University Press; Cripps, K. (2007). Indigenous family violence: from emergency measures to committed long-term action. *Australian Indigenous Law Review*, 11(2), 6-18; Jackson, E. L., Coleman, J., Strikes with A Gun, G., & Sweet Grass, D. (2015). Threading, stitching, and storytelling: Using CBPR and Blackfoot knowledge and cultural practices to improve domestic violence services for Indigenous women. *Journal of Indigenous Social Development*, 4(1)

practice has largely ignored the context of colonization. Current shelter practice is also individualistic in nature and primarily dyadic in response.

Research states Indigenous peoples value family and community above that of the individual: “The individual is seen in the context of the family, which is seen in the context of the community...when an individual is harmed, it is believed that this affects all others in that person’s family and community”.²² Thus, Indigenous people tend to prefer the term “family violence” to reflect this value and to recognize that violence may occur in a range of kinship relationships.²³

A holistic worldview stresses that DV is a community-level problem²⁴ and as such, all people must heal from the violence.²⁵ In contrast, the dominant western narrative of DV involves two people: a victim (usually female) and a perpetrator (usually male), whose separation is a key part of intervention. Most services are set up in response to this prevailing idea. In contrast, Indigenous writing suggests this model is culturally inappropriate (Cripps, 2007) as it isolates and separates family members. ***A holistic worldview seeks harmony and balance for the family and community in contrast to the prevailing view based in crisis, punishment and separation.***²⁶

22 Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners.* Kitchener: Wilfred Laurier University Press, p. 149.

23 Olsen, A., Lovett, R., Australian Institute of Aboriginal and Torres Strait Islander Studies, & Australia's National Research Organisation for Women's Safety Limited. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: state of knowledge paper.* Alexandria, NSW: ANROWS. Retrieved on January 16, 2018 from https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/s3fs-public/FINAL%2002.16_3.2%20AIATSIS%20Landscapes%20WEB.pdf

24 Olsen, A., Lovett, R., Australian Institute of Aboriginal and Torres Strait Islander Studies, & Australia's National Research Organisation for Women's Safety Limited. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: state of knowledge paper.* Alexandria, NSW: ANROWS. Retrieved on January 16, 2018 from https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/s3fs-public/FINAL%2002.16_3.2%20AIATSIS%20Landscapes%20WEB.pdf

25 Cripps, K. (2007). Indigenous family violence: from emergency measures to committed long-term action. *Australian Indigenous Law Review*, 11(2), 6-18

26 Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia & C. Vine (Eds.). *Cruel but not unusual: Violence in Canadian families. A sourcebook for educators & practitioners.* Kitchener: Wilfred Laurier University Press.

Shelter 2.0 recognizes Indigenous worldviews and perspectives centered on the holistic wellness of the individual as part of the collective community, existing in relation to the natural world, spirit world and ancestors. As a result:

CWES and YW are committed to the Truth and Reconciliation Commission of Canada's Call to Action. We commit to:

1. Provide education on the history of Aboriginal peoples, including the history and legacy of residential schools, along with skills base training in intercultural competency, conflict resolution, human rights and anti-racism.
2. Formally adopt and comply with the principles, norms, and standards of the United Nations Declaration on the Rights of Indigenous Peoples as a framework for reconciliation. This would include, but not be limited to:
 - i. Ensuring that their institutions, policies, programs, and practices comply with the United Nations Declaration on the Rights of Indigenous Peoples; and
 - ii. Respecting Indigenous peoples' right to self-determination in spiritual matters, including the right to practice, develop, and teach their own spiritual and religious traditions, customs, and ceremonies, consistent with Article 12:1 of the United Nations Declaration on the Rights of Indigenous Peoples.

LOCAL SHELTER EVOLUTIONS

Recognizing the needs of women experiencing abuse, the establishment of shelters from the 1970s onwards began with feminist activism to provide shelter, safety and support. Particularly in Alberta, this movement continued to adapt and change, making substantial headway in emergency shelter services, legislation reform, establishing and extending government policy and programs and stimulating research and public information on domestic violence.

The primary evolution of shelters continued with the proliferation of facility-based services from the shelter. This has been further reinforced by the push in social services towards place-based integration, or the one-stop-shop model. In turn, the collection of shelters and complementary services has emerged as a sector, with many groups taking on the work of the “battered women’s” movement. While significant gains were made for victims, this also contributed to creating a fragmented response, where no single service element had overall understanding or coordination of services to a family experiencing violence.

As shelters made the shift to broader prevention and follow-up services, we are seeing increased coordination among providers and public systems. Alongside facility-based operators, additional services with complementary foci have developed. Some operate as non-profit organizations and some within larger public systems. To differentiate themselves, service providers may develop expertise in a population or approach to services or add a distinct offering. Together, this collection

of services can be considered a system, though depending on community and evolution, it may or may not operate in a strategic or coordinated manner.

Figure 5 illustrates the current state of the anti-violence system in Calgary. This refers to a diversity of local or regional service-delivery components serving those who are experiencing or perpetrating – or at imminent risk of – violence. The local context is unique in that the focus is ‘shelter first’ or ‘shelter dominant’. The main objective of women’s shelters is to keep victims (i.e. women and their children) safe from their abusers, usually male partners. To this end, the secure facility becomes the defining element of operation, upon which additional services are appended to respond to client needs. The proliferation of these additional and important services to women’s shelters is evident in CWES and YW operations and as the literature suggests, common internationally.

As a result of this evolution, however, each shelter has established its own slate of programming tied to the shelter under stand-alone service organizations. The Calgary evolution may not be applicable to other communities; however, this outlines the need to consider the implications of this approach to developing a comprehensive system-level approach to violence.

Figure 5: Current State of Contemporary Shelters



As **Figure 6** suggests, the creation of multiple shelter-focused ‘mini-systems’ makes sense: women and children should have access to comprehensive supports as they enter the shelter. However, many shelters have developed their own mini-system, and it is unclear how the additional services intersect and how clients can gain access. For instance, can a woman access child care from Shelter A and recreation activities from Shelter B? Can she access these services only while she’s a guest at the shelter, or can she access the same level of supports after she returns to the community?

Services that may exist in-house in shelters also find parallels in other facility-based services and in public systems; in practice, shelter operators both offer and link to these other services. Violence issues emerge across these systems, prompting

linkages and in-house responses which create another layer of navigational complexity. This amplifies the difficulty clients and staff experience traversing the overlapping eligibility criteria and service offerings.

These developments point to the ongoing evolution of shelters in response to diverse client needs and funder priorities, and the pressures shelters face in a dynamic service delivery landscape. This is further complicated by sub-population programs tailored specifically to Indigenous peoples, youth, people with disabilities, immigrants and refugees, seniors, and LGBTQ2S+. Of course, there are issues intersecting across these populations overlapping violence, including trauma, mental health, addictions, physical health issues and accessibility needs.

The resulting complexities are reported across the violence, homeless-serving sector, justice, health and child intervention systems. Client and staff difficulties navigating this complexity of programs, systems and population foci have challenged providers and government to find new ways of enhancing service and system integration.

Examples of this effort are the development of coordinated access, system navigation specialists and higher-level system planning committees and initiatives. Yet, paradoxically, the proliferation of integration activities has added another layer of complexity for both staff and clients. This focus reinforces the role of shelters in a system of care model as crisis refuge and a springboard to diverse supports.

Shelters have also taken on more public policy advocacy roles around issues related to domestic violence to raise awareness, increase funding and enhance issue visibility. This brings us to the development of DV services within other systems of care, as illustrated in **Figure 7**, including perpetrator programs delivered through the justice system or victim assistance in policing.

Figure 6: Anti-Violence System Evolutions

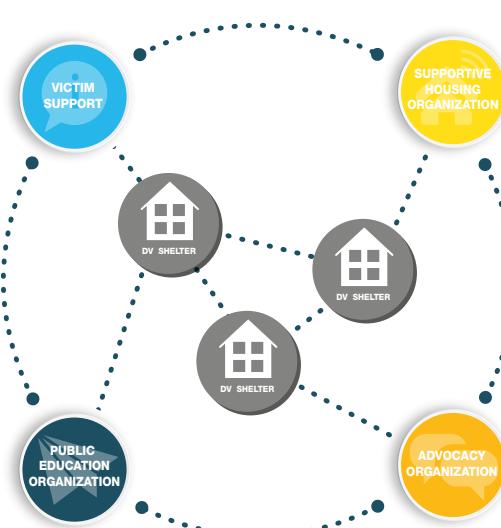
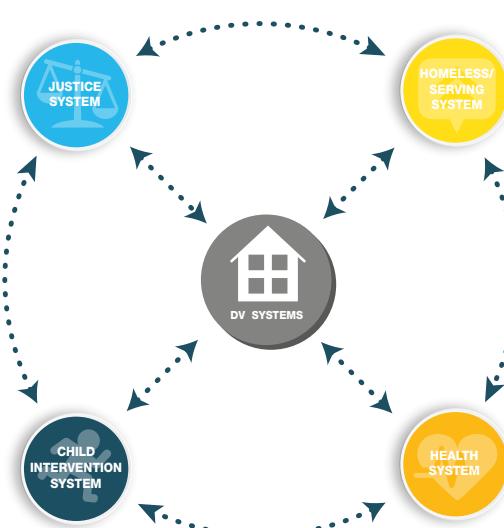


Figure 7: System Inter-Relationships



In the systems planning approach, shelters are a component in the broader continuum of strategies and services to address violence. Evidence indicates when shelters integrate and share resources for the benefit of those experiencing and perpetrating violence, and make the system easier to access and navigate, the entire community benefits.²⁷ This involves integration of all stakeholders: government, police, child intervention, health and justice system, community-based and social service agencies.

THE COMPLEXITY OF MANAGING SHELTER ENTRY

Despite the ongoing diversification of tailored services in the anti-violence system, the gender dyad remains a constant underpinning to these approaches. Common situations pose significant challenges for many women's shelters: women with older male children, women who both perpetrate and experience violence, males who are victims of violence, transgender persons, etc. While most often mandated to serve only women fleeing violence, shelters are conflicted by the need to practice a 'person-centred' and gendered approach.

In Shelter 2.0, shelters integrate and share resources for the benefit of those experiencing and perpetrating violence.

There is tension created by the differing approaches between women's shelters and homeless shelters: a women's shelter system is restricted to women and children who experience violence, while the homeless system has remained largely mixed gender in its service focus. We have created two parallel processes, which is problematic: violence is the positioning focus, yet violence against women occurs for those in homeless shelters. Also, women who are not experiencing immediate violence are accessing shelters. We cannot minimize other forms of family violence such as emotional and financial abuse and controlling behaviour. These forms of abuse lead to significant suffering for victims and are also risk factors for physical violence and homicide.

Another layer of complexity is added when we consider the higher incidence of victimization of women in mixed gender homeless shelters. In other words, by not accessing women's shelters, these women may have an increased risk of experiencing violence and exploitation. A further complexity is added in the context of ethnocultural and Indigenous communities and diverse understanding about relationships and family structures. Shelters attempt to adapt to and embrace this

²⁷ Turner, A. 2014. Beyond Housing First: Essential Elements of a System-Planning Approach To Ending Homelessness. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

diversity, even though the dominant domestic violence approach does not take such complexities into account.

If the immediacy of violence or the mortality risk become the means of managing entry, there may be conflict for shelters that aspire to an empowered feminist approach and simultaneously turn away marginalized women who are not in immediate danger. The additional requirement of sobriety in some shelters may further restrict access for women who turn to low barrier mixed-gender facilities. Notably, there are women who often use both women's shelters and the homeless shelter system, depending on individual and contextual factors. And sadly, there are women who have died from violence without ever accessing our systems and shelters.

*In Shelter 2.0
the immediacy
of violence or
the mortality
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the means of
managing entry.*

ENHANCING SHELTER IMPACT

Aside from the gender dyad core underpinning shelters, and other domestic violence interventions, another underlying assumption in traditional shelter operations at the service delivery level concerns the facility-focused nature of supports. That is, there is a prevailing assumption that women and children come into the shelter to access services and that our response should only be from a fixed-site stance. There is no reason programmatically why some services, such as counselling and advocacy, can't occur in the community if appropriate safety protocols are in place. This approach would entail a systematic decoupling of the shelter base from the complementary supports. It is important that shelters continue to act as a core family violence program for women and children fleeing violence and abuse. We suggest that in addition to shelter services, we also build out into the community.

In Shelter 2.0, complementary intervention which means shelters are combining their efforts with other community services, is critical to reducing recidivism and future violence. For example, research suggests that trauma-informed approaches²⁸ lead to significant decreases in related symptoms. Individual counselling grounded in a feminist approach is consistently recommended as an effective form of intervention for people experiencing violence. Moreover, the response-based approach takes a trauma-informed response one step further by exploring and emphasizing the context within which the abuse takes place and how those impacted responded and resisted the violence. Facilitating recovery through trauma-informed or response-based care can minimize re-victimization and promote individual wellness and connectedness. Recognizing this, shelters are addressing the need for aftercare and outreach: if we only support women in shelters, we miss providing service to

²⁸ Wilson, J. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, 85(6), 586-99.

them for most their lives. We are learning that intervention should be premised on the person's need, not on the facility. We know from our experience that services can safely and appropriately be delivered outside of a shelter environment in the community or in homes.

The emerging promising programs that help people experiencing violence stay safe in their homes include focusing on long term stability in housing, increasing income, obtaining higher education and building skills to develop healthy relationships.

Additional promising practices include:

- improved policing responses to those who perpetrate or threaten future violence;
- developing the skills and capacities of friends, families and co-workers to intervene and connect to services;
- leveraging workplaces as prevention settings for change; and
- ensuring mental health and counselling professions understand the complex dynamics of abuse.

Developing comprehensive and coordinated community and home-based responses complement and enhance shelters and will be essential to the next iteration of this work.

LANGUAGE MATTERS: MOVING BEYOND THE VICTIM/ABUSER NARRATIVE

We know that focusing only on those impacted by violence without considering those who perpetrate it limits our ability to create widespread impact on the problem and misses important opportunities to intervene before, during and after the violence. Additional interventions could include considering the person perpetrating violence as a potential victim of trauma and patriarchy, ensuring a skilled therapist supports these experiences of victimization but does not excuse perpetration of violence.

We have also missed noticing that those who experience violence resist it and do much to keep themselves safe, their children safe, and to retain their dignity. Further, there has been important work that has highlighted the importance of social responses to both those who perpetrate and experience violence. Coates and Wade (2016) report "the quality of social responses is closely tied to the level and form of victim distress".²⁹ At the same time, when perpetrators receive positive social responses, they are more likely to talk about their actions and concerns, and less

²⁹ Coates L., Wade A. (2016) 'We're in the 21st Century After All': Analysis of Social Responses in Individual Support and Institutional Reform. In: Hydén M., Gadd D., Wade A. (eds) Response Based Approaches to the Study of Interpersonal Violence. Palgrave Macmillan, London.

likely to commit further violence.³⁰

We should provide supports to both those who perpetrate and experience violence, especially if both are seeking help.

Though perpetrator programs proliferate, like victim supports, these remain grounded in the dominant belief that split men and women as aggressor and victim. While this is still a reality for many, we must also look at their experience holistically through a trauma-informed and response-based lens, and within the wider gender and social constructs that reinforce violence.

We have known for years that, while important, focusing only on the violent episode in real-time misses a comprehensive approach to the needs of the individual and the family. Rather than fitting individuals into programs based on a particular worldview, we work on self-identified needs which can include transportation, housing, employment, child care, school, addictions and mental health. More recent program developments through the Housing First approach³¹ demonstrate the value of incorporating a focus on meeting immediate basic needs alongside victim assistance and advocacy for longer-term stabilization.

Moreover, the recognition of the importance of primary prevention – stopping the violence before it starts – has become a widespread public health approach. Using this public health paradigm (a socio-ecological approach shown in **Figure 2**) has pointed to the need to consider violence within larger family, community and societal systems and contexts. The stand-alone traditional shelter model as the primary intervention must evolve, shifting to a broader community and family systems approach. Here, the individual is viewed within the context of their community and its complexities and resources and interventions must also be considered.

Beyond the heteronormative³² assumptions in many violence interventions, a more comprehensive approach considers gender and sexual fluidity along with extended members of the family, community members and community institutions as directly and actively involved in the dynamics of abuse and prevention. This lens allows providers to challenge mainstream notions of safety and interventions and allows us to explore interventions that engage both people experiencing and perpetrating

30 Hyden, M., Gadd, D., and Wade, A. (2016). Introduction to response based approaches to the study of interpersonal violence. In M. Hyden, D. Gadd and A. Wade (Eds.), pp. 1-16, *Response-based approaches to the study of interpersonal violence*. New York: Palgrave MacMillan.

31 ‘Housing First’ is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.

32 Heteronormative is based on the attitude that heterosexuality is the only normal and natural expression of sexuality. Heteronormativity is an internalized set of expectations about gender and sexuality.

The quality of social responses is closely tied to the level and form of victim distress.

violence and the networks around them.

This approach would address challenges posed by standard policies around length of stay in shelters, which is up to 21 days in Alberta. This length-of-stay policy, coupled with shelter-focused supports, means those experiencing violence have access to very short periods of support while in shelter, with little follow up. Currently, when women come into shelter, staff intervention is focused on them and their children. In this equation, how can we engage men and support them to stop the violence?

Lastly, we can enhance conventional service-delivery and prevention models for approaches that actively engage the community. Beyond serving clients, advocates can continue to strengthen the way communities respond to violence by providing outreach, skills and education to landlords, law enforcement and city government on the dynamics of violence and need for safety. There have been notable efforts to this end; these should continue and become an even greater focus.

UNDERSTANDING RISK IN SHELTER TRIAGE

Intimate partner violence risk assessment tools are used by women's shelters in Calgary. The most common tool, the Danger Assessment (DA), is an instrument that helps determine the level of danger an abused woman is under of being killed by her intimate partner.³³ The tool was developed with consultation and content validity support from abused women, shelter workers, law enforcement officials and other clinical experts on violence against women. A calendar function was conceptualized to raise the consciousness of the woman and reduce the denial and minimization of the abuse, especially since using a calendar increases accurate recall in other situations.³⁴

CWES and YW data suggests that scores using the DA tool vary among women seeking assistance; yet, shelter beds, supportive housing and support programs are not currently triaged according to these assessments and are assigned on a first come, first served basis. The goal should be to give the right service at the right time. On the other hand, there are instances when the DA score does not predict violence and a woman may indeed be in imminent danger. In such cases, using the DA to tell someone they are not in sufficient danger to warrant safe shelter would be inappropriate.

What this issue does point to is the opportunity to approach shelter triage from

33 Campbell J., Webster D., Glass N. 2009. The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*. 24(4), 653-74.

34 Campbell J., Webster D., Glass N. 2009. The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653-74.

a system planning perspective. As such, triage to shelter, planning for safety and broader prevention and early intervention work would provide a more comprehensive approach to triaging those who need shelter, those who can be supported in the community and those who may be better served in other systems or programs. This also points to a current gap: we don't have appropriate or reliable methods to determine how best to match those experiencing or perpetrating violence to ***the right supports to address immediate safety issues and underlying needs.***

CWES and YW have been questioning prevailing paradigms, theories and approaches in the anti-violence system. The Shelter 2.0 project is the culmination of the issues discussed above and an affirmation of the changes both organizations and the sector are currently undergoing. For example, we see an emerging focus on prevention support, public policy and system coordination activities, working with men and boys, enhancing services for diverse populations, and awareness and public education activities. Shelter 2.0 formalizes and helps articulate the shifts in practice while providing suggestions for the next evolution necessary within the sector.

To this end, the next section presents several possible directional shifts for CWES and YW to consider. Both organizations are piloting different recommendations to help the sector better understand the implications of moving toward the 2.0 model in practice.

SHELTER 2.0

Possibilities

CWES and YW have been questioning prevailing paradigms, theories and approaches in the anti-violence system. The Shelter 2.0 project is the culmination of the issues discussed above and an affirmation of the changes both organizations and the sector are currently undergoing. For example, we see an emerging focus on prevention support, public policy and system coordination activities, working with men and boys, enhancing services for diverse populations, and awareness and public education activities. Shelter 2.0 formalizes and helps articulate the shifts in practice while providing suggestions for the next evolution necessary within the sector.

To this end, the next section presents several possible directional shifts for CWES and YW to consider. Both organizations are piloting different recommendations to help the sector better understand the implications of moving toward the 2.0 model in practice.

Key Shift 1:

Taking a Broader Worldview: Comprehensive and Inclusive Practices

Shelter 2.0 calls for the application of a comprehensive lens across our work, recognizing gender diversity and the unique needs of victims and perpetrators and Indigenous peoples. This must be done within broader social contexts, using a strength-based, trauma-informed, response-based approach that emphasizes the capabilities of the individual and the resources available within their families, networks and communities.

Shelter 2.0 means that to effectively support the person experiencing violence, regardless of gender or age, or social location, we must simultaneously seek to engage the perpetrator and their close network.

When victims seek support, we may make a safety plan to flee violence but we may also consider a plan to remove the perpetrator from the home and the supports required to implement this plan. Under certain circumstances and with careful consideration, we may also decide to reach out to the perpetrator(s) while/when the victim is in the shelter. Moreover, part of service provision will be understanding the networks of informal supporters around both parties and supporting and serving this population. It will also mean understanding diverse communities and cultures and their history and worldviews.

To support the change process of the person perpetrating violence to leave the home, counselling (individual, group, family, children, couples) would continue to be offered but expanded to include the perpetrator, recognizing that sometimes relationships and interactions are complex, sometimes the parties reconcile and often those who perpetrate violence may have been abused. By including the needs of the perpetrator, this approach provides a different line of sight to better manage safety and risk rather than working without this important knowledge.

It may be most effective to engage perpetrators about their concerns and desire for healthier relationships. In other cases, this may not be possible. As such, we will maintain focus on supporting those experiencing violence so they are safe from their abuser. Case managers may be able to work with the person posing the danger to find alternative accommodations and assist them to access supports that initiate the change process.

These supports can be delivered in-house at the agency or in partnership with other organizations. This may also mean that access to resources such as treatment facilities may be needed to support perpetrators leaving the home and working towards change. Creating partnerships along with the social conditions to support

Shelter 2.0 includes a strength based, trauma informed, response based with individuals, families, networks and communities.

this approach will be key to success. Government, policy makers and service providers (including police) will need to come together to re-vision this approach.

In cases where perpetrators are unwilling to participate, police involvement would continue to be essential and appropriate.

Key Shift 2:

Shelters Without Walls: The Right Service at the Right Time

A key factor will be a model of wraparound supports that looks at each person and family based on their type and level of need, connecting them to resources, and providing supports accordingly. Trauma-informed, response-based and empowerment-focused approaches are recognized best practices to case management and counselling and would be beneficial to all those experiencing or perpetrating violence.

Within this approach, we can begin to phase in an increasing focus on those who are fleeing violence and show high danger assessment scores. Those who can stay in their homes or communities with family or friends will be supported through outreach supports and police, as appropriate. This allows us to best utilize our shelters in the way they were designed, located, and operated from a safety risk perspective, by serving those in highest need of support and protection from imminent danger. This is a departure from current practice, which is first come, first served. However, we are seeking alternatives for those who do not – or choose not – to leave their home environments to access services. We cannot assume those people impacted by violence must always be brought into shelters; we must assess risk and danger and make strategic decisions with those we serve about the best option. It is essential to balance risk assessment and personal decision-making by those impacted by violence.

*When it is
safe to do so,
Shelter 2.0
means providing
services in
homes and in the
community.*

This approach requires us to separate wraparound supports from the shelter. Depending on individual circumstances (including risk and danger assessment, resources, choice, etc.), services can be delivered in shelter and in safe community spaces, including client homes, under robust safety parameters. This means bringing services to clients should be included in the continuum.

This would also mean we support whoever calls: no matter the gender or role in the violence. To truly make this shift, policies, definitions, training, shelter funding contracts and memorandums of understanding with diverse organizations may need to be restructured to support this approach.

We can consider which supports can be delivered through case management in participant homes or other locations of their choice. Providing counselling in homes and in the community must be delivered in conjunction with robust staff training

opportunities, risk assessment and safety planning on a case-by-case basis. Outreach supports must be considered from a holistic perspective for women, children, men and extended family members. Some outreach supports may be better offered from the community hub rather than the shelter. In other cases, perpetrator support may be best delivered in partnership with a Housing First or addiction/mental health provider.

In Calgary, this shift is evident in work underway to better coordinate the crisis lines so shelters are decoupled and are one of many resources offered. If we use the outreach teams differently, and refocus our crisis lines on coordinated and collaborative assessment, we can triage our shelter beds differently to support greatest risk and greatest need rather than first come, first served.

If shelter stay is no longer the determining factor in accessing support services, then this approach can help shelters overcome the challenge of aftercare supports. Rather, individual need and choice are the drivers. This may further help meet the needs of those with difficulties managing restrictions in place-based facilities, including the requirement for sobriety. The presence of extended families, which may include aging parents in the victim's care or older male youth, can be further managed in a person-centred – rather than facility-centred – approach.

Key Shift 3: One Agency Can't Do It All: Systems of Care Approach

A system planning approach is different. It challenges our understanding of how shelters traditionally support communities by looking at the integrated whole, comprised of defined components, working towards a common end. System planning recognizes the basic components of a system and understands how these relate to one another and their basic function as part of the whole. Processes that ensure alignment across the system are integral to ensure components work together for maximum impact.¹

Applying this concept to violence, a system comprises local or regional service-delivery components serving those who are experiencing, perpetrating or at imminent risk of violence. System planning uses a common guiding philosophy and method of organizing and delivering services that co-ordinates resources to ensure efforts align with the goals of ending and preventing violence. Rather than relying on an organization-by-organization, or program-by-program approach, system planning develops a purposeful and strategic framework for service delivery by a collective group of stakeholders.

To create effective system planning, we must manage program delivery and

¹ Turner, A. (2014). *Beyond housing first: Essential elements of a system-planning approach to ending homelessness*. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2016/03/beyond-housing-turner.pdf>

strategic planning across stakeholders, including funders. ***Shelter 2.0 means we must become more strategic in our practices, including permeating social institutions, other sectors along with advocating for policy and legislative changes.***

Operationalizing system planning is contextual. To bring it closer to operations, system planning in practice involves many activity areas; how this plays out locally will vary depending on stakeholder buy-in, resources and expertise, and other factors related to demographics in the target group, such as size and location of community.

REGARDLESS OF OUR LOCAL CIRCUMSTANCES, THERE ARE KEY SYSTEM PLANNING ESSENTIALS TO BE CONSIDERED:

- 1. PLANNING AND STRATEGY DEVELOPMENT** follows a systems approach grounded in a common philosophy on addressing violence. The community is engaged in system planning across organizations and stakeholders to develop its approach to addressing violence. System planning is supported across service providers and funders.
- 2. ORGANIZATIONAL INFRASTRUCTURE** is in place to implement an anti-violence strategy and coordinate stakeholders to meet common goals. This includes the establishment of a clear System Planner organization(s) who operationalizes the work on an ongoing basis.
- 3. SYSTEM MAPPING** will make sense of existing services and create order moving forward. This creates a real-time inventory of available programs, consistent classification and how they function as part of the anti-violence system. This also creates real-time understanding of diverse services, their funding sources, eligibility and prioritization criteria, capacity and real-time flow-through.
- 4. CO-ORDINATED SERVICE DELIVERY** facilitates access and flow-through for best client and system-level outcomes. The importance of process alignment initiatives like Coordinated Access and Assessment are relevant, alongside other important integration work including coordinated case management or co-location of services as appropriate.
- 5. INTEGRATED INFORMATION MANAGEMENT** aligns data collection, reporting, intake, assessment and referrals to enable coordinated service delivery. This technological backbone of the anti-violence system is essential to operationalizing system planning. Unless we can tie together diverse providers into a system, there is limited ability to manage performance or change course.
- 6. PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE** at the program and system levels are aligned and monitored along common standards to achieve best outcomes. Monitoring of key indicators and service standards becomes common across providers and funders. Changes are made in real time to better serve participants and meet system-level goals.
- 7. SYSTEMS INTEGRATION** mechanisms link the anti-violence system and other key systems and services, including justice, child intervention, health, immigration and settlement, domestic violence, housing, homelessness, employment and income support. This recognizes that system planning must connect beyond the anti-violence system to include these other entities. Coordinated case plans and service delivery are examples of system planning across key sectors.

The Calgary Domestic Violence Collective (CDVC) is an organic collective comprised of more than 70 community partners whose purpose is to identify and support high-impact opportunities, share knowledge and influence norms, practices, programs and policies related to violence prevention. CDVC stewards a movement based on relationships and a common agenda to address the complexities that underpin the systems and structures that support violence to create deep and enduring social change. Partnering with CDVC will position a system planning effort on anti-violence in the Calgary context.

From a service design stance, we can leverage existing community infrastructure such as community hubs, resources centres, other agencies and schools to integrate evidence-based services that prevent and end violence for children, parents and the wider community. This requires an integrated service delivery model to prevent and end violence that encompasses a range of varied stakeholders and approaches into a well-coordinated system of care.

System planning implies that no single agency can adequately address the complexity of violence; multiple agencies are necessary to provide a comprehensive and effective response. This means agencies outside the immediate anti-violence system can be drawn in to support the continuum work of shelters. Traditionally, these external agencies have not been tapped in a coordinated manner. This is perhaps due to a singular focus as various social problems are categorized and assessed independently. However, this past decade has seen a focus on interconnectedness and integration creeping into the service delivery model. In Calgary, the growth of CDVC has seen new partners adding their supports to the prevention continuum. A successful and well-designed system planning response recognizes and cultivates unique strength-based responses and minimizes duplication of services. System planning builds on what the community knows and values to create a more seamless and dignified entry for services that honours the choices of people experiencing violence.

Many women's agencies have already begun to partner with a myriad of systems and groups, yet these efforts are often ad hoc and reactive. The focus on a formalized, comprehensive and integrated systems approach means these hubs will bring together services from other public systems to complement in-house supports to advance the anti-violence agenda. This can include child intervention workers, mental health and addiction counselors and medical services such as public health nurses and family therapists. Sensitizing other service providers to safety

System planning implies that no single agency can adequately address the complexity of violence.

and violence could bring agreement on the introduction of evidence-based and standardized safety plans and risk assessments across the continuum.

In this instance, core services engage diverse stakeholders (faith community, business, parents, residents, leaders, etc.) and are comprehensive, adaptive, flexible, integrated and responsive to ever-changing community needs. In Calgary, some service providers are developing collaborative models and partnering well with the justice system, police and community partners. Further, the Government of Alberta's investment in Intensive Case Management, in addition to increased funding for emergency shelters and 2nd stage shelters, is a progressive move which enables both a crisis and community response to family violence. As **Figure 8** illustrates, system planning proposes a model where the shelter's role is part of a broader integrated network focused on common objectives.

To this end, services can be tiered based on intensity: some clients benefit from parenting classes and soft supports, including informal interactions with other community members and volunteers. Others may require intensive case-managed supports to address higher risk situations, including domestic violence and child maltreatment. A family may enter the system seeking a play opportunity for their children and access additional supports as they become more comfortable or their situation shifts.

The expertise of women's organizations and feminist analysis should inform and be integrated into the existing infrastructure, so other systems and sectors can benefit from a gender-based violence prevention lens. Cross-training and capacity building within existing partnerships and agencies are simple yet effective actions. For example, CWES and YW can partner with existing service sites to deliver violence prevention-focused supports in community settings. Also, as program participants may live near service organizations, these sites can become part of the ongoing support network for the individual or family.

Figure 8: Shelters in the Anti-Violence System



Key Shift 4:

Shelters Aren't Enough: Investing in the Prevention Continuum

The paradigm shift is expanding the shelter's reach and adding to the core functions it provides towards the objective of preventing and ending violence. By adding other community-based and core family violence services, we can develop a response that is comprehensive and strength-based, meeting people where they are at and within their family and community support systems, even if they are perpetrators. It means challenging the stigma of violence by mainstreaming positive and healthy relationships and parenting practices, making preventative supports commonplace.

We recognize shelters still provide a critical crisis service but long-term solutions are also needed. Rather than solely adding more services within shelters or continually expanding the number of shelter facilities or beds, we can begin to look at alternatives and work closer with diverse stakeholders throughout the community. **While intervening in domestic violence and preventing it are part of our goals, we must also focus on improving child, family, and community wellbeing. Prevention is possible.**

Though wrap-around supports are already being put in place in shelters, if we remove the facility focus of these supports, we can develop targeted approaches based on participant needs rather than shelter access. This ensures those in need can access support for whatever their need might be: counselling, housing, mental health services, recreation, transit, and more. This approach recognizes the person seeking assistance is at the crux of relationships and networks that must be considered in the response. That is, though the woman might present at the shelter, the violence the partner is perpetrating is also impacting her children, family members, neighbours, community, workplace and friends. From this perspective, our interventions must consider how to intervene in the violence across these levels (see the *Socio-Ecological Model of Prevention*, Figure 2).

*We recognize
shelters still
provide a critical
crisis service
but long-term
solutions are
also needed.*

This recognizes our work is more than crisis response: we must target violence at societal, community, relationship and individual levels, systematically and simultaneously. This also means shelters can and should be part of coordinated efforts to address violence through a primary, secondary and tertiary prevention lens.

This expansion of the continuum into areas of prevention should include Gender Transformative Approaches (GTA) to create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities and address power inequities between persons of different genders. GTA are part of a continuum of gender integration, or the integration of gender issues into all aspects of program and policy conceptualization, development, implementation and evaluation.¹

In this regard, our language, fundraising, and marketing narratives will require significant reworking. Beyond the victimized woman and her abuser, we will need to expand our focus to include, for example, men and members of the LGBTQ2S+ community who are victims. We will expand our narratives to include other perpetrators such as other family members and women, and the notion that the system serves both those perpetrating and experience violence. We must also honour those who resist and oppose violence and abuse; our narrative about victims being damaged and deficient must also shift. This means acknowledging men also experience abuse and violence.

¹ Health Communication Capacity Collaborative. (2018). *Gender Transformative Approaches. An HC3 Research Primer*. Retrieved from <http://www.healthcommcapacity.org/wp-content/uploads/2014/08/Gender-Transformative-Approaches-An-HC3-Research-Primer.pdf>

We must reach all genders in a meaningful, authentic manner. We must embrace our history and adapt to the current context. We must constantly examine our paradigms and beliefs to focus on different intervention points throughout the violence prevention spectrum while we strengthen partnerships and collaboration.

WORKING THROUGH THE RECOMMENDED SHIFTS

We are just beginning to work through the implications of the proposed approach in our operations for CWES and YW. We know every local context will have a very different set of dynamics to consider. We look to the strategic shifts as a place to start conversations within our organizations and in our community. We also know that despite our efforts to date, more research and in-depth considerations will be needed.

To this end, we have developed the following worksheet that both organizations are using to consider current operations in light of the proposed recommendations to help us develop a strategy for change. We designed the tools for staff to assess the organization's current alignment with the proposed changes. It can be used as a pre and post-test to evaluate changes needed and highlight strengths to celebrate. Staff can evaluate recommendations and share findings to develop a collective final organizational self-assessment. Through conversation and contribution from all team members, the organization will have a more accurate assessment while sparking engagement in continuous improvement.

We are contributing this work into the broader body of knowledge as a change management tool for other organizations and capacity-building initiatives working to prevent and end violence.

SHELTER 2.0 FRAMEWORK - KEY DIMENSIONS WORKSHEET

Table 1: Organizational Self-Assessment

WHAT IS THE ORGANIZATION CURRENTLY DOING PROGRAMMATICALLY, TRAINING, POLICY, AWARENESS, ETC.? (CHECK THE BOX THAT BEST FITS.)

KEY SHIFTS	CONSIDERATION	ADAPT TO LOCAL CONTEXT	MORE RESEARCH NEEDED
1 Taking a Broader Worldview: Comprehensive & Inclusive Practice	Strengths-based, trauma informed or response-based approach that emphasizes the capabilities of the individual and the resources available within their networks and communities.	✓	
	A strategy is in place to support all those who are experiencing the violence, including perpetrators.	✓	
	Understanding the victims'/ perpetrators' networks of informal supporters that surround both the victim and perpetrator and supporting and serving this population is part of service provision.		✓
	Staff provide supports to their informal networks so they can play a positive role in stopping the violence and developing healthy relationships.		✓
2 Shelters Without Walls: The Right Service at the Right Time	Using consistent assessment to right-match those seeking supports to appropriately refer quickly.	✓	
	Case management in community or other locations of their choice, rather than restricting these services to shelter access.		✓
	Targeted approaches based on participant needs rather than shelter access.	✓	
	Shelter stay is not the determining factor in accessing support services; rather, individual need and choice are the drivers.	✓	
3 One Agency Can't Do It All: Systems of Care Approach	Supporting the perpetrators in their own recovery process and to leave the home.	✓	
	Engaging perpetrators when victims access the shelter, under certain conditions.		✓
	People access services as close to home as possible, in a culturally sensitive safe environment.		✓
	Service providers' staff use a clear referral and transfer process, so people see the right caregiver, in their own community or elsewhere.	✓	
4 Shelters Aren't Enough: Investing in the Prevention Continuum	Shelter has staff trained to work with victims/ perpetrators and have the knowledge of resources available in the community.		✓
	Evidence-informed and standardized safety plans tailored to unique circumstances of clients and risk assessments across the continuum of services for people experiencing violence, not only women fleeing violence crisis and shelter programs.	✓	
	Service provision considers both intervention and prevention approaches.		✓
	Shelters work as part of broader approach to prevent and end violence at societal, community, informal and individual levels.	✓	
	Focus is on improving child, family, and community well-being.	✓	

Table 2: Organization Strategy for Change

KEY SHIFTS	DESIRED CHANGE	KEY STRATEGIES	RESOURCES NEEDED	IMPLEMENTATION APPROACH
1 Taking a Broader Worldview: Comprehensive & Inclusive Practice	What is the shelter's ideal name?	How will you get there? Programs, partnerships, policy work, campaigns, training, etc.	Time, money, buy-in, etc. needed to execute strategies.	Best way to move each strategy forward given external/internal capacity, access to resources, etc.
2 Shelters Without Walls: The Right Service at the Right Time				
3 One Agency Can't Do It All: Systems of Care Approach				
4 Shelters Aren't Enough: Investing in the Prevention Continuum				

LIMITATIONS OF SHELTER 2.0

There are certain limitations acknowledged in this discussion paper.

- Only two women's organizations were involved in this project and we might have a biased perspective on the suggested shifts in the violence prevention and intervention system in Calgary. However, we know from both research and experience that when systems come together to deliver integrated approaches tailored to community and individual needs, outcomes improve across the board.^{1,2}
- CWES and YW can only control their in-house approaches. While they are major players in the broader DV sector, it will take a shift in the community and in government to achieve success.
- To mitigate potential harm, both CWES and YW have shared the report findings throughout the project with their staff and advisory committee. They also presented the findings at Canada's first national shelter conference for women fleeing violence in Ottawa in June 2018. Going forward the plan is to continue to share the report with multiple stakeholders throughout the community and across Canada to continue to integrate feedback. This will result in a thorough examination of the implications and the intended and unintended consequences of the proposed changes.
- The research this report draws on may be limited. The report included a perspective on the topic of intervention practices undertaken by domestic violence shelters from 2000 onwards (please see Background Report Attached). It is based on a review of published and grey literature on shelters in North America, UK, Europe, Australia, and New Zealand. However, the authors may have missed relevant literature from diverse databases cross cutting multiple disciplines.

1 NSW Government. 2011. *Program guidelines for integrated domestic family violence strategy*. Retrieved June 1, 2018 from http://www.community.nsw.gov.au/_data/assets/pdf_file/0017/321290/integrated_domestic_and_family_violence_services_program_guidelines.pdf

2 Birnbaum, R., Bala, N., & Jaffe, P. (2014). Establishing Canada's first integrated domestic violence court: Exploring process, outcomes, and lessons learned. Retrieved June 1, 2018 from http://itsnotright.ca/sites/default/files/Birnbaum_Bala_Jaffe_IDVC_for_CJFL_2014.pdf

SHELTER 2.0

Next Steps

The purpose of this discussion paper was to present some emerging directions that advance a re-visioning of shelter operations for CWES and YW. It aimed to highlight possible strategic directions that should be considered at executive level and implications for staff and the broader community and social structures.

The worksheet is being applied to assess current practices and desired directions. Once direction-setting conversations have occurred, we can begin developing a possible prototype for the model to test in practice and refine, moving forward collectively. Based on our learning, developing further articulation on policy reform that supports these shifts would be important to create sustainable change across the sector and beyond.

*Whatever you can do, or dream you can, begin it!
Boldness has genius, magic, and power in it.*

- Goethe

SHELTER 2.0

Discussion Paper



ywcalgary.ca



turnerstrategies.org



preventdomesticviolence.ca



calgarywomensshelter.com