# Shelter for Women and Girls at Risk of or Survivors of Violence

## I. INTRODUCTION

- **Overview**
  - Why shelters are important
  - The history and origin of women's sheltering
  - Forms of shelter and alternative accommodation
  - Shelter services in brief
- **What is known about shelters and safe spaces (the evidence base)**
  - Background
  - Shelters and shelter-specific services
    - *Overall shelter effectiveness*
    - *Help-seeking, safety planning and access to services*
    - *Counseling and social support*
  - Shelter outreach and other community-based services
  - Knowledge gaps
- **Main challenges**
- **Key strategies**

## II. GUIDING PRINCIPLES

- **Safety and security should be central to all aspects of accommodation and services**
- **Programmes should reflect the voice of survivors, promoting women's empowerment and right to self-determination**
- **Shelters should be operated by independent women's organizations**
- **Services should be open to all women and appropriately tailored to the diverse needs of those seeking support**

## III. PLANNING AND DESIGN

- **Getting started**
- **Developing a programme framework**
- **Establishing a shelter facility**
  - General considerations
  - Establishing the legal basis
  - Advocacy
  - Fundraising
  - Developing the outline of a shelter operations plan
  - Location and infrastructure planning
  - Layout and design
- **Operations**
  - Staffing and management
  - Programme budgeting

- o Documentation and records management
- o Safeguarding personal information

## IV.    IMPLEMENTATION

- **National legal frameworks and public policies**
  - o General considerations
  - o Ensure relevant laws are in place
  - o Develop or improve national or sub-national action plans or policies

- **Protocols/guidelines and standardization**
  - o Standards and regulations
  - o Rights and responsibilities

- **Practices to promote accessibility for all women and girls**
  - o Overview
  - o Women from diverse cultures
  - o Women with children
  - o Adolescents and girls
  - o Women with disabilities
  - o Older women
  - o Mental health and substance abuse
  - o Humanitarian settings

- **Specialized shelters for various forms of violence**
  - o General considerations
  - o Domestic and sexual violence
  - o Trafficking
  - o Harmful practices

- **Alternative accommodation**
  - o Overview
  - o Safe homes
  - o Emergency safe spaces
  - o Confidential private accommodation
  - o Sanctuary schemes
    - *General considerations*
    - *Needs assessment and support planning*

- **Safety and protection services**
  - o Overview
  - o Security strategies and features in shelter facilities
  - o Arrival procedures and practices
    - *General considerations*
    - *Providing information on shelter services*
    - *Requesting informed consent*
    - *Gathering registration information*
  - o Crisis intervention

- - *Overview*
    - *Techniques*
    - *Models*
  - Help line services
    - *Overview*
    - *Establishing and operating help lines*
    - *Training and supervision of staff and volunteers*
  - Risk assessment
    - *Overview*
    - *Risk of lethality*
    - *Risk of re-assault*
    - *Tools*
  - Safety planning
    - *Overview*
    - *Conducting safety planning*
    - *Tools*

- **Counseling and support services**
  - Overview
  - Individual counseling
    - *General Guidance*
    - *Techniques*
    - *Processes*
    - *Tools*
  - Online counseling
    - *Background*
    - *Organizational readiness*
    - *Safety and confidentiality*
    - *Techniques*
  - Trauma response and support
    - *Background*
    - *Staff knowledge and skills*
    - *Techniques*
  - Support groups
    - *Background*
    - *Planning*
    - *Facilitating and managing the group*
    - *Addressing challenges*
    - *Tools*
  - Case planning
    - *Background*
    - *Practices*

- **Advocacy and coordinated community responses**
  - Overview
  - Systems Advocacy
    - *Background*
    - *Domestic Violence*

- ▪ *Trafficking*
  - o Individual Advocacy
    - ▪ *Background*
    - ▪ *Practices*
    - ▪ *Legal advocacy*

- **Social and economic supports**
  - o Overview
  - o Economic development and opportunities
  - o Safe and affordable housing
  - o Community outreach and awareness
    - ▪ *Outreach to raise awareness*
    - ▪ *Outreach during transition from shelter*
    - ▪ *Safety for outreach workers*

## V. Monitoring and Evaluation
- **Why monitoring and evaluation are important**
- **General considerations**
- **Developing a monitoring and evaluation framework**
- **Conducting monitoring and evaluation**
- **Reporting and applying results**

## VI. References

## INTRODUCTION

## <u>Overview</u>

## Why shelters are important

- Shelters provide secure accommodation for women and girls who are at risk of or have been subjected to violence, although they contribute far more than just a safe place to stay. Shelters provide essential aspects of protection, services and resources which enable women who have experienced abuse and their children to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life.

- 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.

- Survivors of violence do not report abuse and often do not seek help from formal service providers and authorities for many reasons (Barrett & Pierre, 2011). The presence of and supports offered by shelters can address some of these barriers by encouraging women and girls to seek assistance. Shelters also have a role in strengthening the quality of responses provided by other service providers who are in contact with abused women and girls. 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 manoeuvre 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 (Seftaoui, 2009; United Nations, 2006).

- As advocates for women, the unique voice of shelters is essential in local and global efforts to end violence against them. While shelters are part of the social service sector, they have emerged from the broader women's movement. In particular, efforts to address violence against women are closely linked to the work of survivors and advocates who established women's shelters, rape crisis centres, telephone hotlines and neighbourhood support groups.

- Shelters promote women's equality and often have a role in speaking out on systemic issues of discrimination, drawing links between individual women's experiences and the conditions of women within society that give rise to violence against them.

- The influence on system responses and advocacy by shelters to promote access to various services is important in assisting women to cope with the extensive range of challenges (from physical and emotional consequences, to financial, legal and social impacts) resulting from the violence committed against them. This can:

- empower women to access and receive the range of institutional services and responses to which they are entitled and often require to overcome their experiences of abuse;

- promote women's right to make informed decisions for herself; and

- increase the availability of adequate government resources for addressing the issue and strengthen the provision of appropriate survivor-centred services which respect women's confidentiality, decisions and needs.

- Shelters are a critical component of a holistic response to survivors, as established in various international agreements, such as the 1995 Beijing Declaration and Platform for Action, which called on States to *"[p]rovide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence*."


**The history and origin of women's sheltering**

Throughout history and around the world, women have supported efforts to provide safety to women and girls at risk of harm, whether through faith-based institutions or community/family supports. Particularly in the past five decades, the women's movement has had an enormous impact on the expansion of shelters and related services.

- **1960 – 1970**: The women's movement developed in Great Britain and the United States, which engaged a growing number of women in addressing violence and other issues related to gender inequality. The first well-documented women's centre was established in Hounslow, Great Britain in 1971, which provided an unofficial refuge for domestic violence survivors. During this period, other shelters opened across countries and regions, and the first emergency rape crisis line was started in Washington, D.C., United States. Early shelter services responded to:

  - physical injuries;

  - emotional aspects of both the violence and of leaving the relationship;

  - difficulties in escaping violence and living in unfamiliar surroundings;

  - children who arrived with their mother; and

  - legal, social and medical service needs.

- **1970 – 1980:** Significant progress was made in the organization and expansion of services across Western Europe, North America and Australia, particularly in the United Kingdom and the United States.

  - The National Women's Aid Federation was established in 1974, linking groups from England, Scotland and Wales to clarify the goals for developing shelter and services for women fleeing violence.

  - Initiatives aimed to increase public awareness on these issues, and the creation of printed materials (e.g. *Working on Wife Abuse,* a 1976 directory of groups), provided networking tools for shelters and supported the development of coalitions across regions.

- Intensive fundraising efforts resulted in some resources for shelters, such as the Australian government's support for Sydney's Elsie Refuge in 1975 (Laing, 2000).

- Issues of race and ethnicity, among other concerns, were raised in the United States in response to the limited engagement of shelters with diverse race, class, and other groups.

- **1980 - 2000:** An expanding number of shelter facilities and services for women experiencing abuse and their children developed across regions, alongside the intensified focus on gender inequality within political and social mobilization agendas worldwide. By the turn of the century, there was growing acceptance that violence against women is a violation of human rights and an impediment to gender equality (United Nations Secretary-General, 2006b).

- **2000 - present:** Despite growing attention and commitment to supporting women and girls to escape abuse, many countries do not have adequate coverage of shelters or safe accommodation spaces. Advocacy for shelter services continues, alongside the emergence of new partnerships and networks, at national, regional and global levels. The first World Conference on Women's Shelters organized in Alberta, Canada in 2008 and subsequent establishment of a Global Network of Women's Shelters, involving representatives across regions, has strengthened communication and knowledge exchange among practitioners. The Second World Conference of Women's Shelters, organized in February 2012, highlighted the breadth of women's shelters and organizations facilitating alternative accommodation. Despite the absence of a global scan on such services, a variety of states have conducted national mappings of shelters and related services. Illustrative examples include:

  - **Europe**: *Country report 2010- Reality Check on European Services for Women and Children Survivors of violence: A Right for Protection and Support?* (WAVE, 2010) and *Protect - Identifying and Protecting High Risk Victims of Gender-Based Violence* (WAVE, 2011).
  - **Latin America**: *Technical note: Violence against Women in Latin America* (Organization of American States Mechanism to Follow Up on Implementation of the Convention- MESECVI, 2010)
  - **Pacific Islands**: *Ending Violence against Women and Girls Evidence, Data and Knowledge in Pacific Island Countries* (UN Women, 2011).
  - **Bangladesh**: *Survey Mapping on Gender Based Violence against Women* (Ministry of Women's and Children's Affairs, 2009).
  - **Canada**: *Shelters for Abused Women in Canada 2010* (Statistics Canada, 2010)
  - **Italy, Belgium and Spain**: *The Daphne III Programme, 2007-2013* (Plessi, 2010; Dobash & Dobash, 1992; Safenetwork, 1999)
  - **Kenya**: *What's Being Done About Violence Against Women And Girls: Mapping Kenya's Civil-Society Organizations* (2009)
  - **Nepal**: *Priority Areas for Addressing Sexual and Gender Based Violence in Nepal* (UNFPA, 2007)
  - **United Kingdom**: *Map of Gaps 2: The postcode lottery of Violence against Women support services in Britain* (End Violence against Women and Equality

and Human Rights Commission, 2009) <u>Map of shelters</u> across the United Kingdom.

> **United States**: *<u>Domestic Violence Counts 2011. A 24-hour census of domestic violence shelters and services</u>* (NNEDV, 2012).

**Forms of shelter and alternative accommodation**

- The presence and scope of services provided by shelters vary greatly across regions and between communities. Shelter models are heavily influenced by the availability and level of funding they receive (whether from the state or external donors), as well as the extent to which funding is sustained. A women's shelter is typically defined by:

  - Specific goals related to protection and safety, empowerment and social change.
  - Clearly defined target groups of women. While most commonly associated with intimate partner violence, shelters may provide safe accommodation and services for women (and possibly girls) escaping other forms of physical, emotional, sexual and economic violence. This may include abuse committed by a family member (e.g. in cases of honour-related crimes, sexual abuse, forced marriage, female genital mutilation); or other perpetrators (e.g. in cases of sexual assault, rape, gang violence, sexual exploitation and trafficking across or within borders). Shelters may also support children of women seeking assistance.
  - Operating principles which guide the manner in which shelters support and provide services to survivors and engage in the community.
  - Provision of specialized support services, enhanced security, safety precautions and planning by dedicated staff (Erturk, 2008; Women against Violence Europe, 2004).

- In general, shelter accommodation may be categorized as follows:

  - **Emergency shelters** (also known as refuge or first stage emergency housing), provide short or medium-term secure accommodation and emotional support for women who enter with or without dependent children, from a few days up to a few months. In addition to these core services, services may include transportation and provision of household/ personal goods, as well as more extensive support, including counseling, referrals, individual advocacy with community agencies and service providers, crisis telephone support, safety planning, programmes for affected children and follow-up for former residents.
  - **Second stage/transitional housing facilities** offer longer-term accommodation ranging from six months to one year or more, along with support and referral services to assist women and their families in the transition from emergency shelter to permanent housing. Where possible, units may have increased security measures such as locked doors and windows, alarm systems or response systems; and facilities may provide anonymous and confidential services (such as

ongoing emotional support for residents, including through women's and children's groups).

- **Third stage housing** may be available for women who have completed a second stage programme but still need subsidized housing and support in their community. While there are various manifestations of this model, it may result in permanent housing for some survivors or referrals to specialized housing options to address specific needs (e.g. disabilities, substance abuse issues, mental illness). Because residential units may be part of a community's public/social housing system, enhanced security measures may not be available to residents, but ongoing emotional support is often provided (i.e. provision of follow-up services by staff/advocates or support from related community-based resources made available through housing initiatives (Tutty, et al. 2009b).


- Alternatives to shelter facilities include:

  - **Safe homes or networks,** which are private residential spaces made available by community members on an emergency and temporary basis (1-7 days), due to the various risks and complexity involved in supporting women through community-homes. They are more commonly used in rural or remote areas where a fully operating shelter has not been established. Some communities have also created a network of private homes, and where possible, safe homes may be linked with an existing shelter facility or organizations supporting survivors to provide women access to a wider range of services, and enable them to liaise with a professional specialized on the issue (Tutty, et. al., 2009; Hightower & Smith, 2006; Smith & Hightower, 2005).

  - **Emergency safe spaces**, which may be developed in a variety of locations (e.g. hotels, rooms in hospitals/medical centres, in faith-based institutions-churches, mosques, temples, etc., or spaces available within community-based organizations and business venues), also provide temporary physical protection and accommodation to women, and should be linked with longer-term comprehensive support services.

  - **Confidential private accommodation**, such as community housing facilities (i.e. apartments) made safer through specific security measures, is a model often used with trafficking survivors or women with particular security needs. They offer decentralized, flexible, and secret apartments or houses instead of one central space to protect women against future violence or retaliation by perpetrators (e.g. organized crime networks, family members). Once security standards and systems are in place, the specific apartment can be used with different women or left vacant as needed to maintain the confidentiality of the location for longer periods of time (Organization for Security and Co-operation in Europe & Office for Democratic Institutions and Human Rights, 2004).

  - **Sanctuary schemes,** which incorporate security measures within a woman's home and remove the perpetrator, provide an alternative option in some domestic violence cases, and enable her to remain in her home rather than seeking safe accommodation in a new location. As with safe homes or networks, this option is

only feasible in certain circumstances (e.g. lower risk of lethal violence; strong police presence to monitor orders for protection), given the security risks when staying in the home.

**Shelter services in Brief**

Shelters are commonly designed to offer a variety of specific benefits to help women, their children, and girls, and where relevant, address a wide range of challenges they may face when escaping abuse. This support involves a combination of direct service provision, individual advocacy, and participation in coordinated community responses to facilitate survivor access to services not provided on site. The support may include:

- Safe accommodation on an emergency basis to respond to immediate protection needs in situations of violence, including crisis intervention, risk assessment and safety planning.
- Medical treatment for immediate and long-term consequences of violence (i.e. those resulting from violent injury, effects of trauma, chronic distress and/or restricted access to health care by their abusers).
- Counseling and therapeutic supports to develop survivor understanding of the typically complex dynamics associated with abuse and leaving situations of violence, as well as assistance to overcome the traumatic affects of it.
- Financial and economic assistance to address difficulties resulting from or exacerbated by abusers' control of financial resources (e.g. taking credit in partner's name, forcing partner into debt in cases of domestic violence, perpetrators withholding money or other benefits) and influence over economic opportunities (i.e. employment, promotion, education).
- Legal assistance related to:
  o Protection from the offender (e.g. witness protection, orders of protection, special visas/residency permits/asylum for victims/witnesses)
  o Prosecution of the offender
  o Child custody and access proceedings (i.e. contact with children)
  o Compensation and restitution for survivors and their children
- Long-term housing support (United Nations Secretary-General, 2006b).

In addition to the direct support to survivors, shelters also play an important role in raising public awareness on violence against women to encourage social change in their communities.

## What is known about shelters and safe spaces (the evidence base)

**Background**

This section summarizes findings from studies, including peer-reviewed and "grey" literature (reports and non peer-reviewed programme evaluations), addressing specific aspects of shelters and shelter-related services.  Where possible, systematic evidence reviews are cited. Most individual studies use non-comparative, cross-sectional and/or case-series designs, which are often characterized by small sample sizes, high attrition rates and the use of inadequate and/or unvalidated measures. Caution should be used in interpreting their results and in determining applicability to other contexts and populations.

There has been a significant rise in the number of evaluations on shelters and related services over the past 20 years, in large part as a result of increased calls for accountability and demonstration of value-for-money across the social service sector. While framed as 'shelter evaluations', the majority of studies actually examine specific programmes provided in or by shelters and not the overall effectiveness of shelters themselves in reducing women's exposure to violence, or improving their quality of life, among other important outcomes. Most of the studies have been conducted in higher-resourced countries, particularly within Europe and North America (Sullivan et al., 2008).

As most evaluations are observational and non-comparative in design, the evidence base regarding the effectiveness of shelter services is small and generally weak, and is limited by ongoing deficits in research and lack of rigorous evaluation (Wathen & MacMillan, 2003; Ramsay et al., 2005; Ramsay et al., 2009).

Strong qualitative research has been conducted to examine women's experiences of shelter services in cases of domestic violence (e.g. Tutty et al., 1999; Haj-Yahia & Cohen, 2009). Cross-sectional and survey studies, mainly from the United States, have found that shelter programmes are among the most supportive and effective resources for those with abusive partners, although there is limited data available for shelter responses to other forms of violence (e.g. Bowker & Maurer, 1985; Cannon & Sparks, 1989; Gordon, 1996; Ham-Rowbottom et al., 2005; Itzhaky & Porat, 2005; Lyon & Sullivan, 2007).

There is a pressing need for rigorous, large-scale studies of shelters and their services which employ comparative designs and appropriate/relevant outcome measures to evaluate the benefits and potential harms of providing shelter services to abused women and children. These studies are challenging to conduct, particularly with significant ethical concerns in engaging survivors for such research (Garza, 2002; Tutty et al, 2006). Studies may address these challenges by employing creative designs (especially in constructing comparison groups), prioritizing women's safety and well-being, and focusing on a range of service models and outcome measures (i.e. comparing basic shelter services to enhanced, case-coordinated services to ensure a minimum standard of care is provided).

Future research design efforts may benefit from multi-level modeling and complex systems approaches (Sullivan et al., 2008; Javdani, et. al, 2011).

> ➢ See ***Outcome evaluation strategies for domestic violence service programs receiving FVPSA funding: A practical guide*** (Lyon, E., & Sullivan, C. M. 2007), a practical guide to conducting these kinds of evaluations based on the context in the United States. Available in English.

## Shelters and shelter-specific services

Overall shelter effectiveness

Studies on the overall effectiveness of shelters often include a single or limited number of facilities and often have high attrition rates (or women who leave the study before its completion). This is expected given the various transitions women often face during their shelter stay. Although these studies provide important contributions to the understanding on shelters in general, findings based on very small samples and which have other methodological concerns are generally difficult to generalize more broadly, especially given the local variation in capacity, programming and service features (Giles-Sims, 1983; Berk et al., 1986; Sedlak, 1988; Cannon and Sparks, 1989; McNamara et al., 1997; McNamara et al., 2008; Tutty et al., 1999; Garza, 2002; Abitbol-Devine, 2003; Lyon, et al., 2008).
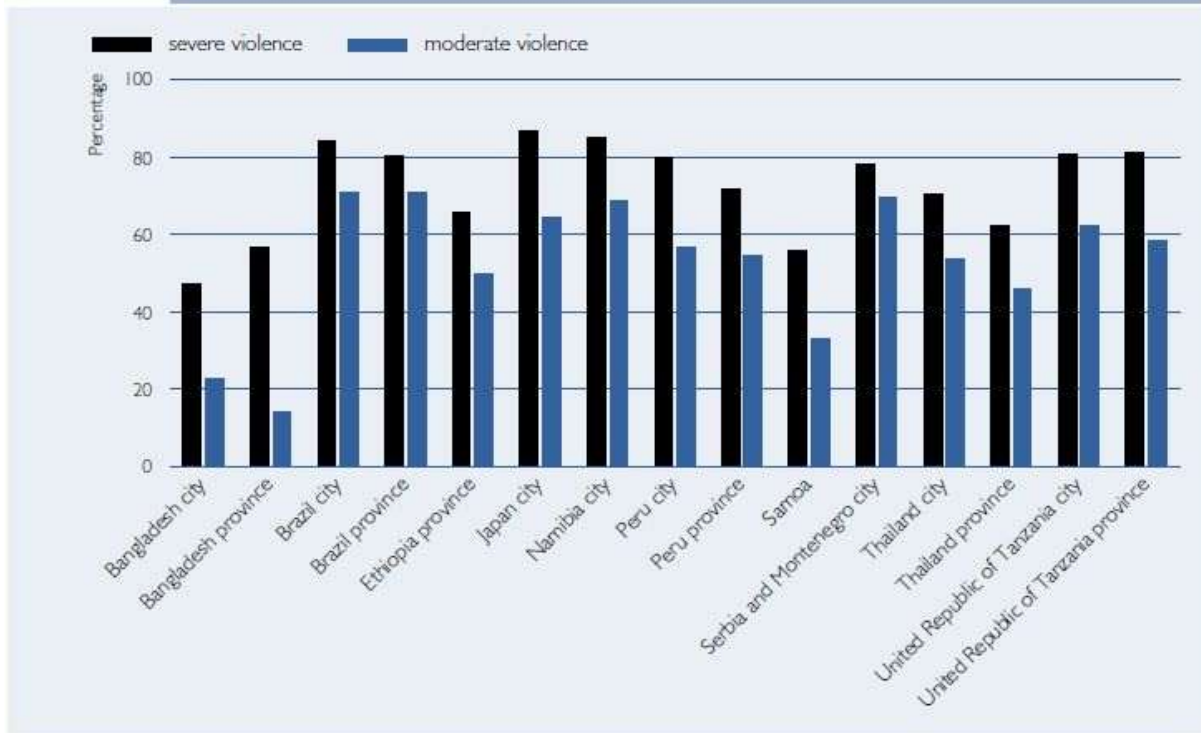
Large non-comparative studies from the United States, Ireland and Scotland highlight that women's experiences in shelters can contribute to increased feelings of hope about the future, greater self-confidence in their own decision-making, comfort asking for help, talking about their concerns, and knowledge about their options and community resources. The experience can also help women to feel more positive about their ability to achieve goals for themselves, take actions on their own and plan for their safety. These findings were particularly associated with women who had been in the shelter for longer periods of time (average stay was 22 days, with accommodation available for up to one year), although all women reported general satisfaction with shelter services in meeting their needs. See the resources developed for the study (Lyon et al., 2008).

Studies indicate the potential for improving women's mental health, life quality, self-esteem, coping, empowerment, and in some cases, outcomes related to depression and trauma symptoms. There is also potential to improve women's safety planning and knowledge of community resources. It should be noted that some larger studies associate the potential of shelters contributing to tangible improvements in outcomes with the woman's stage in the decision-making process regarding the relationship and her readiness to end it (Bennett et al., 2004; Berk et al, 1986; Campbell et al., 1995; Garza, 2002; Lyon et al., 2008; McNamara et al., 1997; McNamara et al., 2008; Tutty et al., 2006).

Help-seeking, safety planning and access to services

Many abused women first access informal supports from family and friends, and may never seek more formal services such as those offered by shelters, social workers and police. Help seeking is an interactive process that unfolds over time and usually includes multiple attempts from different sources, involving complex decisions regarding whether to leave and end an abusive relationship in cases of domestic violence; and determining how and which services are sought (Anderson & Saunders, 2003; Barrett & St. Pierre, 2011; Cattaneo et al., 2007; Duterte et al., 2008; Fanslow & Robinson, 2010; Ford-Gilboe et al., 2005; Macy et al., 2005). These studies reinforce findings of help-seeking from larger population-based surveys on prevalence of physical and sexual violence against women (WHO, 2005; Demographic Health Surveys; and the International Violence against Women Surveys).

**Figure 9.2** Percentage of ever physically abused women who had told someone about their experience of intimate-partner violence, by severity of violence, and by site

**Excerpt**: WHO. 2005. *Multi-country Study on Women's Health and Domestic Violence against Women.* WHO, Geneva.



Table 2.11 Among women who have ever experienced violence by anyone, percentage who never sought help from anyone and percentage who sought help from specific sources, by source(s) from which help was sought

| | Did not seek help | Sought help from[1] | | | | | | | | | Number of women |
| Country | | Own family | In-laws | Friends/ neighbor | Husband/ boyfriend | Police | Lawyer/ courts | Doctor/ health center | Women's organi- zations/ NGOs | Other organi- zations | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cambodia | 77.5 | 14.1 | 2.6 | 9.9 | u | 0.2 | 0.0 | 0.2 | u | 0.0 | 3.8 | 504 |
| Colombia | 62.0 | 25.6 | 4.7 | 10.1 | 1.2 | 15.6 | 3.2 | 0.2 | u | 4.5 | 2.5 | 4,710 |
| Dominican Republic | 58.8 | 21.7 | 6.5 | 15.7 | 0.5 | 14.3 | 1.6 | 0.0 | 0.3 | 3.4 | 2.2 | 1,922 |
| Egypt | 52.8 | 43.6 | u | 2.9 | 0.4 | u | u | 0.0 | u | u | 3.5 | 2,491 |
| Haiti | 68.7 | 19.7 | 3.0 | 8.3 | 0.4 | 1.6 | 1.0 | 1.0 | u | u | 1.8 | 1,120 |
| Nicaragua | 40.5 | 33.6 | 7.5 | 26.3 | u | 12.8 | 2.8 | 6.7 | 3.3 | u | 7.2 | 2,822 |
| Peru | 57.8 | 32.8 | 4.7 | 5.6 | 0.9 | 15.0 | 3.8 | 0.6 | u | 3.0 | 2.2 | 12,883 |

[1] Respondents could specify multiple sources of help.
[2] Excludes women with information missing on help-seeking behavior.
NGO = Nongovernmental organization
u = Unknown (not available)

**Excerpt**: Kishor, Sunita and Kiersten Johnson of ORC Macro, MEASURE DHS. 2004. *Profiling Domestic Violence; A Multi-Country Study*. Calverton, Maryland.

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., 2004).

14

Women living in rural areas may have additional barriers to accessing shelter services, such as lack of information, lack of transportation and concerns about confidentiality (Krishnan et al., 2004; Haller 2004; Lobmann, et al., 2005; Riddell et al., 2009).

Additional barriers may also be faced by women of colour, women with disabilities and immigrant and refugee women. These include the fear of prejudices from agencies and judgment by service providers (e.g. perceptions that women from specific groups will not leave their abusive partners for cultural reasons or generalizations about certain communities). Many women experience multiple barriers to help-seeking and service provision, involving logistical and financial challenges, tactics imposed by perpetrators, social stigma and fear (Forte et al., 2005; Yoshihama, 2002; Hyman et al., 2006; Latta & Goodman, 2005; Weisz, 2005; Helfferich et al., 2004; Fugate et al., 2005; Zweig et al., 2002).

Counseling and social support

Individual counseling of women in the shelter may support their resilience (i.e. outcomes related to self-esteem and coping) (Bennett et al., 2004; Garza, 2002; Tutty et al, 2006; McNamara et al., 1997; McNamara et al., 2008; Campbell et al., 1995; Berk et al, 1986; Lyon et al., 2008).

A small comparative pilot study in the United States found that an 8-week long shelter-based support group led to enhanced health outcomes (reduced psychological distress symptoms and greater improvement in perceived availability of social support) for participants compared with individuals who did not participate in the group (Constantino, et. al., 2005).

Outside of the immediate shelter setting, the role of individual and group counseling for both abused women and abusive men is mixed:

- There is insufficient evidence to support specific types of personal counseling, including low intensity telephone-based advocacy or prenatal counseling to reduce intimate partner violence or improve mental health (McFarlane et al., 2006; Tiwari et al., 2005, Tiwari et al., 2010).
- Couples therapy is not safe for many abused women, particularly those experiencing coercive control, and evidence from trials among a military sample indicates there are no benefits of the intervention (Dunford, 2000; Wathen & MacMillan, 2003).
- Although there is limited evidence available, better-designed studies on batterer intervention programmes generally indicate no benefit or potential harm (i.e. increased recidivism) of such interventions, and there remains a lack of consensus as to which methods deliver the best results (Babcock et al., 2004; Feder & Wilson, 2005; Minerson et. al., 2011).

There is an emerging 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 (Finn & Atkinson, 2009; VAWnet).

**Shelter outreach and other community-based services**

Individual advocacy and assistance with service navigation for women in or just leaving shelter is very promising and can improve women's physical and psycho-social well-being by increasing their use of safety behaviours, and reducing their symptoms of psychological distress and depression (Feder, et al., 2009, based on Sullivan, 1991; Sullivan & Davidson, 1991; Sullivan, et al. 1992; Sullivan & Bybee, 1999; Bybee & Sullivan, 2002 and 2005).

More frequent and sustained contact with survivors may increase the impact of advocacy on the safety of women and their children, especially where interventions facilitate linkages to coordinated services (Howarth et al., 2009).

Research from developed countries assessing specific criminal justice system interventions responding to domestic violence shows:

- Women's ability to effectively interface with the criminal justice system depends on a number of individual, relational and system-level factors (e.g. a survivor's state of mental health, especially post-traumatic stress disorder; the availability of social support; and previous experiences with police), which also determine whether women seek orders of protection or prosecution of the abuser (Jordan, 2004).

- Women may be slightly more willing to report incidents to police when they are provided a second or follow-up effort, such as a police and/or domestic violence advocate team intervening with a family after an initial domestic violence call, although it does not affect the likelihood of new incidents of violence (Davis et al., 2008).

- Protection orders have demonstrated mixed results, although permanent protection orders may be more effective in reducing future violence than temporary orders, and that even when orders are violated, women with orders of protection may experience fewer incidents of violence. The specific impact varies according to setting and context (Benitz et al., 2010; Holt et al., 2002; Logan & Walker, 2010; and Logan et. al., 2005).

- Emerging interventions showing promise include legal advocacy for abused women, and specialist domestic violence courts (Cook et al., 2004; Bell and Goodman, 2001; Cattaneo et al., 2009).

- ➢ See the full module dedicated to the Justice Sector.


Economic and housing support significantly affects the ability of women to end the abuse in their lives. Income variables have been shown to be the strongest predictor of women's decisions to stay in or leave an abusive relationship, which can be further influenced by societal factors and policy decisions that either support or marginalize survivors. The ability to obtain affordable housing is often the most pressing need of women exiting a shelter, though policies are not normally responsive to the specific circumstances of survivors. Secure and affordable housing assistance can contribute to women's well-being in similar ways as

experienced by women who receive shelter services (Anderson & Saunders, 2003, Ham-Rowbottom et al., 2005; Howarth et al., 2009; Baker et al., 2009; Baker et al., 2010, Eby, 2004; Niolon et al., 2009;Staggs et al., 2007; Morrow et al., 2004).

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 domestic violence advocates) within such mechanisms. For example, shelter advocates are involved in coordinated response models, such as the United Kingdom's Multi-Agency Risk Assessment Conference (MARAC), which assesses and responds to the needs of high risk domestic violence survivors, and has shown positive contributions to rates of re-victimisation, as well as participant satisfaction, case efficiency and other process outcomes. While shelters should be engaged in coordinated response systems, the effectiveness of coordination models may vary due to the diversity of structures and operating mechanisms across models. See the full Case Study on the MARAC (Klevens et al., 2008; Robinson & Tregidga, 2007; Robinson, 2006; Robinson, 2004). See more detailed guidance on Coordinated Responses.

**Knowledge gaps**

While evidence from descriptive and some comparative studies identify how specific services such as certain forms of counseling can improve mental health and life outcomes for women, there is a lack of high-quality evidence regarding the effectiveness of shelter services in increasing women's future safety (both in the short and long-term) and/or improving other important outcomes for women (such as in regards to obtaining justice and other aspects of empowerment - obtaining employment opportunities; secure housing, etc.).

Provision of crisis services for women at high risk of injury and death, which is a common aspect of responding to women's immediate support needs, may not always be guided by the available evidence on the issue. Greater understanding of practices used and promising interventions from a variety of settings is needed to better understand, refine and tailor services for women, appropriate to their specific circumstances, which can maximize their ability to progress in their lives free from violence.

More evidence is required on which types of counseling work for which women, including theoretical models, intensity and mode of delivery.  This is especially relevant to an emerging emphasis on internet-delivered services in some settings and ongoing provision of counseling services by paraprofessionals or non-specialist shelter staff.

Specialist domestic violence courts and legal advocacy services are promising, but greater evidence on effective shelter partnerships with justice services is needed.

Many practices have not been specifically and rigorously evaluated in settings with limited resources, especially low- and middle-income countries. There is a critical need for evaluations from these areas, including adaptation and evaluation of promising practice models based in higher-resourced communities, as well as evaluation of alternative interventions. Specifically, research is needed on:

- Housing interventions appropriate for lower-resourced settings.

- Income-related interventions for abused women in shelters.

- Health-related interventions linked with shelters.


Resources to improve the gaps in evidence include:

➢ a protocol for a multi-country evaluation model for women's shelters (Sullivan et al., 2008)

➢ guidance for using multi-level modeling and a complex systems approach to designing research in this area (Javdani et al., 2011)

➢ a practical guide to conducting evaluations in this area (Lyon and Sullivan, 2007)

➢ methods to ethically retain abused women in VAW-related studies (Clough et al., 2011)


## Main challenges

- **Social norms and structures reduce women's access to support services.** Despite well-established international, regional and national commitments to women's equality and human rights, they continue to be violated in many states and social attitudes tolerate the persistence of women's lower status and abuse against them. In some areas, women are at greater risk of violence if they seek shelter, such as through future retaliation by the abuser, family or community members; or state prosecution, for example, where rape survivors can be charged with adultery. Women may face discrimination and stigmatization from the community for disclosing their experience of abuse, or risk losing custody of their children, in contexts where fathers are given preferential parental rights. Lesbian, bi-sexual, transgender and queer women who are abused by partners may isolate themselves in an effort to keep their relationship secret, or avoid social stigma. Marginalized women may face hostile attitudes from police, health and other service providers who condone acts of violence against them. In these and many other contexts, women tend not to seek shelter until they feel there is no other option (Alberta Council of Women's Shelters, 2009; Barrett & St. Pierre, 2011; OSCE, 2009; Kelly & Dubois, 2008; SPC, 2010).

- **Economic barriers to help-seeking.** Women's unequal economic status and the financial burdens placed on those seeking shelter (e.g. related to finding new accomodation or leaving ones' community and employment) is a significant challenge for women to escape abuse. This is particularly challenging for those in low socio-economic situations or women who are financially dependent on their abuser. Women with disabilities and older women may also be dependent on abusive caregivers and avoid seeking help due to fear of loss of basic care, affection, and financial means. Economic control and abuse by partners or caregivers may further hinder a woman from accessing support, through strategies which prevent or interfere with her education and employment; control her access to economic resources; or place overwhelming financial

burdens on her, for example, through household costs, loans and debts, or forcing her to commit crime. Within this context, discrimination in the labour market increases women's vulnerability to violence by reducing their choices regarding employment (e.g. insecure employment and low wages are among risk factors for trafficking), and can restrict women's options for reporting or leaving the abuse (Rees & Wilson, 2011; OSCE, 2009).

- **Low awareness among women and girls of their rights.** Shelter efforts to raise awareness about women's abuse, their rights, and options for leaving a violent situation may be challenged in settings where: women's status is considered secondary to men; there is greater acceptance that violence against women is justified (by both women and men); and in settings with high illiteracy or social isolation, which limit women's access to written advocacy or informational materials, including on services and initiatives addressing violence in their community. For example, marginalized groups of women and girls (such as migrants, indigenous groups, adolescents, those in rural areas, with disabilities, etc.) may be uncertain of their legal rights or have limited access to information on their rights due to the multiple forms of discrimination they face and the limited capacity of shelter outreach efforts to fully engage the diversity of women in the community (UN-Habitat, 2010; OSCE, 2009).

- **Limited availability and coverage of safe shelter spaces.** In many areas of the world, demand for shelter services often exceeds availability and in some countries, shelter facilities may remain few (often limited to the capital city or urban areas) to none. For example, the 3rd Global Shelter Data Count in 2011 found that during a single day, 56,308 women and 39,130 children sought shelter from domestic violence in 36 countries across regions, while 12,342 women and children were turned away from services due to limited space and resources. Even in countries with shelter facilities, there are particular shortages of services in remote and rural areas, affecting women from smaller communities, including indigenous groups, who may already be isolated and marginalized from available assistance. In addition to the lack of physical facilities, survivors in rural areas are challenged by a lack of anonymity and confidentiality when attempting to seek support, or may live miles from the nearest neighbour, friend or family member and have fewer means to access to child care, job opportunities, transportation and services. This context is perpetuated by the restricted legislative and policy environment and limited government commitment to such services (e.g. funding for emergency shelter, but few resources for subsidized housing or transitional support) (Global Network of Women's Shelters, 2011; UN Division for the Advancement of Women, 2006; Sieger, 2003).

- **Narrow scope of shelter services.** Many shelters globally remain in the early stages of development. Services are most often designed for survivors of domestic violence, who may comprise the majority of women seeking shelter in many settings. In general, there are few shelters able to meet the diverse needs of specific groups of women; from physical facilities and services accessible by those living with physical and cognitive disabilities; programming tailored to the needs of girls and adolescents, older women,

lesbians, migrant/refugee or undocumented women, as well as those from ethnic, indigenous or other marginalized groups. Immigrant women may have difficulty accessing help due to language differences, threats of deportation by violent partners or perpetrators, in addition to other common barriers to help-seeking. Services may not be equipped to identify women who have experienced specific forms of violence (such as trafficking); have the capacity to respond to multiple forms of violence (e.g. forced marriage alongside domestic violence); or in cases where there are multiple perpetrators. In many communities, the systems, institutions and professionals responsible for providing services (i.e. health, legal and social services) may lack the protocols and processes to effectively identify abuse, and shelter staff may have insufficient knowledge of how to support women with particular needs. For example, a rape survivor who does not have legal status in the country may not be provided with housing support or may believe she is not eligible for legal assistance if shelter staff are not familiar with the relevant laws and able to communicate the services available to undocumented women (International Organization for Migration, 2007; Multi-Agency Practice Guidelines, 2009; OSCE, 2009; Barrett & St. Pierre, 2011; WAVE, 2004a,b; Weeks & Oberin, 2004).

- **Inadequate budget support and related limitations on available services.** Protection and services for women and girls escaping violence require sustainable funding, which should be allocated from dedicated state funds, as part of their due diligence obligations. Although shelters often receive funding from the state and donors, government funding has historically been inadequate and inconsistent over time. Funding from donors is often equally project-driven and disconnected from the aspirations of the groups providing services. Insufficient or lack of consistent funding for shelters exacerbates the sustainability and capacity limitations of survivor support organizations. Many shelters do not have staff with expertise on resource mobilization and fundraising; often struggling with the process of applying for and securing funding for their services. Without sufficient funding, organizations are often unable to afford or sustain human and organizational resources, technical support and other assets, such as providing ongoing crisis and transitional accommodation or facilitating women's access to the full range of health, legal, security, psycho-social and outreach/community supports necessary to reduce their risk of future abuse. Even with promising action plans, sound communications, and qualified employees, shelters often struggle to secure adequate funding to meet the demands and respond to the needs of all women seeking their assistance. This reduces the number of women who may be assisted, lowers retention of skilled employees and volunteers, and affects the overall quality of services provided (UN-Habitat, 2010).

- **Lack of long-term support.** Ensuring women and their children are able to access safe affordable housing options when leaving a shelter is a significant challenge in many settings. For example, women who are economically dependent on their partner or other family members are often faced with the options of staying in the abusive situation or becoming homeless. Lack of second-stage shelter facilities forces a significant

percentage of women who have escaped domestic violence to return to their homes and violent situations. Access to affordable and safe housing for survivors is limited, and even in well-resourced communities, the availability of such housing is often insufficient to meet the demand. The maximum length of stay in emergency shelters is typically short (up to 21 days), which may not provide women enough time to determine the type of housing needed or identify and secure an appropriate space prior to leaving the shelter. State efforts to expand the availability of housing is often implemented without addressing the specific safety needs of women fleeing violence (i.e. through careful risk assessment, safety planning and housing security precautions), which further limits women's options for stable accommodation. Further advocacy and resources continue to be needed in this area (Tutty, et. al. 2009; Radhika Coomaraswamy, 2000, *as cited in* COHRE, 2004).

- **Lack of rigorous and regionally-diverse shelter programme evaluations.** While research on interventions is growing, the ability to demonstrate what "works" continues to be limited. Resources are needed to develop methods that can be used to understand the subtle and significant changes necessary to continuously improve shelter services and their effectiveness for women and girls. This includes the need for evaluations of shelter alternatives, such as safe home or sanctuary initiatives, which continue to emerge where a shelter facility is not feasible. States, agencies, non-governmental organizations and researchers need to collaborate on the development and refinement of indicators and measures suited to various levels of analysis. Tracking the availability of services such as shelters and other assistance for survivors is needed to accurately understand the scope and extent to which services are needed and evaluate a society's response to the problem (United Nations Secretary General, 2006a.b).

**Key Strategies**

- Ensure relevant laws and policies provide support for shelters and related services

- Promote protocols and guidelines to support standardized implementation of policies

- Secure adequate state funding for shelters and related services

- Integrate practices that promote accessibility for all women, such as: ensuring facilities serve women of all ages and can accommodate girls if needed; sheltering women with children; reducing financial barriers, by providing free services and safe transportation; and creating infrastructure and policies which enable women living with disabilities, in humanitarian settings, undocumented or immigrant women, and those with mental health or substance issues to access services.

- Provide specialized shelters for responding to domestic and sexual violence, trafficking, and harmful practices, such as forced marriage, female genital mutilation and "honour" crimes, among other forms of violence.

- Develop innovative approaches to providing alternative accommodation in low-resource or isolated communities, such as volunteer safe homes, emergency safe spaces (including community facilities or hotels), and confidential private accommodation.

- Explore the feasibility of sanctuary schemes to enable women to stay in their homes or rapid re-housing to offer women immediate stable and safe housing options.

- Improve women's safety and protection with measures such as: operating in a confidential location with support from security guards or police; conducting crisis intervention as needed on arrival and at any time; ensuring availability of a free 24-hour help line with trained counselors; and facilitating risk assessment and safety planning processes.

- Empower women to regain control in their lives and achieve their goals through counseling, support groups and case planning.

- Strengthen individual advocacy and system-wide coordinated community responses.

- Assist women and girls to access economic opportunities and affordable housing.

- Provide outreach services and awareness-raising in the community.

## GUIDING PRINCIPLES

### Safety and security should be central to all aspects of accommodation and services

In line with a survivor-centred approach, safety should be a primary goal of any shelter or safe space. Accommodation and services should be designed to promote the immediate safety, physical and emotional well-being, and longer-term physical, legal, and socio-economic security of survivors. This can enable them to overcome the multiple consequences of violence toward rebuilding their lives, and assist women and girls at risk of abuse to prevent future violence altogether (United Nations Secretary General, 2006a.b).

Safety and protection measures should be considered in planning and designing shelter facilities and services provided as well as in policy-advocacy and community outreach efforts.

Survivors may be vulnerable to future violence, from being stalked by an abusive ex- or current partner; retaliation attempts by family members for seeking external assistance or due to perceptions of 'honour'; or being pursued by a network of organized crime, as often in cases of trafficking or sexual exploitation. Women who leave abusive relationships may be particularly at-risk of femicide, especially in cases where there are specific patterns of abuse (i.e. history of violent behaviour, sexual violence, strangulation, stalking, and threats of murder) and circumstances (e.g. unemployment, custody proceedings over children from the relationship, ownership of a gun or other lethal weapon). The potential severity and nature of these risks underscore the importance of comprehensive risk assessment and safety planning, and maintaining ethical principles, including upholding women's anonymity and confidentiality.

### Programmes should reflect the voice of survivors, promoting women's empowerment and right to self-determination

Safe women's spaces were formed by and for women, with the recognition by advocates and survivors themselves that women and girls are the experts on their own lives. Shelter providers and advocates must be accountable to the women escaping or seeking to overcome the impacts of violence and support their decisions to recognize and claim their rights, which is an imperative part of women's empowerment.

Shelters and alternative accommodation initiatives must be designed and informed by the visions and experiences of survivors in collaboration with women's advocates (who may also have survived abuse themselves). This can ensure programmes are based on the best interests and needs directly expressed by the affected woman (e.g. whether to stay at the shelter, what other assistance is needed; and decisions made after departure from the shelter and beyond).

Ensuring shelter services are empowering to women is critical and can contribute to shifting broader gender inequality and discrimination which occurs in society and perpetuates their experiences of violence. This means that shelters should be available to all women, and provide services without conditions, such as mandatory work or financial support for the shelter, cooperation with police or provision of testimonies (especially, for example, in cases of trafficking). They should promote women's personal autonomy and avoid restrictions or controls over women's decision-making and access to socio-economic opportunities (e.g. external employment, mobility, and mail services), which may mirror methods of control placed on women by their abusers (Advocates for Human Rights, Women's Rights Center, &

International Women's Human Rights Clinic, 2002; United Nations Development Fund for Women).

## **Shelters should be operated by independent women's organizations**

Independent women's advocates and groups of survivors are able to voice concerns and needs of women and girls more openly than groups affiliated with other institutions (e.g. the state, religious institutions, local authorities). For example, where the legal and policy framework does not protect women's rights, survivors and women's advocates can speak out on international commitments to women' human rights more easily than state officials or representatives.

In many contexts, women's organizations are trusted by survivors more than service providers from the health, justice, security and social welfare sectors, which is related to the importance of shelter services being provided by independent female professional staff or trained volunteers.

Survivors and women's advocates are the best monitors and evaluators of systemic responses to gender-based violence. Advocates are also well-placed to promote the needs of survivors to policymakers and within systems when survivors are not safe or not able to do so themselves (Step it Up Ontario Campaign and Ontario Association of Interval and Transition Houses, 2011).

## **Services should be open to all women and appropriately tailored to the diverse needs of those seeking support**

Women exposed to any form of violence should have access to safe accommodation and protection, although they will require distinct support based on their individual experiences. Services should be developed with consideration to the form(s) of violence and length of time suffered; the woman's  physical, psychological, legal and socio-economic status at the time of seeking help; as well as the broader family, community and societal factors (i.e. risk and protective factors) –  which affect her ability to escape the abuse and access shelter services or safe accommodation. Services should be designed with consideration of these distinct circumstances as well as the particular needs of women and girls facing multiple forms of discrimination (women living with HIV, disabilities, indigenous, migrant or undocumented women, sexual minorities, etc.). This might include: providing family-style accommodation for women accompanied by dependent children, regardless of their age or sex; making available translation services; developing specific consent policies and taking appropriate steps to legally provide protection to girls under 18; establishing risk assessment and safety planning for specific forms of abuse (e.g. forced marriage; trafficking); supporting alternative safe accommodation in areas which do not have a shelter facility; and creating services for women dealing with substance abuse or mental health issues (Kelly & Dubois, 2008).

In additional see the general guiding principles which should be considered in all violence against women programming.

## PLANNING AND DESIGN

### Getting started

Conducting formative research, using methods such as a situational analysis of violence against women and the availability of shelters and related services, is a critical first step for advocates and service providers involved in policy-development or programming. Such analyses should be used to inform all initiatives and contextualize the problem of gender-based violence in the focus area (i.e. national, regional or local level), including the existing legal and policy environment related to state support for shelter provision. This can help identify the most appropriate services needed and refine advocates' efforts to reform legislation and inform related policies. For example, through a needs assessment of survivors in a particular community, advocates may identify a shortage of services for young mothers and seek to expand specific services or increase the number of beds and other supports available to pregnant adolescents. Other needs may relate to improving the accessibility of shelters (e.g. hiring staff who speak different languages, establishing a transportation service); ensuring there is adequate coverage and a certain number of shelter spaces available based on the number of women in the geographic area; and promoting sustainable funding structures (e.g. by establishing benchmarks for service provision). For example, in the European context, the Council of Europe recommends that one space in a women's shelter be provided for every 7,500 people in the population and that at a minimum, there should be one place per 10,000 of the population (Council of Europe, 2006; Advocates for Human Rights, 2010). However, these numbers will vary according to population and context, in order to ensure that all women and girls who have experienced abuse have access to shelter or safe accommodation.

A situational analysis involves conducting an inventory or mapping of what services exist for survivors or those at risk, in partnership with key stakeholders in the community (e.g. women who have experienced violence, community service providers, non-governmental organizations supporting survivors, researchers at local colleges and universities, etc.). Advocates should review existing data on the issue, drawing from surveys and qualitative research which cover:

- The **incidence and prevalence** of violence (see available country-level data on prevalence of from population-based surveys; based upon the leading sources of data on domestic and sexual violence).

- **Qualitative local data** is also useful because it highlights the specific types of violence women experience, which can inform the types of services women might require in order to be safe, as well as barriers to accessing existing services and gaps in services that remain to be filled. This may also include risk and protective factors within the community. For example, although all women and girls who have been subjected to violence may not require shelter services, it is useful to identify those who are more likely to use the available assistance, such as survivors of psychological and physical abuse; those unable to find affordable housing, at-risk of being trafficked, among other characteristics associated with shelter usage (Fugate, et.al., 2005; Goodkind, Sullivan, & Bybee, 2004; Krishna, Hilbert, Van Leeuwen, 2001; Sauvé & Burns, 2009).

- **Women's help-seeking behaviour**, including demographic and other characteristics of survivors who have used shelters and those who have not (i.e. length of stay, services needed, services provided, etc.) and any barriers to accessing or providing services that

are related to the demographic, social and family characteristics of different women (Barrett & St. Pierre, 2011; Lievore, 2005). This information may be available from prevalence surveys, shelter records or dedicated qualitative research with women.

- **The laws and policies in place**, at the regional, national and sub-national levels keeping in mind which levels of government or specific state bodies have jurisdictional responsibility for supporting shelters and their services (see: Understanding the Government Structure, Legal Obligations and Legislative Process). Policy shortcomings can be identified by reviewing national or sub-national legislation against recommendations for legislation pertaining to women's shelters and emerging practices modeled in other jurisdictions (i.e. between different provinces, states or territories within a country or comparisons between countries), as well as reviewing existing state responses with an analysis of women and girls' needs.

  ➢ For guidance on legislation related to shelters, see the legislation module.
  ➢ For guidance on shelters in policy, see the Handbook for National Action Plans on Violence against Women.

- **Mappings of services** available in the area.

---

### *Illustrative Examples of Service Mappings at Regional and National Level*

**Europe**: Annual mapping of services for survivors by Women against Violence Europe – WAVE (Country Reports available for 2011, 2010, 2009, and 2008) and *Protect - Identifying and Protecting High Risk Victims of Gender-Based Violence* (WAVE, 2011).

**Latin America**: *Technical note: Violence against Women in Latin America* (Organization of American States Mechanism to Follow Up on Implementation of the Convention- MESECVI, 2010)

**Pacific Islands**: Ending Violence against Women and Girls Evidence, Data and Knowledge in Pacific Island Countries (UN Women, 2011).

**Bangladesh**: *Survey Mapping on Gender Based Violence against Women* (Ministry of Women's and Children's Affairs, 2009).

**Canada**: *Shelters for Abused Women in Canada 2010* (Statistics Canada, 2010)

**Italy, Belgium and Spain**: *The Daphne III Programme, 2007-2013* (Plessi, 2010; Dobash & Dobash, 1992; Safenetwork, 1999)

**Kenya**: *What's Being Done About Violence Against Women And Girls: Mapping Kenya's Civil-Society Organizations* (2007)

**Nepal**: *Priority Areas for Addressing Sexual and Gender Based Violence in Nepal* (UNFPA, 2007)

---

**United Kingdom**: *Map of Gaps 2: The postcode lottery of Violence against Women support services in Britain* (End Violence against Women and Equality and Human Rights Commission, 2009) Map of shelters across the United Kingdom.

**United States**: *Domestic Violence Counts 2011. A 24-hour census of domestic violence shelters and services* (NNEDV, 2012).

- **Global and country-specific shelter counts**, which collect a "snapshot" of data for a specific period of time. Often, shelter counts include data collected by shelter workers on the types of services provided and number of women and children served on a particular day during the year. The number of women and children turned away from shelters and individuals on waiting lists are indicators of insufficient shelter spaces for a population.

The Global Network of Women's Shelters Global Shelter Data Count Project is an example of this type of data collection at the international level, while national counts include Statistics Canada's Transition Home Survey, conducted every two years and the National Network against Domestic Violence's annual Domestic Violence Counts in the United States.

**Tool:**

> ➤ *Mapping Violence against Women: A Tool to Map the Prevalence of the Various Forms of Violence against Women and the Interventions Addressing It* (Rights4Change and Margreet de Boer, 2011). Available in English.

## Developing a programme framework

Drawing upon formative research findings, a programme framework should be developed to illustrate the linkages between programme inputs, outputs and outcomes and may be structured in different ways to reflect the individual shelter characteristics. Common elements that should be part of any framework include:

- A theory of change for shelter programmes, which explains how specific activities or the approach used in an intervention will contribute to the particular outcome or result the organization seeks to achieve. For example: *If women who are fleeing domestic violence are provided with and are able to access a shelter, their immediate safety will be ensured and their risk of suffering recurring abuse will be reduced.*

- Description of programme recipients or beneficiaries, such as women and their children or girls fleeing violence and who:
  - o Are seeking short-term safe housing and supports (i.e. emergency shelter)

- o Have previously stayed in an emergency shelter but require longer-term safe housing and supports to reach their goals (i.e. transitional shelter/ accommodation)
- o Are not currently accessing shelters but require different safety and support services (outreach services/ alternative accommodation) to achieve their goals

- Definition of programme inputs, which are financial and other resources required by shelters and related programming to deliver services. These may include:
  - o Funding – provided by local governments, community foundations, federal organizations or private donors.
  - o Staff – including shelter reception or front-line staff, relief staff, coordinators or supervisors, administrators and managers.
  - o Volunteers – including those engaged in various boards and committees or those providing support services through donation management or transportation.
  - o Facilities – including the physical shelter infrastructure, office space and equipment (e.g. vehicle, kitchen appliances, etc.) and other materials (e.g. clothing, personal hygiene products, items for children, etc.).
- Definition of activities, which include all services and supports that a programme or shelter provides in order to achieve the desired outcomes, and may include:

  - o Arrival and assessment activities
  - o Safety planning
  - o Basic needs support and donations or other resources
  - o Individual counseling and advocacy support
  - o Women's support groups
  - o Advocacy and referrals
  - o Child care and/or child support
  - o Follow-up services and outreach

- Outputs, which are essentially the numbers of support or service interactions that women and children receive while they are in a shelter or participate in a particular programme. For example:

  - o Number of women and children admitted to shelters (usually, per month)
  - o Number of women and children who could not be supported/ were turned away
  - o Reasons for turnaways
  - o Occupancy rates in shelters (usually the percentage of beds or bedrooms filled on a particular night or during a month)
  - o Number and type of services requested by the woman and number and type provided.
- Anticipated outcomes, which describe the change that is expected as a result of the shelter stay or participation in the programme. The outcome statements must be developed carefully so that they clearly identify the type of change that will be measured and ensure that proposed targets are achievable. Outcomes should reflect the context and needs of women served by the programme, and although these can be challenging to measure in a short-stay shelter, there are several outcomes most shelters seek to accomplish. These relate to change in survivors' knowledge, attitudes, skills, behavior,

expectations, emotional status, or life circumstances as a result of receiving services which allow them to address their safety, practical, emotional, and child-related needs.

For shelters with longer-term programmes (six months or longer) or outreach services, outcomes may include:

- Women and children remain safe over a long period of time

- Women and children are connected with resources and supports they need to achieve their goals

- Women have access to a reliable source of income

- Women have stable, affordable and safe housing

- Women achieve the goals they have set for themselves (Scottish Women's Aid, 2011)

**Example**: In the process of evaluating their services, shelters in Ireland, Scotland and Portugal identified the following goals and outcomes:

| Goals | Outcomes: |
|---|---|
| To increase women's and children's safety | - women would be physically safe while in refuge<br>- women would have more ways to keep themselves and their children safe |
| To increase survivors' access to community resources that can enhance their wellbeing | - increasing women's awareness of options and community resources |
| To empower women | Survivors have more:<br>- knowledge about domestic abuse dynamics,<br>- knowledge of options available to them, and<br>- confidence in their decision making |

Adapted from: Cris M. Sullivan, Isabel Baptista, Sharon O'halloran, Lydia Okroj, Sarah Morton & Cheryl Sutherland Stewart. 2008. "Evaluating the Effectiveness of Women's Refuges: A Multi-Country Approach to Model Development", *International Journal of Comparative and Applied Criminal Justice*, 32:2, 291-308.

Once a programme framework has been established, a monitoring and evaluation plan should be developed to guide monitoring activities throughout the programme cycle. Such plans should include: a schedule for the collection of baseline data (or information related to the outcomes based on the situation at the start of the programme); the timing and process for tracking activities as well as individual outcomes over time; and any evaluations that will take place, most often in the middle and at the end of the initiative. Monitoring and evaluation provides ongoing feedback to the establishment to improve on its practices, change things that are not working and track progress to be able to report to government, donors and other potential funders. See guidance on conducting monitoring and evaluation.

## Establishing a shelter facility

**General considerations**

Setting up a shelter involves significant investment by a range of stakeholders, who typically comprise community-based organizations providing direct services; state bodies (or other donors) providing financial resources, quality control and oversight; and various other institutions across sectors and civil society groups involved in supporting survivors as part of a coordinated response or referral network. Establishing a shelter involves extensive advanced planning and should follow a clear set of guiding principles.

A first step in setting up a shelter is mobilizing a team to lead the establishment of the shelter and set the foundation for its development. This group should comprise people who have basic knowledge of the forms of violence experienced by women in the community and the relevant patterns and effects of such violence (e.g. advocates; survivor support or self-help groups; counselors; lawyers and judicial advocates; police or health care providers with expertise on the issue).

The planning team should be involved in the situational analysis of the targeted community or communities (covering a review of the incidence and prevalence of violence; a mapping of available services and resources by state and non-state actors; women's attitudes, help-seeking behaviours and perspectives on supports needed; and the legal and policy framework outlining state commitments with regard to shelters and related services).

The team should also be involved in establishing the programme framework, which can help to ensure there is a common understanding of:

- The vision, mission/purpose of the shelter (e.g. to offer opportunities toward stability in a safe, supportive environment).

- Its intended beneficiaries (i.e. all women and their children, or only certain groups of survivors, etc.).

- The strategy (i.e. skill sets which will be developed to achieve the goals of the shelter).

- The values that will support the shelter in achieving its objectives (e.g. safety, communication and self-determination).

This process can also improve services, assist in the recruitment of talented staff and supporters, focus decision-making and set a foundation for the shelter design (Lipton, 1996; Curran; *Away From Violence* - WAVE, 2004a).

**Example:**

***Barbados***

The [Business & Professional Women's Club of Barbados](), which aims to promote equal participation of women and men in power and decision-making roles, operates the only shelter for survivors of gender-based violence on the island.

> The **shelter's vision** is a community without domestic violence so that every home is a safe haven for the family it shelters.

> The **shelter's mission** is to help adult and child victims and survivors of domestic violence through safety, intervention, and support; to educate the public about domestic violence; and to advocate for social change against domestic violence.

Source: The Caribbean Professional NGO Database. [Barbados Professional Women]().

## Establishing the legal basis

Although the state has legal obligations to respond to the needs of women victims of violence and plays an essential role in ensuring those responses are accessible, non-governmental specialized women's organizations and support groups often implement shelter services and are often best placed to provide women access to immediate support to escape abuse given their expertise and accumulated experience working with a range of women survivors.

To ensure their ability to operate effectively and collaborate with government agencies to secure support/funding from the state, civil society organizations must often establish a legal basis in the community (for example, by incorporating as a non-profit), according to relevant laws governing non-governmental organizations and related policies on shelter operations (Organization for Security and Co-operation in Europe (OSCE), 2009). This may be required prior to providing services or setting up a facility.

The legal basis and requirements for establishing non-governmental organizations varies across countries, and may involve different levels of government (i.e. organizations may be registered at the federal, regional or provincial level). In countries where laws determine the establishment of non-governmental organizations, legal status is necessary for the shelter to apply for funding. While a non-governmental shelter is often the preferred modality of service provision, organizations should determine the legal options for forming a shelter and the most appropriate status for the shelter. This may involve identifying the relevant regulatory laws in their jurisdiction and ensure that required responsibilities and duties of the organization are defined.

Steps to establish the shelter as a legal entity may involve:
- Seeking advice regarding the implications and responsibilities associated with legal registration (as well as the potential benefits, such as where legal status is a criteria for state funding- even though it does not guarantee financial support).
- Determining the individual(s) willing and able to assume responsibility for compliance with legal requirements and fulfilling the responsibilities set out for the legal entity.
- Establishing a formal governance structure, or where legal status may not be possible or preferred, creating a leadership structure to liaise with state and other authorities.

- Determining the eligibility criteria for representation on the governing body and identifying interested and eligible individuals with expertise on the issue and/or recognition and influence in the community. This should also include individuals who are available to give their time to the establishment and ongoing governance of the shelter and willing to participate in conflict resolution processes as needed.

Beyond registration as a legal organization, shelters should be familiar with relevant laws and policies that affect their operations and their ability to advocate for change (WAVE, 2004a).

**Advocacy**

Various aspects of advocacy and fundraising are important in the early stages of shelter development to raise community awareness about violence against women and related issues, as well as the benefits provided by women's shelters.

Advocacy practices at this stage may include:

- Identifying "allies", who may be potential donors or supporters in setting up the shelter. They may include elected officials, business owners, committed individuals, service groups, like-minded networks and members of partnering/ collaborating agencies. Media and representatives of social institutions may also be engaged. Allies may be identified through relationship-building in the community and through local events/activities and should demonstrate the following characteristics:

  o Belief in the work of the shelter
  o Ability to share the mission
  o Desire to get involved
  o Friends involved in related initiatives/services
  o Interest in making an impact
  o Possess relevant skills to contribute
  o Sense of obligation to take action to assist in addressing the relevant problems

- Facilitating the involvement of allies through a variety of actions:

  o Regularly communicate (through electronic or print newsletters, websites, emails, in-person meetings or telephone calls) with supporters to inform them on progress and how they can participate in the shelter's development.

  o Invite their input on important aspects of developing the shelter to gain insight and encourage their investment in shelter outcomes.

  o Engage supporters as volunteers based on their skills (e.g. facilitating linkages with service providers or authorities, public awareness efforts).

  o Invite them to participate in community events based on their interests or motivation for supporting the shelter (e.g. awareness-raising/ informational events, milestone celebrations and fundraisers).

  o Demonstrate appreciation by thanking contributors (e.g. sending thank you cards and publicly recognizing them at events, where possible).

- Encouraging awareness and support for the shelter through:
  - o Informational and communication materials, presented in different formats and addressing various audiences (e.g. media, elected officials, social institutions, other non-governmental organizations). These can raise awareness and reinforce positive messages about shelter services, for example, through brochures or bulletins that summarize relevant research, evidence of need and international, regional and national commitments to the issue. Where necessary, precaution should be taken to keep actual shelter locations confidential and provide a resource number only.
  - o Special events, such as launching an awareness-raising campaign.

---

**Example:**

In Denmark, as part of its National Action Plan, the Ministry of Refugee, Immigration and Integration Affairs and the Minister for Gender Equality have produced five information films telling ethnic minority women of their rights and assistance available in the country. The films show women's encounters with the police, shelter, municipality, state and lawyers. The films are distributed to, among others, shelters, schools, women's high schools, counselling facilities for women and ethnic minorities, residents' counsellors, municipalities and institutional libraries, such as the Police College and College of Social Work. The five films are available in ten languages (Arabic, Danish, English, Farsi, Greenlandic, Russian, Somali, Thai, Turkish and Urdu).

➢       See the film on accessing shelter:

Source: Council of Europe. 2008. "Report on initiatives to combat Violence against Women, including Domestic Violence." Denmark; www.voldmodkvinder.dk.

---

**Fundraising**

Drawing upon advocacy efforts, fundraising is important to develop from the planning stage as an ongoing component of shelter programming. This is critical to sustain the operation of the shelter and ensure continuity of services provided over time, which enable the organization to fulfill its commitments to the women seeking support.

Fundraising should complement broader efforts to secure adequate state budget support for shelters and related services, as it is frequently provided by local, municipal, state or sub-regional government bodies (although this may differ across settings and communities). Other potential sources of funds for shelters include:

- Foundations/large donor agencies

- Corporate partnerships/ businesses

- Private individuals/ philanthropists

Steps for fundraising include:

- Assess potential funding sources (both state and private donors). This should consider:

- o Whether the need for state funding might affect the organization's ability to freely engage in political advocacy and lobbying to achieve systemic change.

- o The relevance and sources of non-financial contributions, such as material supplies and equipment, space, time, etc.

- Develop a plan for raising resources to support the shelter's operations, which may involve various approaches, such as:

  - o Documenting stories and testimonies (using narrative, audio-visual or other methods of expression).

  - o Preparing grants and proposal writing.

  - o Establishing and developing relationships with individual donors or representatives of a foundation or donor agency by doing background research and networking.

  - o Creating marketing and communications on the shelter, using various methods of outreach to target different audiences to donate funding or in-kind contributions (materials, space, time, etc.).

  - o Organizing fundraising events to engage the community and increase support for the work.

- Creating a case for support should help potential allies, funders, donors and supporters understand why they must invest in the shelter and the potential impact of violence against women on individuals, families and the entire community if the shelter or identified services are not established. The material developed should attract the attention and interest of individuals needed to assist in developing the shelter. A variety of formats may be used to present the case for support but should generally include:

  - o The shelter's vision and mission

  - o History and structure of the organization or group developing the shelter

  - o Existing programmes and services (if applicable)

  - o List of staff and leadership (if applicable)

  - o Financial information, including projected operational costs, estimated costs of not providing the services, and fundraising goals

  - o Rationale for shelter services as identified by a situation analysis

  - o Strategies for addressing the identified needs

  - o Specific opportunities to become involved

  - o Evidence of the organization's impact in addressing related issues, if applicable, which may be drawn from programme evaluation data, user testimonials, and case studies/examples of programme impact

> See examples of shelter annual reports which make a case for support from the Saartjie Baartman Centre for Women and Children in Cape Town, South Africa and the Interval House in Toronto, Canada, which provides an interactive version of their annual report along with static versions for download.

(Lesley Ackrill & Ashleigh Saith, 2012. Fundraising Basics for Women's Organizations; Lysakowki, 2011- *Conference presentation*; Lorenzen and Elkan, 2008; *Away From Violence* - WAVE, 2004a, WAVE, 2004b; Martins, et. al.,2008).

*Secure adequate state funding for shelters and services*

It is critical for shelters to secure state funding for their operations, in line with international obligations to protect women from violence, although limited government resources and prioritization of other issues may challenge efforts by shelter advocates to obtain this funding.

Shelters should advocate for the state to be responsible for the majority of funding for shelter operations and their services, complementing other fundraising efforts, such as seeking resources from private foundations, individual donations, sponsorships or international grants.

State funding obligations should be embedded in legislation, with detailed measures on how sufficient resources will be allocated. Legislation should not affect the operation of shelters by independent, women-centred organizations.

Shelters should note any conditions that accompany state funding, such as:

- Compliance to minimum standards of service provision.

- Preparation of an annual report that details the services provided and activities engaged in by the shelter in the previous year.

- Formal internal or external evaluations of shelter services, operational policies and other shelter activities and their impact, which may be performed through feedback by women when they leave the shelter or confidential interviews with residents. See the section on monitoring services.

**Illustrative Examples**

**United States**: The State Government of Minnesota has legislated that, as part of their proposals for funding, only public and non-profit organizations can apply, applicants must include evidence of the ability to integrate into the programme a uniform method of data collection and programme evaluation established (in other subsections of the law); represent the interests of battered women and domestic abuse victims and their children to local law enforcement agencies and courts, county welfare agencies and local boards or departments of health; and, do outreach to un-served and underserved populations and to provide culturally and linguistically appropriate services (Minnesota Statutes 2010, 611A.32, Battered Women Programs).

**India**: The Swadhar Scheme for women in difficult circumstances is an example of government assistance to non-governmental organizations. Developed by the Government's Ministry of Women & Child Development, the initiative aims to provide shelter and assistance to marginalized women in crisis, particularly reaching women who are marginalized and tend not to have access to familial support (e.g. widows, former prisoners, survivors of natural disasters, trafficking, sexual crimes, terrorist/extremist violence, women with non-psychiatric mental health issues, women living with HIV and AIDS, and other women in difficult circumstances). Non-governmental organizations must meet certain criteria and follow a particular procedure in order to receive support from the Swadhar Scheme. Once approved, they are monitored at the district, state, and central levels and receive a range of assistance including support for: construction of buildings, payment of rent for accommodation, staff salaries, other recurring and non-recurring expenditures, lease charges and bills for toll-free phone lines.

Gender-responsive budgeting, including costing of services, can assist in identifying adequate funds to be allocated. Advocacy actions which promote state funding for shelters include:

- Delineate the services to be provided and the unit costs (including infrastructure, administrative and personnel) of delivery effective services.

- Analyzing budgets of relevant ministries and government institutions responsible for shelters and related services (ministries of social welfare, housing departments, etc.) for shelter facilities and related services.

- Conducting costing on the services provided, and presenting alongside the significant socio-economic costs of violence on the state.

- Reviewing the state's international and national commitments to providing support to shelter services and creating recommendations accordingly to relevant national and sub-national institutions.

**Examples**:

In Bosnia and Herzegovina, a local gender budgeting initiative on domestic violence called on local governments to fund the operation of shelters and safe houses for women and child victims of domestic violence. As a result of shelter advocates lobbying, the government passed an amendment to the Law on Protection from Domestic Violence in 2008 mandating the public funding of shelters. Read the full Case Study.

The Shelter for Battered Women, operated by United Family Services, Inc., is the only domestic violence shelter in Mecklenburg County, North Carolina, USA. The shelter's 29-bed facility was not meeting the growing demand for services, resulting in up to 70 women and children being turned away on a monthly basis. Within this context, a study was undertaken in 2007 to investigate the feasibility of creating new emergency and transitional housing arrangements. Among other things, the study lays out the development, design and service needs for new shelter spaces and transitional housing; provides options of different models operating in other locations; and provides rough costs (Morris, C. 2007. *Domestic Violence Shelter Feasibility Study for Mecklenburg County*). See the study in English.

## Tools:

➢ **Fundraising Basics for Women's Organizations** (Lesley Ackrill & Ashleigh Saith, 2012). This brief guide is for advocates working with shelters and related programmes. Based on the context in Canada, it presents an overview of key considerations for shelter organizations to establish fundraising processes, and includes information on how to pursue and maintain different types of support for the organization. The guide includes links to further reading and websites, and is accompanied by a proposal outline template. Available in English.

➢ **Framing Public Issues Toolkit** (The FrameWorks Institute, 2002). This resource is based on social and cognitive sciences research. The toolkit presents a research-based approach to communication and knowledge dissemination of social issues, providing strategies for overcoming perceptual barriers to integrating new information. Strategies and techniques described include using: context and numbers/data effectively in awareness-raising; messengers; visual tools and images; employing metaphors and simplify models; and using tone effectively. Available in English.

➢ **The Alberta Shelter Director's Guide** (Alberta Council of Women's Shelters, 2011). This guide outlines information a new shelter director would need to know about running a shelter, based on the context in the province of Alberta, Canada. The guide includes specific information about shelters in the region, director role expectations, state programmes, how to work with states, how to take care of the physical building, what laws are relevant to shelter provision, shelter policies (including service delivery, financial and staffing policies), data collection and public relations. Available in English.

➢ **The Cost of Domestic Violence: Toolkit** (2008) This toolkit, by the Minnesota Coalition for Battered Women, is a resource for practitioners and advocates. The toolkit outlines the steps required to quantify an approximate cost of domestic violence in a specific community, based on data available. It provides brief explanations for

calculating direct and indirect costs of domestic violence and related services, covering shelters, medical care, law enforcement and court services, alongside fear and suffering caused by the abuse. Available in English.

➢ ***Gender Responsive Budgeting in Practice: A Training Manual*** (UNFPA and UNIFEM. 2006). This training manual, developed by the United Nations Population Fund (UNFPA) and United Nations Development Fund for Women (UNIFEM), is a resource for programme managers and advocates addressing women's empowerment and human rights. The manual includes five training modules with 2-4 sessions each, addressing gender-responsive budgeting concepts, processes, budget analysis, case studies and government-specific gender-responsive budgeting which can be applied in a 3-day workshop. All modules provide detailed facilitation guidance, and this manual should be used in conjunction with UNIFEM/UNFPA's "Gender Responsive Budgeting and Women's Reproductive Rights Resource Pack" (available in English; 92 pages). Available in English;  French; and Spanish.

➢ ***Away from violence: guidelines for setting up and running a women's refuge*** (Women Against Violence Europe, 2004). These guidelines provide practical assistance for setting up a women's shelter and outlines the goals of women's shelters, how shelters can be funded, what services should be provided for women and children, how to maintain a safe and secure building and information about the management of shelters, community life in shelters, public relations and networking. Available in English.

➢ See additional background information, tools and a webinar on costing.

**Developing the outline of a shelter operations plan**

An outline of operations helps ensure all key elements of a plan for accommodation and services are considered prior to undertaking the practical steps of establishing the shelter facility. The outline should include descriptions of plans around each area identified below.

- Service provision, which may include a variety of supports and should strive to be available 24-hours per day, every day of the year, to ensure women can access immediate protection and support as needed.

  o Safe, confidential and secure accommodation for women and their children.

  o Basic material needs, such as hygiene products, clothing and meals.

  o Protection and assistance based on individualized service plans, including risk assessment and safety planning during and after the shelter stay.

  o Individual and system-level support in overcoming long-term effects of violence and related barriers to independent living:

    ▪ Individual counseling to support women in achieving their goals and address any challenges women may be experiencing (i.e. trauma, substance abuse, mental health issues);

    ▪ Assistance with legal applications and court preparation, as well as accompaniment or referrals to legal, protection and medical services;

- Assistance in finding employment and accessing economic opportunities;

- Support in finding long-term affordable accommodation;

- Counseling and related support for children accompanying their mothers to address the effects they experienced from the violence and strengthen their capacity to manage the transitions in their life (e.g. their parents' separation, in cases of domestic violence, move to a new home, etc.)

  o Infrastructure and facilities (including secure records management)
  o Staffing and management (including roles and responsibilities, human resource issues, professional development, supervision, monitoring and evaluation)
  o Financial management and budgeting (both start-up and operational)
  o Collaboration with other organizations and systems, including advocacy within coordinated community responses
  o Fundraising

## Tools

➢ ***Demystifying the development of an organizational vision*** (Lipton, 1996). This resource explores how and why establishing organizational vision works, offers a template that has been tested in organizations (including non-governmental organizations) and outlines the themes necessary for development of an effective vision. Available in English.

➢ ***Second stage shelters: Closing the gap – a practical guide for communities*** (Alberta Council of Women's Shelters, 2008). This guide provides an overview of establishing medium-term shelters for women, based on the context in Alberta, Canada. The guide is organized into two parts: an overview of the context of violence against women and shelter supports in Alberta; and guidance for planning and establishing a second-stage shelter within a community, which covers advocacy, fundraising, selecting a location, identifying an appropriate space, staffing and programming. Available in English.

**Location and infrastructure planning**

It is important to identify a suitable shelter location to ensure the facility can provide maximum protection for women and their children. It is generally considered best to keep the location of the shelter secret, although this may not be feasible in all settings (e.g. small or rural communities).

Securing property for a shelter may involve using or purchasing and renovating an existing building or building a new facility. New construction allows the particular security and shelter-specific features to be incorporated into the design and layout and eliminates the need for upgrades and repairs often required with older buildings. This option is not always feasible and may be more costly.

As an alternative to establishing a distinct shelter facility, organizations may share space with other housing providers. For example, the shelter could become part of a multi-use integrated facility that provides a continuum of services for women and girls fleeing violence (Woodman & McCaw, 2008).

> For example, the Saartjie Bartman Centre in South Africa offers emergency and transitional shelter options within a one-stop facility. The Cape Town centre started in 1999 through a partnership with 13 NGOs and support from the government. The centre operates two shelters and provides a range of services, including counseling, legal advice, childcare and job support for approximately 30 women and 60 children. The shelters are in a known location and have 24-hour security (with on-response services). They provide accommodation for 3-6 months, with second stage housing (9 houses) available for up to 2 years. In addition to domestic violence survivors, the space supports lesbian and transgender couples who have experienced abuse as well as trafficking survivors.

The following considerations can help determine whether a particular location is appropriate for a shelter.
- A security review and assessment of the proposed building is complete, which covers:
  - Comprehensive fire safety and evacuation options (including any risks which could prevent emergency evacuation, such as alarms or locking systems attached to doors or windows which may block interior quick release).
  - Electrical and structural standards (particularly for older buildings/houses, or structures damaged from fire, natural disasters or other events).
  - Measures to protect against unwanted access/ entry into the shelter (e.g. fencing, locks on windows, etc.).
  - The facility has reliable access to water, electricity, communication services and heating/ cooling, where needed.
  - The location is convenient and close to services that may be needed by women and girls (e.g. health, police, legal support agencies; schools, marketplaces or commercial areas; accessible public transportation; etc.).
  - The facility is integrated within the community and near opportunities for women to engage in local activities (where safe) and feel a sense of social inclusion.

      o    Access to other communities and recreational opportunities is available through public or other affordable modes of transportation (e.g. between rural and urban areas to facilitate travel and mobility of women) (Kammerer, 2006, as cited in Woodman & McCaw, 2008; International Organization for Migration, 2007).

*Alternative accommodation*

- In cases where a separate shelter facility is not available, emergency accommodation may exist in a variety of locations including:
  o <span style="color:blue">Private houses or apartments</span>
  o Hotels or commercial venues
  o Rooms in specialized facilities (e.g. hospitals or medical centres)
  o Places of worship (e.g. churches, mosques, temples, etc.)
  o Community-based organizations or non-governmental organizations

- The following factors and risks should be assessed for potential alternative accommodation sites (based on considerations identified in relation to trafficked women, although relevant to all forms of violence):
  o Crime rates in the area, and whether women and girls are likely to encounter individuals or groups which might pose a risk to them.
  o Ease of entry into and exit from both the individual space (e.g. house or apartment) and collective location (e.g. building or neighbourhood) at all times, and the convenience of the location relative to the medical, psychological, legal, or other services likely to be used by women and girls.
  o Availability of basic services (e.g. water, electricity, communication and heating-where needed), especially access to a landline or mobile telephone in cases of emergency.
  o Accessibility to local police, including consideration of whether local police are regarded as reliable/competent and whether they should be informed of the survivor's presence in the area (which is dependent on the woman's consent to inform police of her presence).
  o Security risks posed by other individuals staying at the same accommodation or location (e.g. apartment landlords, roommates, staff in alternative spaces, who might not be able to guarantee women's confidentiality or anonymity) (International Organization for Migration, 2007)

**Examples:**

The Women's Empowerment Link in Kenya has developed specific criteria for determining the feasibility of establishing emergency accommodation in the homes of community advocates within the Kibera informal settlement outside Nairobi. The temporary confidential safe space provides women and at-risk children under 18 who have experienced domestic violence or sexual assault accommodation for up to 48 hours. The organization conducts an assessment to identify whether potential host families meet specific criteria prior to establishing the space. This includes:

- the home has adequate space to host survivor (at least 1 extra bed that could be shared by a maximum of two people);
- the host has demonstrated commitment to the issue (validated by community recognition of their role as an advocate);
- the host agrees to offer the safe space voluntarily and does not expect compensation in return for use of the space; and
- the host is willing to work with and report to the Gender-based Violence Working Group, which is a multisectoral committee comprising security, health and legal representatives.

Source: Grace Mbugua. 2012. Presentation at the Second World Conference on Women's Shelters. Washington, D.C. February 28, 2012.

In Argentina, in addition to formal shelters, survivors of violence can access funds and hotel vouchers in 10 provinces: Buenos Aires, Córdoba, Corrientes, Mendoza, Neuquén, Río Negro, Santa Fe, Santiago del Estero, Tierra del Fuego and Tucumán (Government of Argentina's response to the Secretary General's Database on VAW, 2009.

## Layout and design

- Planning for facility infrastructure and layout involves three key considerations: the size of the shelter; the needs of women and children who will be accessing the space; and the continuum of services to be provided within the facility.

*Determining shelter size*
- The size of the shelter should be determined by the estimated number of women and children who will reside at or access the space for a specific period of time. This calculation can help to estimate the space and number of rooms/beds that will be needed for the facility.
- Planning the number of rooms for women and children should involve considerations related to family size, including the average number and range of children who might need to stay at the shelter with their mothers. These estimates are important to develop strategies for ensuring that women are not turned away from shelters due to their family size and prevent barriers to access.

For example, in Sydney, Australia, rooms in shelters are built with a removable wall between two units so that women with several children can be accommodated by removing the wall and adjoining the two units (Weeks & Oberin, 2004).

*Designing for the needs of women using the shelter*

- The shelter space and environment should help women to move past their experience of crisis and overcome the traumatic effects of violence.

- Where possible, facilities should have space and infrastructure which allows for individual privacy, reflection, expression as well as collective activities. This might include:

  o A bedroom for each woman with her children;

  o A bathroom shared by no more than two rooms/women;

  o Indoor and outdoor recreational space and equipment for women and girls (books, writing and art supplies, exercise-related materials, computers, toys, etc.);

  o Space to accommodate age-appropriate activities for children and adolescents (including child care or out-of-school care);

  o Adequate storage for women's belongings such as on-site storage units or sheds; and

  o Meeting rooms or areas for women to gather and share experiences, find solidarity and support from others and to reinforce violence as a social rather than a personal problem.

- Facilities should aim to offer all women living in the shelter direct access to cooking facilities and food supplies, sufficient water/ bathrooms, as well as laundry or washing areas, if possible.

- Depending on available resources, shelters should provide items such as basic cooking appliances and supplies, dishes, cutlery and utensils for all common cooking areas and individual units (where possible); furniture; household items (e.g. towels, bedding, personal hygiene and sanitary supplies).

- The space, including furniture and equipment used, should be designed and arranged with consideration for accessibility by women living with disabilities and safety for small children.

*Designing for the continuum of services to be provided*

- Depending on the continuum of services to be provided, various types of rooms and space will be needed for service provision. Some spaces may be able to overlap with the recreational spaces identified above, with consideration to the size, setup, security, and privacy requirements for each type of service provided.

- Separate rooms/spaces may be needed for:

- o   Counseling, crisis intervention, risk assessments and safety planning, etc.

- o   Group meetings or trainings and support groups

- o   Medical/health assessment and services (if within the mandate of the shelter)

- o   Administrative activities (which should include telephones, computers, internet access)

- o   An office to store confidential information (electronic and hard files) and if applicable, equipment for monitoring building security (e.g. security video monitors or alarms)

- o   Storage of programme supplies (i.e. computer server and other technology, tables, chairs, living supplies, etc.)

- o   Storage of facility equipment (i.e. garage or shed for large equipment, vehicles, etc.)

(Woodman & McCaw, 2008, WAVE, 2004; WAVE, 2004a).

## Tool

➢   ***Building Dignity*** (Washington State Coalition Against Domestic Violence, 2012). This website provides advocates and shelter developers with an illustrated overview of key strategies for designing an emergency shelter, based on the context of domestic violence advocates in Washington, USA. The website is organized into five architectural places (site design, communal space, kitchen, private space and staff space) and includes examples from real shelters, additional guidance for advocates to consider as well as links to relevant design and related shelter resources. Available in English.

**Operations**

**Staffing and management**

*Planning roles and responsibilities*

- Planning for the human resources needed to operate the shelter and provide direct services to women on an ongoing basis is critical. Staffing needs will vary depending on the size of the shelter, funding resources and the continuum of services that will be offered.

- Providing effective shelter services requires a team of staff with a variety of roles and responsibilities.

- For shelters which are accessible twenty-four hours a day, there should be trained staff present at all-hours, who are responsible for:

  o Emergency admission to receive and facilitate women's (and where relevant, girls') 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.

  o Providing crisis intervention, as needed.

  o Conducting initial risk assessments and individual safety planning.

  o Facility security, by following specific safety measures or monitoring security in and around the facility.

- In addition to the core staff roles above, and depending on the service model and resources available, daytime staffing may also be required for:

  o Individual counseling

  o Therapeutic intervention, including diagnosis and/or treatment of trauma

  o Coordination and facilitation of support groups

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

  o Outreach services and community liaison

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

  o Shelter management and administration, comprising:
    - Leadership and supervision
    - Financial management
    - Communications, advocacy and fundraising

  o Referrals and support for women to access various resources , including:

    - Legal assistance and accompaniment to court or related appointments
    - Financial advice and services
    - Affordable and secure long-term housing

- Physical and psychological health services
- Employment and educational opportunities
- Follow up services after leaving the shelter

*Developing a staffing plan and managing a shelter schedule*

- 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 maximise 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.

- A staffing plan can help shelters ensure they will have sufficient staff to perform the services to be provided. The plan should consider the:

  o size of the shelter (number of women and children accommodated at a given time),
  o number and type of services provided, and expected number of women involved in each service.
  o organizational structure, including core functions and how they are combined (i.e. is the facility a dedicated shelter or does it provide additional support and off-site services).

---

**Example: Sanctuary for Families in New York, USA**

Sanctuary for Families is a non-profit organization operating in and around New York City providing shelter and related services to trafficking and domestic violence survivors and their children. The organization has nine locations throughout the city and surrounding areas that serve nearly 10,000 women and their children from various ethnic backgrounds every year. In addition to these direct clients, Sanctuary for Families engages with up to 20,000 other concerned community members, such as legal professionals and social workers.

In order to fully support these families with quality services, the organization employs roughly 150 full and part-time staff who cover more than 30 languages.

Learn more about the services provided: shelter, clinical, legal, economic empowerment, children's and outreach/training/advocacy.

Visit the Sanctuary for Families Website.

---

In addition to planning for appropriate service provision, shelter management involves establishing and managing workloads, by hiring the volume of staff needed to match the work; monitoring staffing over time as services evolve and workloads change; and making staff or service adjustments as necessary (e.g. when sufficient funding is not available).

Key actions to facilitate management of shelter work schedules include:

- Identify one person to take responsibility for developing a duty roster or schedule covering service provision needs (including those for 24-hour coverage) and reviewing/finalizing the roster with staff.

- Develop a protocol for shift change requests (i.e. requiring staff to request changes in their scheduled shift a certain number of days before their shift to ensure alternative staffing arrangements can be made) and creating a back-up staffing plan for emergency staff absences (i.e. in case staff are sick or other unanticipated absences).

- Establish and distribute work schedules well in advance of the work period (e.g. monthly), with consideration of vacation days and special events.

---

**Example: Calculating the number of staff hours needed in a shelter (Europe)**

The following calculation is a guideline for the staff resources needed in a shelter offering the following services:
- Places for 10 to 15 family units (possible accommodation for 25-35 people)
- Operation of a 24-hour helpline
- Counselling services and support
- Public relations and networking

Working hours per week:
- At least 200 hours to run the shelter and 24-hour helpline, of which at least 80-100 hours should be handled by workers with special skills to support migrant women (40 hours =1 full-time position, 200 hours = 5 full-time or correspondingly part-time positions)
- At least 80 hours for counselling and support
- At least 60 hours for child care
- At least 40 hours for administration
- At least 40 hours for management and public relations

A shelter of this size providing professional and effective support requires about 10 full-time staff.

*Note: the above recommendations are independent of the way the work in the shelter is assigned. In many cases each of the refuge workers (with the exception of the child care specialists) will take over several areas of work (helpline, admission procedures, counselling, shelter assembly etc.). These tasks will account for part of their working hours. The remainder of their time will be spent on individual counselling and support or on specific tasks.*

The above calculation method does not include personnel resources needed for specialized responsibilities–legal experts, accountants, communications experts and so on.

In calculating staffing levels, it is important to remember that staff members will take holiday or sick leave and will attend further training. A shelter's staff budget should include substitutes for the regular staff.

Excerpt*:* Women Against Violence Europe. 2004. *Away from violence: guidelines for setting up and running a women's refuge.* WAVE. Vienna.

-

n addition to paid shelter staff, facilities often receive valuable support from volunteers or at times, students.  Students and volunteers should be provided basic training and supervision and should not be responsible for providing professional services (i.e. counselling, legal assistance, etc.) unless they have specialized training in that role.

*Supervision*

Supervision is a critical component of shelter management, which can assist staff to:
- Prevent or minimize secondary or vicarious trauma and compassion fatigue, which can be a result of working and dealing regularly with stories of violent experiences.

- Reflect upon their own practice and how their thoughts, emotions and experiences may affect their professional actions. Developing a helping relationship with survivors of violence or their children can trigger strong emotions which can result in confusion, collusion or entanglement and reduce a staff member's ability to maintain objectivity. The helping process can also be stalled if a staff person experiences strong emotions or memories of personal challenging experiences.

- Develop awareness of effective approaches and issues that arise in their work and find ways to resolve challenges and improve their professional practice.

- Have opportunities to plan, complete and evaluate their work, with feedback; as well as to attend training and develop their professional skills.

Staff often face a variety of challenging situations in shelters which should be supported through supervision, such as:
- Experiencing challenging feelings when survivors choose to return to an abusive partner.

- Responding to women who have broken shelter guidelines (e.g. confidentiality of other residents; anonymity of the shelter location, use of violence to discipline children, etc.); or enforcing such shelter principles while fostering an empowering environment that values/encourages self-determination. See also section on Rights and Responsibilities.

- Developing and maintaining respect for the different roles of shelter staff.

Considerations in developing supervisory mechanisms include:
- Making supervision mandatory for all direct service providers, which sets an expectation that shelter staff should reflect upon and seek to continuously improve their ability to effectively serve the women and children using their services.

- Ensuring supervision is provided by experienced professionals working in the field of violence against women, who are sensitive to gender issues and are trained to supervise others in the provision of direct services. This includes the importance of supervisors being capable of maintaining professional boundaries/distance with those they supervise.

- Supervision may be provided on an individual or group basis.

- Methods for supervision may involve sharing, discussing and analyzing specific practice issues and related thoughts/emotions in order for staff to find productive and effective ways to advance in their work.

- Supervisors may be internal (e.g. shelter line managers) or accessed externally (WAVE, 2004a).

*Supporting staff development*

While shelter staff are often advocates committed to ending violence against women, development of staff (and where relevant, volunteer) knowledge, attitudes and skills is essential to establish and maintain quality services and ensure implementation of safety and practice protocols.

It is important for all staff, and particularly those providing direct services to women and girls to have a strong understanding of key concepts on the issue. Specifically, staff should have knowledge of:

- Forms of violence against women and girls occurring in the community, including the dynamics of each form (i.e. manifestations, risk and protective factors); and their consequences (i.e. physical, psychological, social, financial).

- Root causes of violence against women, context and history of women's oppression and an equality and human rights framework.

- Relevant laws and the resources/services available in the community to address the various needs of women and girls fleeing situations of violence, including legal, economic, personal and social supports (Kelly & Dubois, 2008; Martins, et. al, 2008).

Specific skills are also important to develop among all staff to effectively support, advocate for and engage with women and children entering the shelter or using its services, such as:

- Constructive communication, including clear verbal communication and positive body language, and listening skills, with the ability to respond empathetically to others.

- Conflict resolution techniques (e.g. problem-solving, facilitation, negotiation and mediation) and related methods of responding to tensions involving staff and volunteers, women in the shelter, their children or others who are involved in programming (e.g. off-site service providers, local authorities, others).

- Maintaining confidentiality

- Working with culturally diverse populations, different age groups, and children affected by violence

- Making appropriate referrals

- Empowering women and girls

- Maintaining professional boundaries, including self-care

- Crisis intervention techniques

Individual staff will also need to develop specific skills for their distinct roles and functions within the shelter (e.g. managers/supervisors, counseling, and responding to trauma, coping and survival; or providing referral and advocacy supports).

- Shelters may need to establish or review existing professional standards required for staff to ensure individuals providing services are adequately qualified and prepared for

their roles. For an example of staff training and qualification criteria, see the [Council of Europe minimum standards](#) (page 30).

- Capacity development among shelter staff can be supported through training, mentoring, and other opportunities for learning and professional growth. Activities that promote skills development tend to incorporate opportunities for demonstration and practice (such as formal training, supervision, or simulated exercises to practice specific skills).

---

**Illustrative example: Arab-Danish Capacity Development Partnership**

A cross-regional partnership between the Copenhagen-based shelter [Danner](#) and Moroccon [Union de L'action Feminine](#), a network of 15 shelters, has applied a dual approach to strengthen the capacity of shelter staff in each country. With support from Kvinnoforum, the organizations have developed a series of training seminars targeted at direct service providers (rather than just shelter directors), which promote specific attitudes (e.g. around listening to women and demonstrating appropriate responses) as well as skills (e.g. management- developing a code of conduct, and protocols related to safety plans, risk assessment, and infrastructure; service provision; and working with perpetrators, children, families and the community). The seminars are conducting in rotating locations, which has facilitated participation of shelter staff from over 10 Arab states and use simultaneous translation to ensure language is not a barrier for participation. The trainings involve the same staff from each shelter to promote more in-depth learning opportunities and is complemented with an exchange programme for shelter staff to visit a shelter in another country to observe and gain practical experience in applying the skills developed during the trainings.

Source: Outaleb Fatima and Henriette Hajberg. 2012. Presentation at World Conference of Women's Shelters. Washington, D.C.

---

**Case Study: Multi-Purpose Centers for the Protection of Women Survivors of Violence in the State of Palestine**

The Mehwar Centre is a specialized facility in Palestine that provides protection and support to women and children who have experienced various forms of violence. Women's organizations and other civil society actors in the West Bank and Gaza Strip have provided assistance to survivors, but the lack of shelter facilities has remained a challenge to ensuring holistic protection services are available to women. The first shelter of its kind in Palestine, the Centre was established in Bethlehem (West Bank) in 2007, with funding from the Italian Government and support from UNIFEM (now UN Women). In September 2008, in partnership with the Palestinian Authority's Ministry of Social Affairs, the Centre implemented an initiative to protect and reintegrate women and children who had experienced domestic violence, and increase awareness of the human rights of women and children within Palestinian society.

**Results:**
Since its establishment, the Mehwar Centre has invested in various activities to reflect on its experience and document lessons learned, which have been used to inform the development of a similar facility, the Hayat Centre, in the Gaza Strip. In particular, practices related to the shelter's establishment, recruitment and capacity development of staff have been transferred from the Mehwar Centre, with key components of the model adopted by the Hayat centre including:
- Formation and functioning of an advisory committee: comprised of local partners with technical support from UN Women;
- A successful orientation process: drawing from Differenza Donna experts to assess potential staff capacity (following short-listing of staff) as well as perceptions and attitudes towards gender-based violence and women's protection by utilizing innovative role play, coaching and group exercises;
- Recruitment of qualified staff: 19 staff were recruited based on Guidelines and Terms of References adapted from the Mehwar experience; and
- Establishment of a capacity development plan: developed with support from UN Women's technical advisor and Differenza Donna.

See the full Case Study.
See the Evaluation in Arabic and in English.

Source: UN Women Palestine. 2011. *The Mehwar Centre: Evaluation of Policies and Procedures.*

*Safety for outreach workers*

Outreach workers do their work primarily in the community, possibly in the homes of women who are in abusive relationships and/or at high risk for violence. These workers also commonly work alone. These circumstances require that workers give specific attention to identifying risks and planning for their own safety. While the strategies that follow are based on the context of domestic violence outreach workers, they may be tailored to the contexts of addressing other forms of violence (Dozois, 2007):

- Maintain awareness of their surroundings at all times when meeting with women in the community.
- Carry a fully charged cell phone at all times, and having an emergency number programmed onto the speed dial.
- Provide scheduled appointments for each day with a supervisor or colleagues.
- Make contact with the office throughout the day.
- Call a designated person immediately before each home visit to inform them of the address of the home being visited and the time that the visit is expected to end, then call to inform the designated person that the visit is completed.
- Call the woman an hour before the visit to confirm the appointment and ensure that circumstances related to violence in the home and safety considerations previously discussed have not changed.
- Wear comfortable and appropriate clothing (e.g. wear shoes that allow for moving quickly if necessary).
- Arrange to conduct visits in public places (i.e. the shelter, coffee shops, community resource centres, malls) or conduct the session by telephone, whenever there are concerns about the safety of meeting in the home.
- Have a co-worker attend the session if there are safety concerns.
- Have a code word that can be used to indicate danger to a safe person.

Strategies that can be implemented by workers before the session:
- Prior to scheduling a visit gather enough information to assess whether or not it is safe to  meet in the woman's home, minimally including:
  o A description of the history of violence.
  o The nature of the relationship and living arrangements with the abuser.
  o Whether anyone else will be present at the visit to the home.
  o The predictability of the abuser's schedule (i.e. is he likely to arrive home unexpectedly? Are there drug and alcohol issues? Are there any mental health issues? Has an order of protection been issued?).
  o Weapons, mental health issues, or addictions.

Strategies that can be implemented by workers during visits to the home:
- When approaching the home:
  o Look for indicators that the situation may be unsafe (i.e. an unexpected vehicle in the driveway, all of the curtains/blinds are closed);
  o Listen briefly at the door before knocking; and
  o Knock on the door and stand to one side.

- When inside the house (or at an alternate location in the community):

- o Take note of all exits.
- o Keep car keys within reach, where applicable.
- o If the woman said she would be alone and there are others present, leave the home. This may help to protect the worker and also the woman, if she is being monitored by the abuser or someone with allegiance to him.
- o Make a mental note of behavioural indicators by the woman that might suggest that the situation is unsafe.
- o Ensure that access to the door is not obstructed so that you can exit quickly and easily if necessary (i.e. Position yourself so that no one is between you and the door).

**Tools:**

*General*

➢ ***Thinking Shelter*** (Washington State Coalition Against Domestic Violence, 2008). This online course is for shelter staff and volunteers. It is organized into 3 lessons covering a background on shelters, and topics related to the empowerment of women in shelters, with a focus on ways to create a positive environment that shifts emphasis away from rules, based on the context in the United States. The self-paced online training provides eight hours of training and includes readings, activities and lesson quizzes as well as an evaluation. Available by registering for free in English.

➢ ***Training manual for improving quality services for victims of domestic violence*** (Logar, R., Zachar, A., Rösslhumer, M. (Eds.) & IMPROVE Project Partners, WAVE Coordination Office / Austrian Women's Shelter Network, 2006). This manual offers training modules for shelter workers on understanding the problem of violence against, the role of shelters, how to set up a shelter, how it should be funded, what services should be offered, how to maintain a safe and secure shelter and information about the management of shelters, community life in shelters, public relations, networking and evaluation. Available in English.

➢ ***IOM Handbook on Direct Assistance for Victims of Trafficking*** (International Organization for Migration, 2007). This handbook is for practitioners, including shelter staff, working with women and child survivors of trafficking. The handbook includes an entire chapter on guidelines for establishing and operating shelters for trafficking, which may be separate or in conjunction with services for victims of other forms of gender-based violence. The chapter includes a section on management, training and professional development of staff working with survivors of trafficking). Available in English.

➢ ***Manual, Honour Related Violence: Prevention of Violence Against Women and Girls in Patriarchal Families*** (Kvinnoforum, 2005). Based on a three-year project involving input from various sectors, including non-governmental organization shelters, police, social services, judiciary, schools, health care and immigration, this resource provides training on "honour" violence divided into themes containing knowledge content and related exercises.

- ➢ ***Away from Violence: Guidelines for Setting Up and Running a Women's Refuge*** (Women Against Violence Europe, 2004). This briefing kit, developed by, is a resource for professionals intending to set up a shelter and may be used to support advocacy for improved policies and government support for shelters. The manual seeks to improve standards that may be applied across the various country-contexts in Europe and provides practical guidance on how to establish, organise, operate and manage a refuge (including the development of policies and procedures). Available in English (119 pages), Finnish, German, Hungarian, Italian, Portuguese, Greek, Estonian, Polish, Romanian, Slovak, Slovenian, Czech, Lithuanian, Serbo-Croatian and Turkish.

- ➢ ***Making our Shelter Strong: Training for Inuit Shelter Workers.*** This web portal that delivers a self-directed learning module based on the original training tool, user groups and a resource database. The workshop presents both the face-to-face training module and the web-based application of Making Our Shelters Strong. It covers the challenges frontline workers and shelters face to help make communication and learning more accessible to even the most remote communities, based on the context in Canada. The training aims to (1) Guide participants through the journey of the Making Our Shelters Strong: Training for Inuit Shelter Workers from concept to the internet. The workshop will guide participants through the process of concept development, community and stakeholder engagement, module development, piloting and refinement and how technology can be used to create increased access to training tools, peer support and resources for shelters located in remote locations or with limited financial and human resources. Available in English.

### Communication and Conflict Resolution

- ➢ ***Conflict Resolution Tools for Domestic Violence Shelter Staff*** (VAWnet, 2009). This collection of tools, by VAWnet, is aimed for staff working in domestic violence shelters. Based on the context in the United States, the website includes background guidance, training materials and resources to equip advocates with a contextual framework and practical skills to resolve conflicts among survivors that may occur in shelters. Available in English.

- ➢ ***Kit de formation sur les techniques d'écoute*** (Anaruz, 2006). The Anaruz Network in Morocco produced a training kit on listening techniques aimed at counseling centers for women victims of violence. The kit is available in Arabic and French.

- ➢ ***Rethinking Domestic Violence: A Training Process for Community Activists*** (Raising Voices, 2004). This manual was developed in Uganda for use at the local level and provides guidance on developing listening skills (page 72).  Available in English.

### Counseling, Trauma and Self-care

- ➢ See the health module sections on training and sensitization of staff and providing emotional care and support.

- ➢ ***Helping an Abused Woman: 101 Things to Know, Say and Do (I)*** (Alison Cunningham and Linda Baker, 2008). This resource is a self-learning guide for

advocates and others working to support abused women. The guide addresses different topics related to women's experience of abuse and its impact, and features a tool box of interventions that can be used for individual or group work with women. The guide includes short summaries of the latest research, and handouts to be used in programmes with women. Available in English by purchase.

➢ ***Helping Abused Women in Shelters 101 Things to Know, Say and Do (II)*** (Alison Cunningham and Linda Baker, 2008). This guide is the second "Helping Hands" Guide on Skill Building and Tools for supporting women in shelters, safe houses, refuges or transition housing, based on the context in Canada. The guide provides a tool box of interventions with women, references to the latest research, ideas for discussion as a staff team, and handouts to supplement individual or group work with women. Available in English by purchase.

➢ ***Helping Ourselves to Help Others: Self-Care Guide For Those Who Work in the Field of Family Violence* (Maria Cecilia Claramunt for PAHO, 1999).** This guide is for supervisors, staff and trainers working with advocates and other service providers. It provides background information on secondary trauma and strategies for advocates and others working directly with survivors to maintain self-care and maintain their physical, mental and emotional well-being. The guide includes reflective exercices and testimonies from advocates in Latin America. Available in English and Spanish.

**Programme budgeting**

- It is important to identify the initial and ongoing operational costs of running a shelter early in the planning process, since it is easy to overlook or underestimate the funds required to establish and maintain the shelter infrastructure and related services.

- Careful and realistic budgeting will allow organizations to better articulate expenses and access the revenues needed to cover them from the planning and design phase. Budget projections and rationales can also inform and strengthen the shelter's fundraising efforts.

*Budgeting for start-up*

Start-up costs are one-time expenses associated with planning, building or purchasing a facility, securing or using the space, and accessing the resources required to initiate shelter operations. Start-up costs may be organized into the following categories:

- Facility development (renovations, security measures, etc.)
- Furnishings and equipment
- Materials and supplies required to plan and initiate shelter operations
- Staffing and related costs (orientation and training, team-building, etc.)
- Other expenses and fees (i.e. permits or licences)

The cost of starting up a shelter could vary greatly and depends on:

- The cost of local resources (e.g. land and property, rental space, labour, etc.)
- Decisions regarding the facility that will be used for the shelter, including:
  o Purchasing or renting property versus purchasing land and building a new facility;
  o Existing property expenses will vary depending on whether the space needs renovation (and the extent of those renovations) or if it can be used immediately
  o For new facilities, costs will vary depending on the shelter size, the number and types of rooms to be built and the furnishings and equipment that will be included.

See Planning for shelter infrastructure and layout for further budgeting considerations.

Accessing the knowledge and advice of various groups can be important in order to ensure relevant options for facility development are considered and projected costs are as accurate as possible. Other shelter providers may be able to provide relevant information about local facility development options and costs for both the start-up period and ongoing operations. Experts in land purchasing, construction and security should also be consulted.

| Sample Shelter Start-up Budget Template | |
|---|---|
| **Revenues (funds received)** | **Amount** |
| State contribution or grants | |
| Donations | |
| Other grants (foundation, corporation) | |
| *Total Start-up Revenues (A)* | |
| | |
| **Expenditures (costs)** | **Amount** |
| *Planning and coordination costs:* | |
| • Communications (phone, computer, internet, etc.) | |
| • Transportation | |
| • Fundraising plan, documentation, promotional materials | |
| | |
| *Facility development costs:* | |
| • Facility purchase or rental | |
| • Land purchase or rental | |
| • Facility development costs (e.g. cost per square foot) | |
| • Security installation | |
| • Exterior yard/garden development | |
| | |
| *Furnishings and equipment* | |
| • Kitchen furnishings | |
| • Bedroom furnishings | |
| • Living space furnishings | |
| • Office equipment and furniture | |
| • Computers and security equipment | |
| • Adult and child recreation | |
| • Exterior/yard/garden equipment | |
| • Laundry equipment | |
| | |
| *Materials and supplies* | |
| • Kitchen supplies | |
| • Office supplies | |
| • Recreational supplies | |
| • Exterior space/yard/garden supplies | |
| | |
| *Staffing and related costs* | |
| • Hiring/recruitment of staff | |
| • Staff training/ Orientation | |
| | |
| *Other expenses and fees* | |
| • Needs assessment/situation analysis fees | |
| • Construction planning and design fees | |

| | |
|---|---|
| • Security assessment fees | |
| • Permits and licenses (e.g. land permits) | |
| • Fundraising | |
| *Total Start-up Expenditures (B)* | |
| | |
| **Total Revenues over Expenditures (A – B)** | |

*Budgeting for ongoing operation*

Operating costs are ongoing expenses associated with maintaining the shelter and providing services. Operating budgets are used to guide spending, typically on an annual basis.

The cost of ongoing operations in a women's shelter can be organized into five categories:
- Staffing (salaries and benefits; professional development and related expenses)
- Programme delivery and materials (e.g. office supplies, programme manuals, tools)
- Resident care (e.g. food and accommodation supplies, transportation costs)
- Administration
- Facility maintenance

| Sample Shelter Operating Budget Template | |
|---|---|
| ***ANNUAL SHELTER OPERATING BUDGET (e.g. July 1 – June 30)*** | |
| **Revenues** | **Amount** |
| State funding | |
| Donations | |
| Other grants (foundation, corporation) | |
| *Total Revenues (A)* | |
| | |
| **Expenditures** | **Amount** |
| *Staffing* | |
| • Salaries- Shelter workers/advocates/counsellors | |
|     o Overnight staff | |
|     o Cook | |
|     o Cleaning staff | |
|     o Shelter Director/Manager | |
|     o Administrative Assistant | |
|     o Accountant/Finance personnel | |
|     o Consultant(s)/External Supervisor(s) | |
|     o Security | |
|     o Benefits | |
| • Staff/volunteer travel, training and development | |
| *Staff/Volunteer sub-total* | |
| | |
| *Programme Delivery Materials and Supplies* | |
| • Office supplies | |

| | |
|---|---|
| • Photocopying | |
| • Programme resource materials/literature/tools | |
| • Computer software | |
| • Programme evaluation tools/software | |
| Programme material and supplies sub-total | |
| | |
| *Resident Care* | |
| • Food | |
| • Transportation | |
| • Medical supplies | |
| • Recreational supplies | |
| • Children's toys | |
| Resident Care sub-total | |
| *Administration* | |
| • Audit fees | |
| • Insurance | |
| • Telephones | |
| • Mail/courier | |
| • Repair/replacement of office equipment | |
| • Promotion/advertising | |
| • Staff/volunteer recruitment | |
| • Fundraising | |
| • Computer replacement/repair | |
| Administration Sub-total | |
| | |
| Facility Maintenance | |
| • Rent | |
| • Repairs and maintenance | |
| • Repair/replacements of furnishing | |
| Facility Sub-total | |
| *Total Expenses (B)* | |
| | |
| **Total Revenues over Expenses (A – B)** | |
| *Source: Canadian Network of Women's Shelters and Transition Houses (2012)* | |

**Documentation and records management**

*Why is it important for service providers to document?*

- Shelters and shelter services receive highly personal information about women and girls seeking assistance and their family members. It is important to establish systems for managing this information to ensure women's safety and confidentiality are maintained throughout their time at the shelter and in regards to any service they receive.

- Women accessing shelters may want to have certain information shared (such as evidence or testimonies they have provided and want to use in a legal case), and other information to be kept confidential (e.g. identity documents or medical records), which requires systematic information and records management processes.

- Sound documentation and records management allow shelters to meet ethical responsibilities to women accessing services as well as organizational requirements related to information gathered. Sound management practices generally involve:

  o integrating important service principles, such as respect, gender equity, and empowerment in day-to-day practices;

  o managing requests for information about women in an accountable manner that aligns with their interests;

  o complying with legislation related to privacy and information, which dictates how records may or may not be gathered, used and destroyed;

  o guiding staff in their responsibilities related to records documentation and management;

  o supporting effective safety planning, service planning and implementation, as well as staff supervision; and

  o assisting management and governing bodies when faced with legal liability for staff actions.

- Proper records management can help to increase women's trust in the shelter's services (for example, by demonstrating that their confidentiality and decisions are central), and can encourage survivors to utilize their own records in the process of overcoming their experiences of violence, which can help promote women's interests, needs and self-determination.

*General considerations*

- Documentation and management of records refers to the process of gathering, documenting, organizing, retaining, using, sharing and destroying written information provided by and about women accessing services.

- Records management systems should:

- o Ensure that the content and use of records maintains the confidentiality of personal information.

- o Base the scope of information to be gathered and used on the needs and interests of women and girls at the shelter.

- o Be informed by locally-relevant privacy legislation in order to cover the full range of accountability requirements of the organization.

- Gather only information absolutely necessary to effectively plan, support or deliver the specific service requested, which should be used to:
  - o Establish whether the woman is safe and identify her security needs.
  - o Determine her eligibility for services (such as welfare payments/ food assistance, free child care, subsidized housing or health care, etc.).
  - o Determine whether legal proceedings are in progress or anticipated.
  - o Determine the relevance of services based on a woman's interest and expressed needs at the time.
  - o Assist in developing a service plan, including consideration of specific needs.
  - o Document when and how services are provided to the woman.
  - o Gather data and information to assist with understanding the effectiveness and impact of services (Monitoring and Evaluation).

- Enable staff to review the effectiveness of services provided, and to respond accordingly by collecting and analyzing information regarding activities and services from:
  - o Screening processes and forms.
  - o Assessment forms and tools.
  - o Service and follow-up planning documents.
  - o Plans for transitioning out of the shelter.

- Establish limits on how information will be collected, used and retained (unless a client later consents to the use of information for additional purposes).

- The documentation and records management process should:
  - o Ensure that exceptions to the confidentiality of information are explained to women and girls before any information is documented.
  - o Provide women with an explanation of the information needed for them to provide informed consent, including the range of benefits and risks involved in sharing their personal information.
  - o Involve sharing of information about the services being provided to women and girls.

- Organizations should have a written policy regarding the retention and disposal of records, which can help communicate clearly to staff and women accessing services

about the rationale and duration in which records will be retained. The policy should be developed with consideration to the following:

- o Service providers should be able to justify the length of time records are retained. Information should be kept long enough to ensure it is available to support the potential needs of women (e.g. covering the statute of limitations or duration in which a woman may file a case, even after leaving the shelter), but not longer.

- o Shelters may choose to retain records for several years in order to provide women with their personal information when it may be helpful later (i.e. to recall/process details of their physical, emotional or therapeutic experience or to engage in legal proceedings).

- o Decisions about the duration of records retention may be determined and explained by space and financial limitations to providing secure storage, accepted practices in the field or by the agreement of individual clients served by the programme.

- o Ensuring all information is made available to the survivor upon her request.

(*Records Management*, Ruebsaat, 2006)

---

**Illustrative Example:**

The Alberta Council of Women's Shelters, as part of its <u>Practical Frameworks for Change</u> initiative, invested in improving its standardized data collection system for monitoring the use of its services with the <u>Outcome Tracker</u> software. The system creates a unique confidential identification number, which enables individual shelters and the Alberta Council, on behalf of the shelters, to understand how many women access the facilities, the characteristics of those women and what services were provided to them (even across multiple stays and including other related programmes), which highlights the relevance and effectiveness of shelter services for women with different backgrounds and needs.

Shelter staff only collect information where women have provided consent, which include details related to:

- Demographic characteristics (gender, date of birth, ethnic background, date of entry, language preferences, referral information, type of violence experienced warranting visit to shelter, etc.)
- Medical Health (issues identified and treatment status)
- Children or siblings and medical health for each
- Addictions/substance issues
- Departure information (including nature of exit and services provided/used)

While the system has been beneficial to shelters, the initiative highlighted the importance of training and allocating dedicated staff and financial resources to implementing comprehensive data collection processes. See more details in the full <u>Case Study</u> on the initiative.

Source: Irene Hoffart for Alberta Council of Women's Shelters. 2011. "Practical Frameworks for Change – Supporting Women and Children in Alberta Emergency Shelters". Alberta Council of Women's Shelters. Alberta.

---

**Safeguarding personal information**

*General considerations*
- Information gathered during the intake process and the provision of services is sensitive as it contains details about a women's personal history and needs.
- Depending on the nature of services provided at the shelter, various forms of records may need to be stored safely to ensure a woman's confidentiality and security.
- Programmes can prevent unauthorized disclosure of this information by:
    o Only disclosing information (including intake and service provision records) the woman has consented to have released.
    o Sharing information only with organization staff who have a need to know (e.g. not to Board members, volunteers, administrative personnel). Access to individual files should be strictly limited to persons working directly with the woman in the shelter to ensure rights to privacy and confidentiality are respected. Sharing information from paper files or computer databases must adhere to privacy and freedom of information legislation in the shelter's jurisdiction.
    o Maintaining confidentiality of information indefinitely, including after the client has left the programme.

*Physical security of women's personal records at the shelter*

Whether using paper or electronic records, it is important to take steps to prevent unauthorized access, duplication or theft by:

- Consider using unique identifiers (codes numbers or letters) rather than the individual's name.

- Keeping paper files locked in fireproof cabinets (where available) and limiting access to them.

- Activating a security system (with personal or electronic monitoring), especially if the facility is at high-risk for theft.

- Managing the storage, availability and use of electronic files and recordings to prevent unauthorized access (as described in the section Using information technology to store and transmit personal information).

- Keeping all records (paper and electronic) on the premises and/or establishing protocols and advising staff regarding safety of records that need to be taken offsite, which are at greater risk for unauthorized access. Protocols to protect records removed from the premises should advise staff to:
  - Avoid travelling with women's personal information unless absolutely necessary (e.g. outreach workers travelling to provide services to women in the community).
  - Take the least amount of information needed offsite.
  - When large volumes of information need to be moved, use a courier or other secure source.
  - Take copies and leave all originals on the premises.
  - Carry all documents and electronic sources of women's personal information (i.e. paper files, laptops, notebooks, smart phones), or lock them in a secure location at all times.
  - Store women's records in a car only if absolutely necessary. In such cases, the car should be parked in a secure location with information locked in the trunk and where possible, with an alarm installed in the car.

*Working from an alternate location or home*

- Where possible, the following measures should be taken when staff work from home or another location away from the shelter:
  - Install an effective internet security system on any computers used to access women's personal information.

  - Install a separate phone line and password-controlled voicemail box for use off-site.

  - Use a secure wireless internet connection when telecommuting or working off premises.

  - Avoid storing women's personal information on the hard drive of home computers.

  - Do not access women's personal information on computers shared with anyone else (e.g. family members, friends).

- To prevent unauthorized access to information when working in public spaces, staff should avoid:

  o Viewing or discussing women's personal information in public (e.g. on public transportation, in restaurants, on the street, including on mobile phones since conversations can easily be overheard and intercepted).

  o Sending women's personal information by email or fax from public locations, including internet cafes.

*Using information technology to store and transmit personal information*

- Limit access to computer systems or networks containing personal records of women.

- Set computers and laptops to automatically logoff within a short period of idleness and logoff manually when not using them.

- Use a password to restrict access to all laptops, computers and other electronic/digital devices used both on and offsite.

- Return documents and digital records to their original storage place upon returning to the office.

- Notify the supervisor immediately if any personal information is lost or stolen.

- Protect personal information that is stored on a computerized database:

  o Client names, if they exist in unprotected computer files, must be replaced with unique identifiers in the form of a code to ensure data remains non-identifiable.

  o Use encryption, such as password-protected documents or files, to prevent protect women's personal information.

  o Use a separate password to restrict access to women's personal information kept on electronic storage devices (i.e. USB devices, disks, etc.) both on and offsite.

  o Install anti-virus and firewall protection on all computers.

  o Use software designed to provide differential access to staff, based on their responsibility and relative need for access to women's personal information.

  o Implement a policy on the use of laptops and storage of personal information on them.

  o Install a system that automatically backs up computerized records.

  o Maintain backup copies of computerized records and other files (i.e. discs, audio recordings) in a secure and confidential location offsite.

  o Develop a disaster recovery strategy for personal information which is lost or damaged (i.e. by flood, fire, etc.).

  o Implement strategies for safe storage of information on computers:

    ▪ If there is a computer network, store women's personal information on the main server, rather on individual workstations to prevent unauthorized access to personal information if the computer is stolen;

    ▪ Locate servers in a secure area, such as behind locked doors;

    ▪ Use databases that accommodate the creation of audit trails to facilitate monitoring of file updates; and

- Adapt software to meet local privacy laws and programme protocols as needed (e.g. change software prompts so that personal information that is not needed is not collected).

- Although it is preferred to avoid sending sensitive personal information (e.g. history of physical and mental, violence) by email or fax, which can easily be sent to the wrong person, take steps to secure the information if fax or email must be used:
  - confirm the intended recipient;
  - confirm that the intended recipient will be waiting to receive the information;
  - confirm the fax number or email address; and
  - ask the intended recipient to confirm receipt of the fax/email.

- Respond to concerns quickly and fairly if a complaint is made regarding how information has been handled. To assist with this, consider having a staff member designated to be responsible for developing and implementing policy and processes for protection of privacy that assists staff and management if a complaint is made to respond in a manner that is informed by respect for women's rights related to privacy and legal requirements of the organization (Office of the Information and Privacy Commissioner for British Columbia, 2005, *cited in* Ruebsaat, 2006).

*Confidentiality and related issues*

- Women seeking shelter and related services have a right to privacy and confidentiality of the information shared with service providers. They may choose to give permission for their information to be shared or keep this information limited to the individual staff member or person in which the information was originally shared. If information is to be shared, secure the consent in writing.

- Accommodation and other services should not be contingent on women providing permission for information to be shared, in line with guiding principals of service delivery and practices related to consent.

- Shelters should develop specific policies for protecting the information provided by women using their services. These policies should secure individual privacy, while empowering women to have control over what information is shared, who may access their information and how it can be used by the shelter that determine the limitations of confidentiality.

- Responding appropriately to women's needs might involve maintaining confidentiality of some personal information (e.g. related to health history or status), while supporting them to share other information (e.g. related to child custody or housing requests).

- There may be additional legal requirements regarding privacy of information, for example, in regards to court mandates or mandatory reporting in cases of child abuse or neglect, which need to be considered carefully when designing policies and protocols related to confidentiality.

- Some considerations in developing confidentiality protocols include:
  - Confidentiality of women's personal information in group-based services is more difficult to maintain when services are provided collectively. Such services should:

- Ask women participating in the group to provide verbal or written agreement to maintain confidentiality of personal information shared by individual participants.

- In the process of accessing consent to receive services, inform group participants of the steps taken to maintain the privacy of their information while in groups, but that there is no guarantee that confidentiality will be maintained by group members; and

- Document any notes specific to individuals participating in the group separately so that access to information regarding the group does not facilitate access to personal information of individuals.

o Organizing information recorded for different purposes. Information collected will vary depending on the services provided. Confidentiality and efficiency of information can be maintained by separating information in files according to the information's purpose. For example, when engaging in external collaboration and coordinated service delivery (health, including mental health, addiction services, housing services, financial assistance, etc.), it might be useful to keep justice-related information separate from counseling information to ensure that records provided to external sources do not include information that external sources do not need to know.

o Court orders, search warrants and subpoenas
- Legal warrants authorize a named person (generally the police) to enter a specified place (i.e. shelter) in order to search or seize property expected to provide evidence related to a crime. In case a shelter receives a warrant:
  - Read the warrant and provide access only to the information or property specified; and
  - In consultation with the woman, consider contacting a lawyer at the earliest opportunity to discuss the implications of the warrant and determine whether it is in the woman's interest to attempt to have the warrant set aside or voided.

- A subpoena of records may be made through a court order requiring that a file is produced to the court. Subpoenas may be ordered for various purposes including criminal prosecution of a sexual or non-sexual offence (e.g. spousal assault). A subpoena does not mean that information contained in the record will necessarily be admissible as evidence in court. If a subpoena of records is received for the file of a woman accessing services:
  - Inform the woman of the subpoena and steps that will be taken in response.
  - Advise and support the woman to access legal advice.
  - Consider accessing legal advice for the organization in order to understand and pursue all possible measures to maintain the woman's confidentiality.
  - Consider informing the woman's legal counsel or the legal counsel representing the state of the subpoena, particularly if the woman does not have a lawyer, to ensure that correct legal procedures are used that maximize protection of her confidentiality and interests.

- It is important to be familiar with the legal requirements in each community. For example, in some countries, sections of the Criminal Code provide that:
  - The accused must establish the relevance of documents requested.
  - The judge must consider the potential effects of producing the records (positive and negative).
  - The accused must serve a Notice of Motion to Subpoena a record prior to serving the subpoena.
  - Such requirements may provide the woman and her lawyer with opportunity to argue for modified, limited or no access to the record.

- Consider adopting a policy stating that records will not be released without a court order (or otherwise legally required to do so), and only provide a records if a court order (or other legal requirement) is provided.

- In cases where the woman consents to the release of records or wishes them released for her purposes without a court order or other legal requirement, and organizational policy allows for release of records with the woman's consent:
  - Inform her that there may be legal implications to releasing the records.
  - Recommend that she obtain independent legal advice prior to consenting to release the record.
  - Have her provide written consent to release the record.
  - Document that each of these steps has been completed.
- If a court orders the release of records as evidence, consider making an argument that:
  - Only part of the record should be released.
  - Only a limited number of copies should be made.
  - Identifying information of people named in the record should be deleted (Rubensaat, 2006; NNEDV; 2007).

## Tools and Resources:

➢ *FAQ's on Survivor Confidentiality Releases* (National Network to End Domestic Violence Safety Net Project, 2008). This resource responds to questions commonly asked about confidentiality provisions in the U.S. federal Violence Against Women Act and clarifies best practices for obtaining informed consent related to protecting or sharing a survivor's information. Included is information regarding NNEDV's template release-of-information form; how to address confidentiality in partnerships between agencies; considerations around age, consent and guardians; emergencies, hotlines and written consent; databases and confidentiality, etc. Available in English.

➢ *Data Security Checklist to Increase Victim Safety* (National Network to End Domestic Violence, 2008). The checklist highlights steps that local domestic violence and rape crisis programmes and other community service providers can take to promote victim-survivor safety and data security. It includes steps to consider: before undertaking data

collection; when designing a data system; and during ongoing data system maintenance, audits and trainings. Available in English.

➢ ***Survivor Confidentiality and Privacy: Releases and Waivers At-A-Glance*** (Julie Field, Esq. in partnership with the Safety Net Project of NNEDV, 2008). This resource provides a quick review of good practices in maintaining privacy and confidentiality of survivors. Available in English.

➢ ***Model Protocol on Confidentiality when Working with Battered Women*** (Washington State Coalition against Domestic Violence, 2007). This protocol is for shelter managers and staff, and provides a detailed overview of confidentiality considerations in regards to legal obligations, based on the context in the United States. The protocol includes recommendations and sample language for policies and procedures in managing confidentiality issues, as well as templates for informing staff and women using shelter services of the policy. Available in English.

➢ ***The Sexual Assault Response Team (SART) Toolkit*** offers advice on setting up an inter-agency information sharing process. Available in English.

➢ ***Multi-Agency Domestic Violence Information Sharing Protocol Guidance*** (Greater London Domestic Violence Project, 2007).  This guidance is designed to inform professionals working in multi-agency partnerships develop information-sharing protocols for the sharing of personal information in domestic violence cases.  Available in English.

➢ ***Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – An Overview*** (Douglas, N., Lilley, S.J., Kooper, L. and Diamond, A., 2004), Development and Practice Report 30, London: Home Office.  This short report provides guidance about key aspects of information sharing for agencies and practitioners responding to intimate partner violence, including: definitions of personal and sensitive information; when and how to obtain consent from survivors; key elements of an information sharing protocol; and a suggested process for drawing up a protocol with partner agencies.  Although framed within the provisions of law in England and Wales, the guidance can be used as a basis and adapted to other contexts.  Available in English.

➢ ***Confidentiality & Information Sharing Systems for Domestic Violence Advocates Working with Child Protection and Juvenile Court Systems*** (Davies, J., undated), San Francisco: Family Violence Prevention Fund.  Although particularly focused on information sharing with child protection and juvenile court systems in the context of intimate partner violence, this guide contains considerations and approaches that are applicable across forms of VAW and sectors.  It includes a discussion of legal and advocacy approaches to information sharing and a framework for developing effective information sharing policy and practice.  Available in English.

➢ ***Advocacy Challenges in a CCR:  Protecting Confidentiality While Promoting a Coordinated Response*** (Tibbets Murphy, S., 2011), Minneapolis: Battered Women's Justice Project.   This paper discusses challenges and offers guidance on confidentiality and information sharing for domestic violence advocates.  Available in English.

## I.  IMPLEMENTATION

**<u>Promote support for shelters within national legal frameworks and public policies</u>**

**General considerations**

In a number of countries, the provision of shelters and similar services is not mandated by law, despite adequate housing being an internationally recognized human right. Where it is, legislation does not always compel governments to fund or otherwise ensure the provision or monitoring and evaluation of these services. Legislation can encourage governments to honour their international obligations to protect women from violence by strengthening their ability to initiate, support and improve the quality of women's shelters and provide for longer-term housing and livelihood options to empower women and girls to overcome their experiences with abuse (UN-HABITAT).

In line with their international and regional commitments, states have an obligation to provide shelters and protection for women and girls fleeing violence. For example:

- Reinforcing the Convention on the Elimination of all forms of Discrimination Against Women, the Committee on the Elimination of Discrimination against Women, through its General Recommendation 19 (1992) recommends that "*States parties should establish or support services for victims of family violence, rape, sexual assault and other forms of gender-based violence, including refuges, specially trained health workers, rehabilitation and counselling*" (24k); recognizes the importance of shelters as a measure to ensure the security and safety of survivors of family violence (riii); and calls on states to "*take all legal and other measures that are necessary to provide effective protection of women against gender-based violence, including, inter alia... Protective measures, including refuges, counselling, rehabilitation and support services for women who are the victims of violence or who are at risk of violence*"(tiii).

- The Committee on Economic, Social and Cultural Rights, in its General Comment 16, Article 3 (2005) has noted that States parties are required "*to provide victims of domestic violence, who are primarily female, with access to safe housing*" (Paragraph 22), as part of their obligations in implementing Article 10 of the International Covenant on Economic, Social and Cultural Rights.

- The *South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution* *(2002)* calls for the establishment of shelters by states parties or their authorization and encouragement of non-governmental organizations to do so (Article IX).

- In the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (*Convention of Belém do Pará*) (1994), "*The States Parties agree to undertake progressively specific measures, including programs:…to provide appropriate specialized services for women who have been subjected to violence, through public and private sector agencies, including shelters, counseling services for all family members where appropriate, and care and custody of the affected children*" (Article 8d).

- Signatories to the *Council of Europe Convention on preventing and combating violence against women and domestic violence* (2011) have agreed to "*take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children.*" (Article 23 – Shelters).

In addition to their binding obligations, states have been urged to provide shelters through various international instruments and human rights agreements. For example:

- The GA Resolution 63/155 (2009) urged states "*to establish shelters and crisis centers for victim support, and to ensure—adequate and comprehensive rehabilitation and reintegration of victims of violence into society*".

- The Beijing Platform for Action (Section 126 (a)), calls on states to "*provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low cost legal assistance, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence.*"

Shelters can encourage states to comply with these standards by promoting the development of clear and compelling legislation and public policy on their services. This involves engaging in political advocacy to:

- ensure relevant laws are in place;
- advance the development or implementation of national action plans;
- promote the establishment of protocols/guidelines to support standardized implementation of national and sub-national policies;
- create a national monitoring system and review of their implementation through independent evaluations for maximizing their effectiveness; and
- ensure sufficient, ongoing direct state funding is committed to non-governmental organizations for the operation of shelters and their services (Advocates for Human Rights, Guiding Principles for Developing Legislation).

Advocacy should be based on a situational analysis of the existing legal framework and gaps in services. It is important to be aware of the laws and policies that are already in place at the regional, national and sub-national levels, as well as what level of government or specific state bodies have jurisdictional responsibility for supporting shelters and their services (Advocates for Human Rights, Understanding the Government Structure, Legal Obligations and Legislative Process).

Organizations should consider the impact that such advocacy work might have on their operations. For example:

- Given the limited resources often available for shelter services, organizations might need to determine how to allocate resources between direct service provision and advocacy efforts to increase support for their operations.
- Many existing shelters do not have staff dedicated to policy advocacy due to lack of resources, and such work is often implemented by the director, shelter coordinator or person responsible for communications and coordination within a regional or national shelter association. Consideration of who will lead and sustain these efforts, which often

require a long-term commitment, is important at the outset of any advocacy initiative (Canadian Network of Women's Shelters and Transition Houses, 2011).

- Government funding provided to shelters may set specific conditions on and limits to their advocacy role, which should be reviewed when pursuing state funds as well as developing advocacy initiatives.

See detailed guidance on advocating for legislation (Advocates for Human Rights, 2010).

## Ensuring relevant laws are in place

National and sub-national legislation related to shelters and related services should be aligned with international and regional commitments, and ensure the provision of minimum, relevant and confidential services in shelters by well-trained, female staff.

Legislative provisions may be included in civil (e.g. restraining and protection orders), criminal (e.g. police duties), administrative codes and/or embedded in a range of other statutes. For example, these may include:

- *Establishing the legal basis*: incorporating as a non-governmental organization; recognition as a service provider, fundraising, etc.

- *Family law***:** custody, divorce proceedings, distribution of property, father's visitation rights, etc.

- *Social housing:* subsidized housing for survivors of violence, removing abuser from the family home, allowing survivors to stay in the family home.

- *Health (including mental health*) *and safety legislation***:** security, storage of materials on site, working alone, washrooms, quality standards, hazards, fire prevention, violence and crime in the community/neighbourhood, disaster preparation, etc.

- *Immigration and refugees*: stays on deportation, waivers of residency requirements in cases of abuse, asylum law, etc.

- *Land use and building regulations***:** siting and zoning, building shelters, occupancy levels, operating licenses, etc.

- *Liability***:** insurance for and protection of volunteers, protection from lawsuits and perpetrators, grievance policies for staff, survivors and community, etc.

- *Taxation*: accounting, paying taxes, record-keeping, etc.

- *Social welfare*: food and employment assistance.

Legislation that supports shelters should:

- Guarantee that there is universal access to at least one free national 24-hour hotline to report abuse and life-threatening situations that is staffed by trained counsellors who can refer callers to other services, including shelter, counselling, advocacy, legal aid, rape crisis, law enforcement and medical.
- Shelter and related services should be well distributed and accessible across the population, ensuring that all women, even those living in rural, isolated or remote areas have access to a safe space. (UN Handbook, 3.6.1; Shelters and Safehouses, StopVAW, the Advocates for Human Rights; Kelly & Dubois, 2008).

---

Illustrative Examples of Legislation:

- Norway's Crisis Centre Act, 2010 is dedicated shelter legislation which places responsibilities on municipalities to provide a crisis centre service for use by persons who have experienced domestic violence. Section 2 of the Act states the requirements for crisis centre services:

    o Free, year-round, 24-hour, safe, temporary accommodation
    o Free daytime services
    o A year-round, 24-hour telephone help line to obtain advice and guidance
    o Follow-up during the re-establishment stage
    o Individuals may contact the centre without a referral or appointment
    o Accommodation for women and men shall be physically separate
    o High-quality service, including qualified employees, will be ensured
    o Services will be adapted to individual needs, including those of children
    o Crisis centres have a duty of confidentiality

- Austria enacted a federal law on the *Protection against Violence Act in 1997 (German)*, which called for government cooperation with and support of women's shelters. As of 2008, there were 29 women's shelters offering 750 spaces for a population of 8 million, a rate of one shelter per 800 residents (Rösslhumer, 2008).

- Denmark's *2004 Amendment to the Act of Social Service* calls for every municipality to provide temporary accommodation for women and their children fleeing violence, who have been threatened with violence or who have experienced a family crisis. However, the law does not ensure that accommodation is free of charge, and allows each municipality to determine the fee for the shelter based on services provided and women's individual circumstances. *Denmark's Act of Social Service, 2008* established special advisors to help women find long-term housing, education and employment; also supported by its *Consolidation Act on Social Services*).

- In Turkey, Section 14 of the 2004 Municipalities Act (Law No. 5272) requires major cities and towns with populations over 50,000 to provide shelters for women and children fleeing violence, based on a set of shelter service guidelines for local authorities developed by the Directorate General for the Status of Women (Secretariat of the Committee on Equal Opportunities for Women and Men).

- In Zambia, the Anti-Gender-Based Violence Act (Act. No. 1 of 2011, Article 24) mandates the Minister of Social Welfare to establish and operate shelters for victims from money appropriated by parliament for that purpose; and ensure an appropriate spread of such shelters throughout Zambia.

- Include provisions for sufficient shelter spaces providing safe, emergency accommodation, 24-hour service, qualified counseling and assistance in finding long-term accommodation and housing options for both women and their children in accessible urban and rural locations. These services should keep the safety of women and children paramount. Where possible, women should never be refused services (especially if it relates to her financial situation), and in those cases, shelters should assist women in finding suitable alternatives (Advocating for new laws or the reforming of existing laws).

  - A 2007 Decree in France ensured that, in petitions for divorce or separation associated with domestic violence, only the revenue of the spouse or civil partner declared in the petition should be taken into account in application for government-provided housing.

  - The Housing Act in Slovenia makes victims of domestic violence eligible for publicly funded or non-profit rented housing.

  - Viet Nam's 2007 Law on Domestic Violence Prevention and Control (Article 30) covers confidential "*reliable addresses in the community",* defined as prestigious individuals and organizations that are capable volunteers ready to help domestic violence victims in the community. It further describes their role, which "*depending on their actual situation and capacity, shall admit violence victims and provide them with assistance, advice and temporary domicile and keep the relevant authorities informed.*" It also notes local responsibilities in support of establishing and maintaining such measures, "*The commune/ward/township Committee of Fatherland Front and its members shall be obliged to work with the People's Committee at the same level, to carry out communication/advocacy and establish reliable addresses in the community.*"

- Include measures to ensure sufficient funding is allocated toward the provision of shelter services, which reflects a recent and significant shift in state support for domestic violence services. Rather than making long-term funding commitments to shelters, most states include funding for the prevention of and protection from violence in their annual budgets. Some states set a certain amount for women's shelters, but few states make multi-year funding commitments to women's shelters (See also the section on Funding).

  - Mexico's *Law on Access of Women to a Life Free of Violence, 2007* (in Spanish) requires the government to support the creation and maintenance of shelters.

  - Section 40 of the Philippine's *Anti-Violence Against Women and their Children Act, 2004* requires the Department of Social Welfare and Development to provide survivors of violence with temporary shelters.

  - Greece's *Code on Municipalities and Communities* (2006) in conjunction with the National Strategic Plan for Development allocates government funds to local municipalities to create shelters and develop related services to protect women from domestic violence.

- Authorize state funds to appropriate service providers, preferably non-profit, independent non-governmental organizations devoted to women's issues to create and maintain shelters. These funds should be based on long-term or unlimited contracts that are operation-based, rather than project-based to ensure shelters have the financial security to provide ongoing support to women and girls experiencing violence. All shelter services should be covered by the state, including advocacy work, recognizing the professional independence of shelters and shelter workers. Shelters should only be expected to minimally contribute to their budget through fundraising (WAVE, 2004; see also: Funding).

---

- The United States' *Family Violence Prevention and Services Act*, 1984 provides dedicated funding for domestic violence shelters and services. Updates to the Act in 2010 set aside $175 million to shelter services until 2015 through grants, mostly to state governments who then provide sub-grants to local service providers. The Violence Against Women Act and its reauthorizations, in Title VI – Housing Opportunities and Safety for Battered Women and Children, Section 602, allocates funds for items including women's shelters, although the amount of funding changes annually. For example, in 2010, $130 million was allocated to the Battered Women's Shelters which provides annual funding to non-governmental organizations under the Department of Health and Human Services. The funding is allocated through competitive grant programs targeting specific objectives, including transitional housing, court training and improvements, legal assistance for victims, culturally and linguistically specific services, rural programs, university campus safety, engaging men and youth, sexual assault services, etc. (Office on Violence Against Women, Grant Programs; Laney, 2010; McLaughlin, 2010).

- Ukraine's law "On the Prevention of Domestic Violence" (2002) outlines the definition of domestic violence, calls for its prevention and supports crisis monitoring centres to "accommodate family members who can fall or have fallen victim to domestic violation" (Article 8). The law specifies requirements for recognition of crisis centres. They may be created by local state administrations upon submission of a specially empowered executive body on prevention of domestic violence in accordance with the social needs of a region. Crisis centres can also be created by local self-government organs, enterprises, establishments, organizations, charity funds, citizen associations and individuals upon approval of a specially empowered executive body on prevention of domestic violence and should be registered according to procedure prescribed by law. It also notes that crisis centres are non-for-profit organizations, enjoy rights of a legal entity, own headed note-papers and a seal with the image of National Emblem of Ukraine and their title (Law of Ukraine "On the Prevention of Domestic Violence", 2002; Revisions, 2009).

- Mandate provision of shelter services by female staff and ensure they are open to all women victims of violence (United Nations Department of Economic and Social Affairs and United Nations Office on Drugs and Crime, 2005). Additional service components could be advocacy work, crisis phone lines, employment support, referrals, safety planning, self-defence, services for children and tailored services for marginalised women and women with special needs (Kelly & Dubois, 2008).

> Nepal's *Human Trafficking and Transportation (Control) Act, 2064 (2007)* calls for the establishment by the government of "rehabilitation centers for physical and mental treatment, social rehabilitation and family reconciliation of the victim" as well as support for organizations seeking permission "to establish and run rehabilitation center(s)". The centers, funded by government and at times, managed by non-governmental organizations, provide immediate basic services to survivors and support efforts to reintegrate them with their families, where possible. Survivors remaining in the centers are provided employment-based vocational training (6 months), counseling and medical treatment, a small support (money) to start their own business in their respective areas.

- State that the victim's consent is required before being transported to a shelter. The law should also mandate that police or other relevant authorities responding to an incident provide or arrange for transportation to a shelter or safe space free of charge.

> Moldova's *Law on Preventing and Combating Violence in the Family* (2007) states that victims may be placed in emergency shelters upon the victim's request, and if the victim is a minor, with the consent of the minor's legal representative (Article 14) (Rights of Complainants).

- Establish explicit measures to ensure the needs of diverse groups of women will be served. While many countries include provision for shelter in their laws, particularly in laws related to domestic violence, shelters for survivors of trafficking, female genital mutilation, forced/child marriage, dowry violence, so-called "honour" crimes, etc., should also be included as part of national legislation and actions plans on these topics (Advocates for Human Rights, Shelter; UN Good Practices in Legislation on "Harmful Practices" Against Women, 2009; UN Economic and Social Council, 1996).

  > - In Italy, *Law no. 7/2006 On the Prevention and the Prohibition of Female Genital Mutilation* (in Italian) provides for the creation of shelters to house women fleeing female genital mutilation.
  > - In Bangladesh, the *Acid Crime Prevention Act (2002)* and *Acid Control Act (2002)* (in Bengali) mandate the creation of treatment centres for survivors of acid attacks.

- Where feasible, specify integrated services in one location, such as a "one-stop crisis centre" (UN Secretary General, 2006b). In most cases, shelters may facilitate access to health, counseling, legal and other services provided by multiple organizations in one location to improve access to services, accelerate service delivery and best meet the needs of survivors.

> For example, Article II of Spain's *Act on Integrated Protection Measures against Gender Violence, 2004* outlines guiding principles to improve the provision of information, care and support to survivors, and calls for the establishment of a system to effectively coordinate existing services at regional and municipal levels. The legislation entitles survivors the right to receive care, support and refuge through integrated recovery services. This must involve 24-hour service and urgent and specialized care, including:
>
> - Information to victims
> - Psychological assistance
> - Social assistance
> - Monitoring of women's rights claims
> - Educational support to the family unit
> - Preventive training in the values of equality conducive to their personal development and skills in non-violent conflict resolution
> - Employment support and training

- Mandate coordination among shelters and other service providers, to ensure women and girls have access to the range of accommodation, protection, health and socio-economic supports necessary to overcome experiences with violence (Advocates for Human Rights, Goals and Strategies of Interventions).

- Include provisions that ensure women and girls' confidentially and safety, for example through undisclosed addresses. Monitor and outline the conditions under which shelter users' personal data can or must be shared with other service providers, representatives of the justice system, including police or any other parties (i.e. child welfare officials in cases of suspected child abuse). Women's shelters have long operated under the general principle that, in order to preserve a woman's rights, integrity and safety, the woman should decide what personal information can be disclosed to others. In addition, services should never be refused to women who decide not to disclose personal information. Exceptions to confidentiality rules are made when the safety of the woman or her children is at stake, for instance, when they are in acute danger from the violent partner or when child abuse is suspected (WAVE, 2004; Rösslhumer, 2007).

Examples of confidentiality provisions include:

- *Article 20, Confidentiality of the Information Containing Domestic Violence Issues* of the Kyrgyz Republic's Law on Social-Legal Protection Against Domestic Violence, states that the law protects all received information regarding health, living conditions and other private or intimate affairs received while providing social-legal assistance to the domestic violence victim; confidential information may be released only with the victim's consent regardless of the procedure (court or administrative); and persons receiving confidential information during the course of their employment about a family or family members who suffered from domestic violence must keep it confidential, unless the law provides otherwise.

- In Norway, *Section 5 of the Crisis Centre Act, 2010* states that "*all persons who perform a service or work under this Act have a duty of confidentiality…The duty of confidentiality also applies to the place of birth, date of birth, national identity number, nationality, civil status, occupation, place of residence, place of employment and any other information that may reveal that a person has been in contact with the service. Information may only be disclosed to other public administrative agencies…when this is necessary to facilitate the functions of the municipality under this Actor to prevent material danger to life or serious harm to person's health*."

- In the United States, 2005 updates to the *Violence Against Women Act* and *Family Violence Prevention and Services Act* provided more protections for victim information, particularly in public records and databases in an effort to uphold the privacy of survivors of domestic violence, dating violence, sexual assault and stalking. Section 3 of the legislation states that identifying information cannot be shared without written and informed consent, including in data collection databases (National Network to End Domestic Violence, 2005).

- Include employment guidelines for staffing, related to: the number, their qualifications, payment, working conditions, scheduling, training, use of professionals (i.e. psychologists, social workers and health care professionals) and supervision. Women's shelters have historically been run by women as a collective organization, often working in a volunteer capacity to support their peers. As a result, the professionalization of staff in women's shelters is a contentious topic in many areas. Support for requirements that shelter staff have qualifications include: (i) staff who are guided by professional ethics are more likely to maintain boundaries and less likely to engage in inappropriate interventions with clients. This benefits the woman, the shelter and its funders, who wish to avoid negative public attention; and (ii) professionals are better able to address the increasingly complex and acute needs of women seeking support in shelters (Delaney, 2007).

  - In 2006, through *Regulatory Decree 1/2006*, Portugal enacted comprehensive regulations to establish minimum conditions and operational standards for women's shelters as part of its legal framework on violence against women. The Decree states in Article 13(1) that "*the work of the shelters shall be done by a multidisciplinary team of experts of a size appropriate to the number of occupants, consisting of people preferably with qualifications in a) psychology, b) social services, c) law, d) social education.*" Article 16 outlines the responsibilities of this expert team: "*a) Taking in and accompanying occupants in accordance with their rights and duties, b) Diagnosing occupants' situation, c) Drafting an individual intervention plan in cooperation with the occupant, d) Periodically assessing the individual intervention plan and making any necessary adjustments*".

  - Article 21 of Georgia's *Law on the Elimination of Domestic Violence, Protection of and Support to its Victims* states that the Ministry of Labour, Healthcare and Social Protection must determine minimum standards for the provision of shelters for women fleeing violence.

- Make recommendations for how shelters collect data and maintain databases about the services offered and characteristics of clients served, including number of residents served, length of stay, number of stays, age of resident, number of children and their ages, relationship to perpetrator, type and duration of abuse and reasons for leaving the shelter.

> - *South Korea's Prevention of Domestic Violence and Victim Protection Act, 2006* stipulates in Article 4-2 that the Minister of Gender Equality and Family must survey the actual conditions of domestic violence in the country, announce the results and utilize those results in establishing polices for the prevention of domestic violence, for example related to shelters.
>
> - In Canada, provincial associations are encouraged to have the shelters under their jurisdiction use the Homeless Individuals and Families Information System, developed by the federal government as a part of their *Homelessness Partnering Strategy* to collect service provision data; though some shelters choose to engage in their own data collection practices and maintain their own databases (HRSDC, 2006).

(*adapted from* Advocates for Human Rights, Legislation Module, Implementation of Laws: Shelter, 2010; United Nations Handbook for Legislation on Violence Against Women, 2009, WAVE's Away from Violence: Guidelines for Setting Up and Running a Women's Refuge, 2004 and WAVE's More Than a Roof Over Your Head, 2002)

Tools:

➢ **Handbook for legislation on violence against women** (United Nations Division for the Advancement of Women, 2010.) This handbook outlines a model framework for developing national legislation on violence against women and includes a section on housing rights and the provision of comprehensive and integrated support for survivors of violence. Available in English.

➢ **Handbook for national action plans on violence against women** (UN Women, 2011). This handbook outlines a model framework for developing a national action on violence against women, with a section on how action plans should cover response systems to violence against women, including safe accommodation for women and girls who experience violence. Available in English.

➢ See the Secretary-General's Database on Violence against Women for examples of legislation related to shelters and shelter services (*filter for 'shelter' under keywords*).

➢ See the full Legislation Module.

**Developing or improving national or sub-national action plans or policies**

Alongside efforts to establish and reform legislation, shelter advocates should promote state efforts to develop policies which support the effective implementation of laws, for instance, through creating national action plans and related policy initiatives.

While shelters and related services usually fall under provisions that guide the development/ implementation of domestic violence response systems, policy-advocacy should focus on shelters as a key component to ensuring the safety of women, including the integration of shelter services within comprehensive policies on violence against women and linked with all response areas (e.g. effective police practices, communication and collaboration between health, judicial and other stakeholders, accountability measures for perpetrators of violence) (UN Women, 2011 and UN, 2010).

In line with commitments made at the Fourth World Conference on Women in 1995 and the resulting Beijing Declaration and Platform for Action, national action plans should outline a list of shelter activities and survivor services to which the state is committed to supporting, a framework for implementation (including a dedicated budget), and indicators of success.

> In 1995 (updated in 2004), the province of Quebec, Canada established a *Policy of Intervention in Domestic Violence* (in French) that called for stable, on-going funding for shelters that cannot be altered when a new government takes power. This policy also mandates making available support and resources for the training of shelter workers. The stability of this funding provides shelter workers in Quebec a unique sense of security and the ability to advocate and lobby government without fear of retribution in the form of funding cutbacks. The policy has been complemented by the *2004-2009 Government Action Plan on Domestic Violence*, which includes 72 government commitments, including financial support to survivors and the need for specialized case worker training and assistance to ensure native women receive appropriate support in shelters. Through the plan, women received $100 for three consecutive months as a temporary allowance and gave shelter providers funds to support women's moving expenses related to leaving an abusive situation. See the results, including details on financial investments made in implementing the 2004-2009 Action Plan (*Bilan de la mise en oeuvre du plan d'action gouvernemental 2004-2009*).

To provide accessible, immediate and secure emergency and short-term accommodation for victims/survivors and their accompanying children, including supporting women to remain at home if safe to do so, action plans and policies should entail:

- the provision of safe accommodation and emergency shelter for women and girls who are at risk of all forms of violence.

> - Denmark opened a safe house for female victims of trafficking in 2002, in accordance with the *Danish Government's Action Plan to Combat Trafficking in Women* and offers special shelters for women and girls fleeing forced marriages or other forms of honour-related violence.
>
> - Israel also offers housing for women who have been trafficked (See: Government Resolution No. 2670, 2007).

- support for a range of accommodation options accounting for different geographical areas (e.g. rural, urban). For example, in addition to formal shelter facilities, models may cover:
    - informal shelter services;
    - community-run safe houses;
    - subsidized temporary hotel accommodation;
    - temporary shelter with trained and supported community or religious leaders;
    - accommodation with neighbors or community volunteers in confidential sites; and
    - designated private housing with specific security safeguards (including the survivor's own home, where feasible).

> - Albania's National Strategy on Gender Equality and Domestic Violence 2007-2010 (Ministry of Labour, Social Affairs and Equal Opportunities) recommends that social policies focus on providing greater assistance to victims to stay in their homes if possible, as well as shelters and re-accommodation services. The action plan recommends expanding supportive services for accommodating victims into shelters. It commits to earmarking a budget for services (shelters, legal assistance) and providing financial facilities to the local government to borrow loans for establishing shelters.
>
> - Liberia's National Gender-based Violence Plan of Action: A Multi-Sectoral Plan to Prevent and Respond to Gender-based Violence in Liberia (2006-2011) put in place systems to support gender-based violence survivors, including the provision of "safe homes" in all 15 counties.
>
> - Sri Lanka's Plan of Action Supporting the Prevention of Domestic Violence Act, 2005 calls for improving the quality and increasing the number of shelters in the country available for domestic violence survivors.

- measures to ensure activities will be accessible to diverse groups of women and girls who need these services (e.g. women from culturally and linguistically diverse backgrounds; immigrant, migrant, refugee or undocumented women; indigenous women; lesbian, bisexual and transgender women; women with children, disabilities, substance addictions, mental health concerns, living with HIV/AIDS; elderly women, adolescents, etc.) This may involve:
    - Ensuring all services are accessible for women with disabilities.

- o Training disability and community workers in responding to violence, the needs of women with disabilities and the needs of women caring for children with disabilities who have experienced or are at risk of family violence.
- o Introducing diversity training for workers.
- o Recruiting indigenous and ethnically diverse staff.
- o Ensuring the availability of interpreters and translators.
- o Training interpreters on issues surrounding violence against women (Amnesty International, 2007, Setting the Standard: International Good Practice to Inform an Australian National Plan of Action to Eliminate Violence Against Women)
- o Providing more resources in community languages.

---

- • Ecuador's National Plan for the Eradication of Gender Violence to Children, Adolescents and Women (2007) details resource allocations for strengthened staffing in six shelters for women and children across the country and support toward the operation of specialized shelters for survivors of sexual exploitation in Guayaquil and Machala.

- • Norway's Action Plan on Domestic Violence (2008-2011) includes a provision that states domestic violence victims will be ensured necessary assistance and protection (including counseling and other support) and aims to build the role of municipalities in supporting survivors. It also includes specific measures related to improving shelter capacity to support women from ethnic minority backgrounds, with disabilities, substance abuse and mental health issues, as well as children accompanying their mothers.

---

- • Protection and funding for women and their children to retrieve their possessions and support for their daily needs.

- • Survivor access to immediate and longer-term high-quality counseling and support services.

---

- • Morocco's *National Strategy to Eliminate Violence against Women (2002)* mandated the establishment of specialized medical units attached to temporary shelters providing support and counselling for survivors.

- • *Five Year Strategic Plan 2009 – 2013* "Neary Rattanak III" for Gender Equality and the Empowerment of Women in Cambodia which includes an indicator on access to psychosocial and health-related services to victims of gender-based violence, including: trafficking, rape, sexual harassment and exploitation.

- A national toll-free 24-hour, 7-days a week telephone hotline and/or online service providing information, advocacy, support and counseling.

- Free legal assistance, advice, advocacy and court support for survivors, as well as accessible information on their rights and entitlements.

- Free access to a qualified and impartial interpreter and translation of legal documents, upon request or as needed.

- Measures to ensure appropriate services are available for children accompanying their mothers to the shelter.

> Sweden's Action Plan for Combatting Men's Violence against Women, Violence and Oppression in the Name of Honor and Violence in Same Sex Relationships (2007) allocated funding directly to municipalities to develop and strengthen housing services for women and their children who have experienced domestic violence.

- Comprehensive strategies to facilitate the professional and social reintegration of survivors, ensuring their capacity to make decisions about their lives from a socially, economically, and emotionally empowered position. This may include:

  o measures to ensure the economic independence of survivors

  o linking shelters to skills development

  o income generating initiatives

  o professional training opportunities

  o employment services

- Supporting women to access long-term stable housing and employment, by facilitating access to social housing or promoting measures which prioritize housing access for survivors of violence. Such policies should promote secure land tenure for survivors, and account for the diversity of women's experiences, particularly from marginalized groups (e.g. women living in informal settlements or displaced).

- France's *Third Three-Year Inter-ministerial Plan Combating Violence against Women (2011-2013)* ensures practical support to victims/survivors who leave their homes, including post office boxes, storage and assistance with daily needs such as toiletries. It also mandates the broadening of a programme offering vulnerable people temporary housing with supportive families (*familles d'acceuil*) so that women survivors of domestic violence could take up this option.

- South Africa's 365 Day National Action Plan to End Gender Violence, 2007 called for the establishment of a consortium for affordable secondary housing for survivors of domestic violence, with a dedicated budget for 3 years and institutional responsibilities identified for the action. See also, *Policy framework and strategy for shelters for victims of domestic violence in South Africa* (Ministry of Social Development, 2003), which outlines the framework to establish shelters for domestic violence survivors and outlines the government's approach to the issue.

(UN Women's Handbook for National Action Plans on Violence Against Women, 2011; Centre on Housing Rights and Evictions, 2010; Women Against Violence Europe, 2004, Away from Violence: Guidelines for Setting Up and Running a Women's Refuge; see also: Developing a national action plan)

➢ See additional examples of relevant policies in the Secretary-General's Database on Violence against Women (filter for *Policies, strategies and programmes* and Keyword *shelter*).

Policies should include clear goals and objectives, with indicators, institutional responsibilities and timeframes for achieving results.

| Illustrative example from **Belize's** *National Gender-Based Violence Plan of Action 2010-2013.* | | | | | |
|---|---|---|---|---|---|
| **Goal 2: Survivors of gender-based violence in both urban and rural areas are provided with adequate services and support.** | | | | | |
| **Activity** | **Responsible/ Others involved** | **Time Frame** | **Resources Required** | | **Output Indicators** |
| | | | **Recurrent** | **Short Term** | |
| **Objective 2-2:** All survivors of gender-based violence have access to adequate support and advocacy services. | | | | | |
| **Indicators (effect):** Number of women accessing community-based shelters and crisis services by district (other indicators omitted from example) | | | | | |
| 2-2-2 Assess the need for community based services for survivors of gender-based violence and support the expansion of existing services and the establishment of new services where they do not exist. | WIN-Belize (through the Sub-Network) | Assess and develop plan by January 2012 | Programme Officer (GBV) $24,000<br><br>Resources for individual services – TBD | Travel and expenses $2,000<br><br>Consultant to support the development of the plan $10,000 | Number of districts with community based services for survivors of gender-based violence<br><br>Number of shelter spaces available |
| **Objective 2-3:** All victims of domestic violence in crisis have access to adequate shelter and financial support. | | | | | |
| **Indicators (effect):** Number of women and children accessing shelters. (other indicators omitted from example) | | | | | |
| 2-3-2: All victims of domestic violence in crisis have access to adequate shelter and financial support (through Activity 2.2.2.) | WIN-Belize (through the proposed Sub-Network on Violence Against Women) | December 2013 | Budgets to be developed; regular government subvention assured | | Number of shelter spaces available, by district |
| Excerpt: Debra J. Lewis for the Women's Department Ministry of Human Development and Social Transformation. *National Gender-Based Violence Plan of Action 2010-2013.* Women's Department Ministry of Human Development and Social | | | | | |

Transformation, Belize.

## Promote protocols/guidelines to support standardized implementation of policies

### Standards and regulations

In order to ensure the effective and timely implementation of national or sub-national legislation and policies on shelters, relevant state ministers and departments should develop, in full collaboration with shelter workers and advocates, realistic guidelines, instructions and directives. Protocols and guidelines are important to outline the key service components provided by shelters and methods of service delivery, in order to promote women and girls' access to quality care and support.

Regulations for women's shelters can help to ensure that services to address the needs of women and their children are available, properly-resourced and appropriately aligned with core guiding principles.

Guidelines for shelter provision should be developed in collaboration with shelter staff as well as survivors, and may involve:

- The creation of a strategic plan for the shelter, which may answer the following questions: How will decisions be made? How will policies be developed? What is the state of the shelter and in what state should it be in the next three to five years? What is the process for achieving goals? (see developing a programme framework)

- A service delivery policy to include information such as the:

    o shelter's mandate, principles;
    o services offered to both women, and where relevant, children (including accommodation/ provision of basic personal and household items, crisis intervention, risk assessment and safety planning, and counseling supports, referral and accompaniment to legal, health, security and social assistance, economic and employment activities);
    o staffing and structure
    o collection and storage of women's personal information (including rights related to access and confidentiality); and
    o residents' rights and responsibilities.

For example, the Ixora shelter for abused women and their children, established in 1999 by Help & Shelter in Guyana, has developed a comprehensive *Governance, Policies & Procedures Manual* that is reviewed every 18 months. The manual covers guidelines related to the governance and operational aspects of the shelter as follows:

- **Help & Shelter Governance Structure** (including accountability measures, membership, meetings, role and responsibilities of the Board, roles of coordinator and volunteers)
- **Finance** (including  budget Process and Responsibilities,  audit Arrangements,  delegated  of Authority,  accounting Policies and Procedures, among other areas)
- **Human Resources** (including employment Policy, Grievance and Disciplinary Procedures,  Contracts for Services, voluntewer stipends)
- **Operations Procedures** (related to child protection, guidelines for personnel/volunteers, ethics and responsibilities, procedures for counseling, hotline support, sexual abuse cases. Monitoring and evaluation, physical and information security)

See: Help and Shelter. 2012. *Governance, Policies & Procedures Manual*. Help and Shelter. Georgetown.

- The identification of minimum standards for what services will be available, how they will be distributed geographically and who will provide these services. These should include:
  - Confidentiality
  - Safety, security and respect for residents and staff
  - Accessibility (including child care services)
  - Availability
  - Free of charge and provision for residents to stay as long as required, regardless of their financial situation
  - Work within a gender analysis with the principles of empowerment and self-determination
  - Expertise recognized and developed through training
  - Qualified staff
  - Holistic services
  - Interagency coordination

**Illustrative Example**: The Council of Europe's <u>Combating Violence Against Women: Minimum Standards for Support Services</u> includes the following set of minimum and aspirational standards for shelters.

| Minimum standards | Aspirational standards |
|---|---|
| Services in shelters should be provided by female staff. | |
| The security of residents should be addressed through confidential addresses and/or through appropriate security measures and monitoring. | There should be a written policy on visitors (where they are permitted). This should include ensuring that visitors understand confidentiality. |
| If there are insufficient places, or services are withdrawn – the shelter should assist in finding a suitable safe alternative accommodation. | Any alternative accommodation should be evaluated for compliance with the shelter's safety and confidentiality policies. |
| Refusal to provide or re-admit to services should ONLY be undertaken where serious breaches of rules have taken place, or for safety of women and children. | |
| Shelter support should be available for as long as the service user needs them. | |
| Staffing levels should be sufficient to meet the needs of current service users and children. | |
| Crisis support and safety planning for each service user. | • Should provide information on the service user's rights and responsibilities (including confidentiality policies) within 24 hours of admission.<br><br>• Rules should be presented in empowering language. |
| A written needs assessment should be completed within 3 to 7 days of admission. This should encompass:<br>• health/medical needs;<br>• children;<br>• housing;<br>• legal options;<br>• financial assistance and options;<br>• job training, employment, and education. | Specialist shelter provision should be made for women who are substance abusers. |
| Should be able to provide (or make referral to) legal advice, advocacy, | |

| | |
|---|---|
| accompaniment and other support services. | |
| Should provide assistance to ensure that service users have independent economic means when they leave the shelter. | |
| Should have at least one qualified child care worker on the staff. | • One child care worker per 10 children<br>• Safe play areas<br>• Outings and activities for children<br>• Child protection policy |
| Shelters should model and promote respect and non-violence in all interactions including those between adults and children. | |
| Where a place is unavailable due to the age of an accompanying male child. The shelter should assist in providing or finding an alternative safe place for the family. | Any alternative accommodation should be evaluated for compliance with the shelter's safety and confidentiality policies. |
| Should assist in maintaining the child's education. | • Have protocol with local schools to address child residents' needs<br>• Have space and facilities for adolescents to do homework |
| Training for shelter volunteers and staff should be a minimum of 30 hours and cover:<br>• A gendered analysis of violence against women;<br>• Communication and intervention techniques;<br>• Confidentiality;<br>• Child protection;<br>• Accessing translation and disability services;<br>• How to make appropriate referrals;<br>• Information on trauma, coping and survival;<br>• Assessing risk;<br>• Non-discrimination and diversity;<br>• Empowerment. | • There should be staff trained/ able to communicate in sign language<br>• Information and counseling should be available in several languages reflecting the communities the shelter provides services to<br>• Staff should receive some basic training on immigration status/law |
| Resettlement and follow-up services should be available to ex-residents and their children. | |
| *Excerpt*: Council of Europe. 2008 [Combating Violence Against Women: Minimum Standards for Support Services](). CoE. Vienna. ||

**Illustrative example: Establishing Service Standards in Scotland**

From 2009-2011, Scottish Women's Aid, a network of 38 shelters, developed domestic violence service standards in response to the need for benchmarks and a framework for measuring the value of shelter specialist services. Using a collaborative assessment process, the standards aim to assist shelters to document their practices to create evidence and demonstrate their contributions to women. The Standards focus on 5 themes: staff skills; accessible services for children and young people; safety and security; effective partnerships; and representation of women's voices to other agencies. An assessment of 28 shelters in 2012 and an evaluation of the standards informed their finalization for use by members of the network.

*Background*
The assessment process began in 2009, with a draft set of standards shared with advocates at an annual shelter conference. This was followed by:
- The establishment of a working group with respresentatives from 11 shelters responsible for shaping the standards and developing criteria for each (completed in March 2011).
- Two trainings with shelter staff to: increase their skills and confidence as peer assessors; outline the assessment process and approach, including asking questions and collating evidence; review challenges/fears and benefits of peer assessment; gather staff opinions on characteristics of an ideal assessor and willingness to receive assessors at their shelter.
- Piloting the Standards in 3 shelters and revision based on the assessment experience.
- Outreach by Scottish Women's Aid, through shelter newsletters with updates on the process; follow-up with individual facilities; and a formal event to launch the standards, involving the Working Group and related organizations. Communication messages promoted shelter buy-in for the standards, by reinforcing their purpose to: protect domestic violence services and increase state support; create evidence around shelter services and quality; and promote a comprehensive approach to ensure good practice across services.

*Assessment process*
The Standards are promoted through a peer-led and confidential assessment conducted over a 3-month period. The assessment can help shelters identify: innovative and promising practices; areas for improvement; and supports needed from Scottish Women's Aid. The process involves:
- A shelter self-assessment based on evidence/ documentation available (2-3 weeks);
- Email submission of the form to the assessor (shelter staff with past assessment experience);
- Joint review of findings with the assessor, an explicitly supportive rather than advisory role; and
- Agreement of promising practices on the Scottish Women's Aid website.

*Recommendations for replication*
- *Allow sufficient time for the process to ensure shelters are fully engaged*, before expanding partnerships with other sectors and institutions (e.g. government bodies who may develop their own related criteria), considering staff turnover and other unexpected delays.
- *Employ and sustain participatory and inclusive processes* for the development of standards, as demonstrated in the multi-pronged approach used by Scottish Women's Aid.
- *Standards should integrate/ complement existing criteria* (e.g. the Scottish government's National Care Standards)

*Resources:*
- ➢ Summary of Standards
- ➢ Standards and Assessment Criteria
- ➢ Guidance for shelters being assessed
- ➢ Guidance for Assessors

Source: Ash Kuloo. 2012. Presentation at Second World Conference of Women's Shelters. Washington, D.C.

In addition to specific service requirements, directives may guide the development of effective partnerships between shelters and other service providers, as shelters in most jurisdictions are run at the local level. Partnerships between shelter advocates and workers and officials at different levels of state, as well as other community stakeholders, including police and child welfare agencies, are necessary.

For example, the Tasaru Ntomonok Initiative in Kenya, designed for women and girls fleeing female genital mutilation and forced marriages, demonstrates effective collaboration among partners. The shelter receives referrals from the local Department of Education, which also involves an intake process to clarify the details of each case. When girls access the shelter, the Child Welfare Department is notified to help with family reconciliation if the girl's parents agree to not have their daughter undergo the practice. The shelter also assists with court processes for protection orders. The establishment of local networks and carefully fostered partnerships were key to implementing the national and sub-national laws and policies successfully. Read more about the Initiative.

Guidelines should also outline the training and capacity development needs for public officials responsible for funding and liaising with shelters and their workers, since they may not be familiar with issues of violence against women.

Examples of shelter protocols and guidelines to help standardize service provision mandated by legislation and supported by policy include:

- **Australia**: *Code of Practice for Specialist Family Violence Services for Women and Children 'Enhancing the safety of women and children in Victoria* (Domestic Violence Victoria, 2006). The guidance, supported by the Department of Human Services, aims to provide the basis for a shared understanding of the gendered nature and dynamics of family violence and establish a foundation for collaborative practice among services and across sectors responding to family violence. It is accompanied by standards for counselling and support groups.

- **Bosnia and Herzegovina**: *Book of Rules on the Implementation of the Protection Measure of Sheltering Victims of Domestic Violence* (2006). The regulation provides a framework for which institutions may provide shelter services for women, what those services should entail and how they should be provided, including guidelines on infrastructure, staff competencies and rights of residents.

- **Canada**: *"I Built My House of Hope": Best Practices to Safely House Abused and Homeless Women* (Human Resources and Social Development Canada, 2009) The resource offers shelter workers information about how to safely house women and their children who have experienced violence, the different options for housing women (i.e. women staying in their homes, emergency shelters, longer-term options, etc.) and how to increase women's overall security.

- **Moldova**: *Model Regulations for the Rehabilitation Center for Victims of Violence* (2010) and *Frame Regulation on the organization and operation of assistance and protection centers for victims of trafficking in human beings* (2006)

- **Serbia and Montenegro:** *Code of Conduct for Establishing a Confidential Shelter* (OSCE/ODIHR, 2001)

- **South Africa**: *Minimum Standards on Shelters for Abused Women* (Task Team on Shelters, Department of Social Development, 2001) set out principles in the provision of services; provide a framework for services from prevention efforts, ongoing support for survivors to identifying integrated and second stage housing; and establish guidelines for the operation, security and management of shelters, safe spaces, crisis centres in South Africa.

Illustrative Resources:
- ➢ *Service Delivery Standards for Member Programs* (Iowa Coalition against Domestic Violence, USA, 2012). This resource provides detailed guidance on residential and non-residential services for women, children and perpetrators. Available in English.
- ➢ *National Service Standards for Domestic and Sexual Violence Core Standards* (Women's Aid, UK, 2009). Available in English.

**Rights and responsibilities**

Information on the rights and responsibilities of shelter residents is important to make available as part of the arrival process to clarify expectations related to women's safety, participation and other aspects related to her stay at the shelter (e.g. the information that can be shared with non-residents; visitors guidelines or contact with abusers in cases of domestic violence, etc.).

Framing guidelines as rights and responsibilities rather than 'rules and regulations' aligns with the core principles of empowerment and self-determination, which should be integrated across all components of shelter services to ensure women's rights are truly promoted by service providers.

Rights and responsibilities should be designed with flexibility and responsiveness to women's needs and may complement or be part of the shelter policy.

They should describe the environment to be maintained at the shelter and should be posted or made easily accessible to residents. Key issues to be considered include:

- Safety and security (e.g. physical security of the facility; confidentiality of names, addresses and other information; and visitation)

- Use of shared and private spaces (e.g. housekeeping; maintenance of play areas for children; hours; respect of privacy; regulation of noise; and other house rules.)

- Interpersonal communication and behaviour between and among residents, their children, and staff (e.g. use of violence; respectful communication)

- Health (e.g. medical assistance; testing and disclosure related to communicable diseases, such as HIV; alcohol, cigarette and other substance use.)

- Opportunities for participation (house assembly, shelter council, support groups, workshops, training, committees, shared childcare schemes and meetings.)

- Other (e.g. responsibility for children; financial contributions; transition out of the shelter and re-entry; complaints processes; etc.) (Melbin et al., 2003).

**Sample template: Checklist for reviewing shelter regulations**

☐ Why does this shelter rule/ regulation exist?

  ○ Required by the government, a specific department (e.g. Health); through a partnership agreement or donor?

  ○ Identified as a need by shelter staff or residents?

☐ Are the concerns reflected in the rule relevant for the current context in which the shelter is operating?

☐ Does the rule mirror the perpetrator's control (such as restricting the woman's decision-making or movement)?

☐ Is there a way to address the issue less punitively or without a rule?

☐ Is the rule related to staff management? Does it provide a shortcut from complex advocacy or allow staff to avoid uncomfortable conversations?

☐ Do the rules (and need to enforce them) create the environment in which the shelter wants to promote?

☐ Does the rule actually accomplish its purpose (for example, does it really create safety or just the illusion of safety)

☐ Is the rule more controlling than basic social norms and accountability would be outside the programme?

☐ Would the shelter really force a woman to leave if the rule was violated (if not, my be better framed as a guideline for communal living)

☐ Does the rule undermine a mothers' authority in the eyes of her children? Does it allow the mother to be the primary person who meets children's needs, sets the limits and determines what their children will be doing?

☐ Is the risk that someone would very occasionally engage in the behaviour addressed in the rule worth the cost of subjecting all the residents to the rule all the time?

☐ Is the rule burdensome to residents? Or to a particular sub-group of residents? For example, women with disabilities, women with particular language capacities; women with or without children?

☐ Does the rule foster mutual accountability between staff and residents for creating a safe and comfortable home for the residents and accomplishing the programme mission?

☐ Does the rule reflect an advocacy approachto problem-solving? Does it interfere with or support women's independent decision-making?

☐ Is the rule consistent with the mission and core values of the shelter work?

*Excerpt adapted from*: Washington State Coalition against Domestic Violence. Model Rights and Responsibilities Model Rights and Responsibilities for Shelter Residents. WSCADV. Olympia.

**Illustrative Example: Missouri Shelter Rules Project (United States)**

In 2007, the Missouri Coalition Against Domestic and Sexual Violence (MCADSV), a state-wide network of over 100 domestic and sexual violence programmes, began a project to review the approach to rules used by shelters in the Coalition. The intervention aimed to improve the effectiveness of services provided by shelters, and developed in response to recurring challenges experienced by advocates and shelter staff in implementing rules (for example, related to children, chores, confidentiality, conflict resolution, curfew, drug and alcohol use, kitchens and food, medications, mental illness, entering/exiting the shelter, and participation in support groups and house meetings). The project has also addressed the ongoing debate related to the need for rules and their alignment with shelter principles of empowerment and autonomy for women. During the pilot, an initial seven shelters chose to: remove written rules altogether (2 programmes); reduce the number of written rules in place (4 programmes); or improve policies and procedures for staff in place of written rules for residents (1 programme). After a year and a half, six shelters continued and seven new shelters joined the initiative. The Missouri experience demonstrates that minimal-rule approaches *can* maintain shelter structure and safety for survivors, while creating a more welcoming environment and providing more individualized services for women residents. This responds to survivor feedback on problematic rules as well as staff perspectives raised in defense of maintaining more comprehensive regulations (see Lyon, E., Lane, S. & Menard, A. 2008. "*Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*". University of Connecticut School of Social Work and Anne Menard, National Resource Center on Domestic Violence).

Key lessons from the intervention include:
- Shelters should have the organizational capacity to support internal transformation when revisiting their approach to rules (e.g. strong leadership and commitment to fully engage staff, while managing disagreement and resistance to change that may occur during the process).
- An intervention to revise rules may not be appropriate in all settings, particularly if there is strong resistance throughout the team that cannot be changed through multiple dialogues and training.
- It is important to involve, from the beginning, both shelter administrators/ managers as well as advocates/staff in the process of change, as each group has a particular role and perspective on the function of rules, and buy-in from all groups is necessary to successfully implement change.
- Additional training and continuous opportunities for dialogue should be provided to all staff to reinforce the shelter's values, approach to advocacy and service provision, as well as facilitate the process of change. Managers should be prepared to respond to staff changes, for instance, if staff members are unable to overcome their resistance to the intervention.

- Shelters may be more successful in transforming their use of rules when collaborating with other shelters or a coalition of shelters, or drawing upon the experience and support of others who have implemented similar changes.
- The process of transforming the environment within a shelter takes time and may not be easy for managers or staff. Evaluation of the process should be conducted well-after the intervention has begun, to provide sufficient time for staff to reflect on the process and its outcomes on their advocacy practices and women's experiences.
- Physical changes to the shelter may facilitate the reduction of rules (e.g. creating separate sleeping or bathing spaces for women and their families; locked spaces for women to keep their food and belongings; safe areas for children to play without constant, direct supervision; security features to enable women to freely exit and enter the shelter, etc.). Despite initial costs, strategic investment in improving the living environment has long-term benefits on the effectiveness of the shelter and services provided by advocates.
- There are various approaches to supporting a minimal-rule environment, and each shelter should determine the most appropriate practices which meet the needs of its residents and enable staff to provide the most effective services.

  ➢ The Missouri project experience is captured in the manual ***How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters*** (Missouri Coalition Against Domestic and Sexual Violence, 2011), which also provides detailed guidance and templates for integrating a minimal-rule approach within a shelter.

*Complaints Procedures*:

Women should have opportunities to communicate any grievance or complaint they have with the staff or services being provided at the shelter. In addition to ongoing monitoring of services and mechanisms for receiving feedback from residents, a complaints process is important to enable shelters to address concerns of residents and improve the quality of its support.

A complaints process should cover a range of options available to ensure that women can raise their concerns in a manner in which they feel comfortable, and that problems are resolved using the most effective and appropriate methods (which may vary depending on the specific grievance).

Key considerations for establishing complaints procedures include:

- Determining an appropriate and realistic time frame for the shelter to address complaints.

- Identifying the different mechanisms which may be pursued by women to communicate and seek resolution for their complaints. These may involve:
  - direct dialogue with relevant staff or their supervisor if the woman is unable or uncomfortable to speak with the staff involved;
  - participation in a facilitated discussion or mediation on the issue;
  - raising the issue in fora for shelter residents to discuss concerns or via representatives of residents, if such mechanisms exist; or
  - providing confidential and anonymous written feedback, for example, through a locked complaints or comment box which is reviewed by shelter managers or a joint group of shelter staff and residents.
  - filing a written complaint with the staff member, their supervisor or higher-level managers.

- Clarifying the chain of authority or levels through which complaints will be processed (e.g. supervisors, followed by shelter managers, executive director, and if needed, to the shelter's board or governing body).

Women should be informed of the complaints procedures upon their arrival at the shelter as well as when a particular issue is raised. Written information should also be available to all residents in accessible formats (i.e. hard copies of material in communal areas, with specific versions in the different languages used by residents, and alternative formats designed for women with communication disabilities or limited literacy) (WSCADV; WAVE, 2004).

**Tools:**

➢ ***Training Manual for Improving Quality Services for Victims of Domestic Violence*** (Women Against Violence Europe, 2008) offers training modules for shelter workers on understanding the problem of violence against, the role of shelters, how to set up a shelter, how it should be funded, what services should be offered, how to maintain a safe and secure shelter and information about the management of shelters, community life in shelters, public relations, networking and evaluation. Available in English.

➢ ***Away from Violence: Guidelines for Setting Up and Running a Women's Refuge*** (Women Against Violence Europe, 2004). This briefing kit, developed by, is a resource for professionals intending to set up a shelter and may be used to support advocacy for improved policies and government support for shelters. The manual seeks to improve standards that may be applied across the various country-contexts in Europe and provides practical guidance on how to establish, organise, operate and manage a refuge (including the development of policies and procedures). Available in English (119 pages), Finnish, German, Hungarian, Italian, Portuguese, Greek, Estonian, Polish, Romanian, Slovak, Slovenian, Czech, Lithuanian, Serbo-Croatian and Turkish.

➢ ***Model Rights and Responsibilities Model Rights and Responsibilities for Shelter Residents*** (Washington State Coalition against Domestic Violence). This model policy is for shelter managers and staff, based on the context in the United States. The resource provides guidance on the contents of shelter policies; a sample policy template that can be adapted as relevant; and a checklist of questions for reviewing existing shelter rules. Available in English.

➢ ***Model Grievance Form*** (Washington State Coalition against Domestic Violence). This model form is for shelter managers and staff, based on the context in the United States. It includes a brief overview of issues to be considered in the grievance process and a sample letter which may be used or adapted by shelters. Available in English.

➢ ***Shelter Rules*** (WSCADV). This online toolkit features audio visual materials, case studies, templates and other guidance to help shelter managers and staff understand and develop empowering guidelines for shelters that minimize control and maximize women's autonomy. Available in English.

➢ ***Combating violence against women: Minimum standards for support services*** (Alberta Council of Women's Shelters, 2008). This resource summarizes the state of service provision for survivors of violence against women across Europe and identifies minimum standards of service delivery, including include qualified staff, child care services and provision for residents to stay as long as required, regardless of their financial situation. Available in English.

> ➢ ***How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters*** (Missouri Coalition Against Domestic and Sexual Violence, 2011). This manual provides guidance for integrating a minimal-rule approach within a shelter, with details on the experience of the Missouri Coalition Against Domestic Violence in the United States. The tool includes an overview of the Missouri project, as well as guidance for implementing changes in shelter rules, responding to challenges, and templates for resident and staff handbooks as well as surveys. Available in English.

## **Practices to promote accessibility for all women and girls**

### **Overview**

Women's experiences with violence are shaped by the intersectionality of their gender with other identities such as race, sexual orientation and class, as well as their circumstances related to age, legal status, physical and cognitive capacities, among other factors.

Women are part of more than one community and identity group, and experience aspects of both oppression and privilege within those communities. Recognizing each woman's unique circumstances and position will help provide the best support within a shelter.

Accessibility is a critical aspect of safety and protection, and shelters should work together with women from various backgrounds and communities (including survivors), to analyze the intersections of these identities, and understand how they come together to influence women's experience with discrimination and abuse.

Accessibility of shelters and their services can be promoted by:

- Consulting with women about barriers that prevent or discourage them from accessing services (e.g. fear of discrimination and being turned away; geographic isolation; transportation issues; disability; lack of information; and other factors). This is critical for building flexibility into programming to ensure services can be reached by all women (and where possible, girls).

- Providing services 24-hours, 7-days a week, so that women can access protection and support during a crisis at any time.

- Allowing women to stay at the shelter and receive protection and assistance for the period of time needed for them to make important decisions, cope with the effects of violence, and if they choose, move to a new home or community. As this may not be feasible in many settings due to resource restrictions and demand for emergency shelter services, various models of complementary shelter may be provided (e.g. transitional shelters and other accommodation) to ensure sufficient protection is available for longer periods of time.

- Providing services free of charge, so that women experiencing economic barriers are not disadvantaged in their access to protection and assistance.

- Designing facilities and services to welcome diverse groups of women, with particular attention to their distinct circumstances and needs, related to:

- o The form of violence – physical, psychological, sexual assault/rape, trafficking, intimate partner violence, economic, female genital mutilation, crimes of 'honour', among others
- o The consequences – physical harm, psychological distress, economic issues, child custody concerns, and isolation from family and friends among others
- o Settings of abuse - household, public space, conflict, humanitarian, institutional (including schools)
- o Relationship to the perpetrator(s) - family, spouse, authority figure, employer
- o Multiple experiences of violence - single or repeated events, number of perpetrators, various forms of violence
- o Timing - recent abuse, imminent risk of future violence
- o Intersectional issues/ marginalization related to – languages spoken, physical and cognitive ability, class, race, ethnicity, legal status, age or sexual orientation
- o Support networks - family, community and other protective factors (WAVE, 2004a,b).

**Women from diverse cultures**

Women from all societies experience violence, and their responses to it are impacted by a variety of influences, including the differing values and norms of their community and culture. By understanding the fluid nature of culture, service providers can better respond to women's unique circumstances and needs. This is particularly important given the various barriers to assistance that survivors may experience when seeking services from providers outside their community (issues related to communication and language, trust, perceptions and fears related to the implication of accepting services and attitudes of agencies involved). A variety of practices can promote services to be more accessible for women from diverse cultures.

- Develop culturally-relevant understanding and responses of staff and the institution by providing ongoing education and training to staff and volunteers, including on:
  - o awareness of the cultural groups in the community served by the shelter;
  - o understanding and respecting individual perspectives and different attitudes;
  - o case-specific approaches which apply information only to the situation in which it is received (and avoid making generalizations about a woman's experience); and
  - o risk assessment and safety planning approaches which are tailored to acknowledge the specific circumstances (e.g. single vs. multiple perpetrators) and resources (e.g. specialized services or support groups) available that may affect a woman's options and decisions in protecting herself from future violence.

- Develop staff self-awareness of what impacts one's decisions, biases and world view, and promoting staff willingness to receive information, adapt and alter attitudes through ongoing supervision and support.

- Work collaboratively with different communities in order to:
  - o Better understand the diverse perspectives of specific cultural groups;
  - o Address cultural justifications for violence; and

     o  Examine generalizations perpetuated about specific groups within the community and among service providers, including within the shelter.

- Employ specific strategies for effective cross-cultural communication:
  - Promote openness to hearing the experiences, beliefs and values of every woman.

  - Develop staff self-awareness of personal biases and foster skills to intentionally suspend generalizations in order to improve understanding of women's unique needs.

  - Use plain language, gestures, pictures, drawings and other non-verbal forms of communication where there are language barriers with a survivor.

  - Acknowledge that information will be perceived differently by people from different cultures and create dialogue to improve understanding of the woman's experience, beliefs, values and traditions.

  - Recognize the potential for miscommunication and unintentionally sending messages which are perceived as offensive; taking note and apologizing to the woman if this has happened, providing her an opportunity to respond, and then moving on.

- Build cultural competency within the shelter by:
  - Partnering with cultural and advocacy organizations and consulting with representatives of diverse communities to incorporate culturally-relevant services into programme planning (related to language, race or ethnicity, customs, family structure, community dynamics).

  - Using knowledge and expertise of diverse staff and volunteers by involving them in the design and review of programmes and projects. Staffing should reflect the community's diversity wherever possible to help inform relevant programming and reduce language barriers to services.

  - Understanding the complexities of immigration and allocating resources to address specific needs of migrant and refugee women (e.g. asylum and immigration law assistance, specialized risk assessments and case planning)

  - Considering women's cultural identities, customs, beliefs, communication norms and family structures in designing services.

  - Developing a language-access protocol, including standardizing translation of key documents (i.e. intake forms, assessment materials, rights and responsibilities, complaints procedures and other critical documents) and providing relevant training for staff (including support for specifically-trained interpreters).

  - Completing a self-assessment of shelter cultural competency and using the results to plan for enhanced competency (Washington State Coalition Against Domestic Violence, 2005; Alberta Council of Women's Shelters, Module 9, 2009; Flinders Institute for Housing, Urban and Regional Research, 2008).

**Examples:**
New Zealand's National Collective of Independent Women's Refuges employs staff able to communicate in various languages to meet the needs of different ethnic and migrant groups across the country. Four ethnic safe houses provide culturally appropriate services specifically for Asian, African and Middle Eastern ethnic groups, including support for Chinese, Thai, Japanese, Malay, Vietnamese, Cambodian, Burmese, Korean, Indian, Fiji Indian, Pakistani, Bangladeshi, Sri Lankan, Iranian, Iraqi and African families (Secretary-General's Database, Women's Shelters).

The Swedish non-profit organization, Terrafem, runs shelters and a hotline for women victims of violence. The hotline offers assistance in 43 languages, and the organization can offer legal advice in 25 languages. Importantly, any calls placed to Terrafem are free-of-charge and will not be listed on a phone bill.

**Case Study: Imkaan—Supporting Black, Asian, Minority, Ethnic, and Refugee Survivors (United Kingdom)**

Imkaan is a national organization in the United Kingdom which represents and assists frontline support providers for Black, Asian, minority ethnic and refugee (BMER) women and girls who have experienced various forms of violence, including domestic and sexual abuse, and forced marriage, or are at-risk of honour-based crimes. With over 13 years of experience, the organization serves as a representative of and provides support to shelters and other organizations specializing in support for BMER women and child survivors across the United Kingdom. The organization has contributed to strengthening specialist services available to these women and bringing together specialist organizations through training, research, capacity development support, and strategic advocacy. The network uses a grassroots approach to implement its work, based on the needs of service providers and the views and voices of the women and children they support.

Read the full Case Study.

**Source:** Marai Larasi, Director. Imkaan; Imkaan Website.

**Tools:**

➢ ***Cultural Competence Self-Assessment Questionnaire, Service Provider Version*** (United States Office on Child Abuse and Neglect, 2006). This questionnaire was designed to assist human service professionals to assess and identify training needs in the area of cultural competence. Based on the context in the United States, the questionnaire was developed from a strengths-based perspective, with recognition that cultural competency is a developmental process. Available in English.

➢ ***Inside Out: Strengthening Advocacy and Services for Refugee, Immigrant, and Limited English Proficient Survivors: A Guide to Self-Assessment and Planning for Domestic Violence Programs*** (Washington State Coalition Against Domestic Violence, 2005). This tool provides guidance on how to conduct a shelter self-assessment of cultural competency, including how to complete the assessment process and develop a plan to improve cultural competency in the shelter. Surveys to gather input from shelter staff and survivors are provided. Available in English.

➢ ***Model Protocol on Services for Limited English Proficient Immigrant and Refugee Victims of Domestic Violence*** (Washington State Coalition Against Domestic Violence, 2007) provides an example of a protocol used in the context of the United States. Available in English.

➢ ***Toolkit for Lawyers: Best Practices in working with Battered Immigrant Women*** (Battered Women's Support Services, 2010) is a practical resource for lawyers working with immigrant women leaving abusive relationships. This document may be useful in developing resources for immigrant women in shelters, such as in providing information and advocacy within the legal system and in developing a list of local resources for women in Edmonton. Available in English.

➢ ***Creating Inclusive Spaces for Women: A Practical Guide for Implementing and Integrated Anti-Racist, Feminist Service Delivery System*** (Ontario Association of Interval and Transition Houses, 2005) was created to help shelters maintain welcoming, respectful, and inclusive spaces for women and their children. The how-to-manual contains practical ideas, suggestions, and specific strategies to help shelters celebrate the successes already realized, determine how your organizational structure, employment practices, and programs and services can be enhanced and develop a step-by-step realistic work plan to make the changes. Available in English.

➢ ***Violence Knows No Boundaries: Diverse Cultural Perspectives, Legal Resources and Safety Information on Domestic Violence for Service Providers.*** (Tunstall and Damjanovic, 2008). This resource provides surveys that can be used to assist staff working with immigrant and refugee women in vulnerable situations to develop their capacity to support women from diverse cultures by reflecting on their own cultural competency (See Individual Self-Assessment Checklist for Cultural Competency, page 86).

*General Considerations*

The safety and needs of children are a critical issue for women escaping situations of violence, which often influences their help-seeking and related service decisions. Shelters which are not accessible to children create a barrier for women to obtain support and benefit from available services.

Children of women leaving situations of violence and entering shelters experience a range of vulnerabilities and challenges, including risk of re-victimization and the effects of trauma, all of which can have long-term consequences. Highlighting the importance of providing opportunities for children to benefit from their time in the shelter, the evidence shows that:

- Children who have witnessed domestic violence may experience similar outcomes to those who experienced physical abuse, correlating with their age and development.
  - Infants and young children (birth to five years) can be particularly vulnerable and sensitive to the experience of living in a violent household.
  - Children from two to five years, who do not have the capacity or opportunity to express their experiences, are at particular risk to show aggressive behaviour.
  - Pre-school age children are more likely to feel responsible for the violence between their parents.
  - School age-children (six to twelve years) may worry about the vulnerability of their mothers and siblings and experience more anxiety and conduct problems. They may also isolate themselves from peers and other supports in attempts to conceal the violence.
  - Adolescents tend to experience less fear and anxiety, and feel less responsible for parental violence, although they may take responsibility for the care of younger siblings. Adolescents may also experience effects from long-term exposure to family abuse, which can result in greater risk of delinquent and violent behaviour.
- In a significant percentage of domestic violence cases, children are also directly abused (physically, sexually and emotionally).
- Children often experience a range of adverse effects from abuse including physical, emotional, learning, behavioural, social or developmental problems, and their educational performance and achievement may also be affected.
- Children may experience accumulated effects in cases where co-occurring problems exist such as parental drug use, alcohol addiction or mental health problems.
- Children whose parents separate due to domestic violence may also have to cope with disruption to their lives and routines, including temporary homelessness, loss of friends, pets and personal belongings.
- Domestic violence can undermine the relationship between mothers and children.
- The nature of parental relationships in domestic violence situations can cause children's confusion about the meaning of concepts such as love and intimacy.
- Stress from witnessing violence at home can cause disruption to children's normal coping patterns and support systems. This is compounded by the adjustments required when entering the shelter, along with a possible loss of time with their mother from her response to these changes.

- Boys who are exposed to domestic violence are 2 to 3 times more likely to become perpetrators themselves in the future.

(Davis and Carlson, 1987; Dodge et al, 1990; Fantuzzo et al, 1997; Graham-Bermann, 1996; Jaffe et al, 1990; Kitzmann et al., 2003; Maclean, 2004; Mullender, 2000; Mullender et al., 2002; Statham, 2004; and Wolak and Finkelhor, 1998- *all as cited in* Byrne-MacNamee, 2009; Bott, Morrison and Ellsberg, 2005; Johnson, Holly, N.Ollus and S.Nevala. 2008).

Given these circumstances, shelters can provide important services to children that can reduce the long-term effects of violence and increase protective factors that prevent the perpetuation of intergenerational violence. Most services have been developed in the context of domestic violence cases and, as with the broader evidence, based heavily on the context in North America.

Practices for promoting shelter services for women with children include:

- Developing shelter policies that prevent the exclusion and promote the inclusion of children and youth in the services provided.

- Promote practices that strengthen and promote women's parenting role.

- Planning and designing space and services appropriate for children into the shelter infrastructure.

- Using age-appropriate assessment tools and methods to understand the impact of violence on children and their corresponding needs.

- Providing services for children aimed at reducing the effects of violence and promoting their safety.

- Including children and their inputs in assessment and case planning processes, documenting individualized goals and outcomes for each child and their family (see sample case planning tools).

- Improving staff knowledge of and skills in responding to the common effects of violence on children in order to provide relevant services to them, ensuring that their needs are integrated into programmes and that they are engaged in the service delivery process. This involves providing training and development to support the integration of services for children within the shelter (including in the assessment process).

> For example, see a webinar on Supporting Parenting in Shelter (Washington State Coalition against Domestic Violence, 2011)

Children's needs should be assessed separately from, as well as in partnership with their mother. The presence, input and perspectives of mothers is considered only one aspect of the assessment process, as the impact of children's exposure to violence is best evaluated through independent interviewing.

An assessment framework should be used which:

- Assists staff to take account of the different dimensions of each child's life (i.e. home, school, friends, activities, family relationships).
- Is based on screening protocols that are appropriate to child's stage of development, supports positive engagement with children, and may facilitate input from the child through creative forms of non-verbal expression. This can include symbolic representation, drawing, using imagination and role-play to symbolize people and events; identifying emotions with picture codes; made-up words to represent people or objects; symbolic play to represent one object as another.
- Observes children (particularly pre-school age and under) both alone and in the family setting (Jaffe et. al, 1990; Buckley et. al., 2007; Welsh Women's Aid, 2008, 1998; Wolak & Finkelhor, 1998, *all cited in* Byrne-MacNamee, 2009).

**Assessment Tools:**

- *Ages and Stages Questionnaire – 3ʳᵈ edition* (Bricker, Squires and Twombly, 2009). This tool is designed for developmental and social-emotional screening for children from one month to 5 ½ years. This tool is shown to have good reliability and validity. The questionnaire can be used to explore children's strengths and trouble spots, educate parents about developmental milestones, and incorporate parents' expert knowledge about their children into the assessment process. Available in English.

- *The Brief Infant-Toddler Social and Emotional Assessment: Screening for Social-Emotional Problems and Delays in Competence (BITSEA)* (Briggs-Gowan and Carter). This tool is used to assess social-emotional and competency developmental delays in children ages 12 – 35 months. The tool uses a 42-item Parent Form which can be completed in the shelter. A Child Care Provider Form can be used to examine the child's behaviour across settings. This tool is especially suited for settings with limited time, resources, and/or technical training. Available in English.

- *Pre-school Child Behaviour Checklist (CBCL1½ - 5) Nelson Education, 2000). Used with children ages* 1.5 - 5 years, this tool is for measuring externalizing and internalizing problems*.* It covers parents' ratings of 99 problem items; descriptions of problems and disabilities; and information regarding parents' concerns about their child, and the best things about the child. This assessment tool is designed to show indicators of whether a child's vocabulary and work combination are delayed relative to norms for children ages 18-35 months. Parents' reports are used to assess children's expressive vocabularies and word combinations.  Available in English.

- Shelters should provide services that support the achievement of major early childhood developmental skills, and reduce the impact of stressors faced by children exposed to violence, which can help the development of young children. Services within these categories include:
    - Efforts aimed at reducing or preventing risk and its impact (e.g. legal strategies such as protection orders or integrating children's needs in risk assessment processes).
    - Protection-focused services, adding resources to counterbalance risk (e.g. including children's needs in safety plans completed with their mothers).
    - Processes to strengthen competence, such as parent-child relationships and social skills. Although most promising practices for work with children to reduce the effects of violence are intended for use over a longer period, often at least several months, this may not be practical in many shelter settings. Staff in emergency or short-term shelters can use components of these practices to support improvements in parent-child interaction and contribute a positive impact on children's social/emotional competencies. Common components of interventions coach mothers to:
        - improve awareness of the impact of exposure to domestic violence on children's neurologic and development;
        - develop understanding of how their children's needs are demonstrated through their behaviour;
        - accurately understand child motivations by clarifying mothers' assumptions about these motivations; and
        - respond to children through empathy and emotional receptivity. All efforts may support mothers to encourage their children to talk about their experience, feelings and related thoughts (Cairns, 2010; Masten & Coatsworth, 1998 as cited in Gerwitz and Edleson, 2007).
- Interventions that promote the enhancement of protective factors, which can improve the children's functioning, considering other influential factors related to: the extent of the violence, the child's characteristics, and parenting factors. Specific efforts supporting protective factors for children include:
    - Strengthening relationships between the child and the safe parent, since quality parent-child relationships can mitigate the negative effects of domestic violence on children.
    - Supporting children's resilience in the face of adversity, such as:
        - Competent parenting
        - Intellectual resources
        - Social competence
        - Easy temperament
    - Reinforcing children's sense of safety, as children who are less aware of the violence, have good coping strategies and support systems have

better outcomes, and may recover from abuse more rapidly once they feel safe.

- o Supporting resilience as a developmental process or progression in which new strengths and vulnerabilities emerge over time and under changing circumstances.

- o Minimizing the number of risk factors that children are exposed to and encouraging protective processes. This can reduce negative outcomes and lead to more secure attachment relationships.

(Diener, Nievar, and Wright, 2003; Luthar, Cicchetti, & Becker, 2000 and Egeland et al., 1993, Werner & Smith, 1992; Garmezy & Masten, 1994, all as cited in Gewirtz & Edleson, 2007; Wolfe et al., 1986; Mullender et al., 2002 and Holt et al, 2008, as cited in Byrne-MacNamee, 2009; and Holden et al. 1998)

**Example:** Safe from the Start (Australia) was an action research project initiated by The Salvation Army, with support from the Commonwealth Office for Women (FaHCSIA), in partnership with two universities and women's refuges, addressing the impact of children aged 0-5 years who had witnessed domestic violence. Drawing upon research on the specific needs of children who witnessed family violence, the initiative aimed to identify best practice guidelines for domestic violence servce providers working with children affected by family violence. Through research and pilot programming for children, involving play therapy among other interventions, the initiative developed training for service providers in the implementation and effective evaluation of child programmes. A resource kit was developed through the initiative, with books, audio-visual materials, puppets and activity cards sourced from Australia, Canada, United Kingdom, and United States, which were used in a train the trainer programme throughout Australia.

See an evaluation (Safe from the start: education and therapy to assist children aged 0-5 who have witnessed domestic violence : final research report, Angela Spinney, 2008. Blackburn, VIC: Salvation Army, Australia Southern Territory) and update on the initiative.

## Tools:

- ➢ *Refuge for Babies in Crisis* (The Royal Children's Hospital Integrated Mental Health Program, Victoria, 2012): How crisis accommodation services can assist infants and their mothers affected by family violence. Available in English.

- ➢ *Honoring Children, Mending the Circle: Cultural Adaptation of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native Children.* (BigFoot and Schmidt, 2010). This resource provides guidance on blending AI/AN traditional teachings with cognitive-behavioural methods. Available in English.

➢ **Safe from the Start** (Salvation Army, Australia). The Safe from the Start resource kits were developed through an intervention with women's shelters addressing the impact of witnessing domestic violence among children aged 0-5. The Resource Kit includes books, DVD, CD, puppets and activity cards sourced from the United Kingdom, United States, Canada and Australia, with materials used throughout Australia, New Zealand, Canada, Singapore and Maldives. A Train the Trainer programme is also available. Available in English. See also a report on the project.

➢ **Guiding Principles Safe Havens: Supervised Visitation and Safe Exchange Grant Program** (Office on Violence Against Women, US Department of Justice, 2007). This resource is a guide for professionals working with abusive fathers in supervised visitation and safe haven programs. The guide includes six principles for visitation programs that work with abusive fathers and includes a narrative section, standards and practices for each section. Available in English.

➢ **Talking to My Mum: Developing Communication between Mothers and Children in the Aftermath of Domestic Violence** (Humphreys, Thiara, Skamballis and Mullender, 2006). This resource provides a workbook for shelter practitioners to use with children, to support them in talking with their mothers about their experience in the shelter and in relation to their experiences with domestic violence. Available for purchase in English.

➢ **Living Alongside a Child's Recovery: Therapeutic parenting with Traumatized Children.** (Pughe and Philpot, 2006). This resource draws upon learnings from child development, attachment theory and understanding of child trauma and its effects to provide guidance for parents on how to design a therapeutic physical environment, the importance of routine and security for children, and how to approach issues of hygiene and organisorganising mealtimes. This resource can be used to support individual and group work practice. Available for purchase in English.

➢ **Violence against Children: Has it Happened to You?** (Raising Voices, 2006). This booklet is for actors working with children and adolescents. The booklet provides examples of the various experiences children and adolescents may have with violence based on the context in Uganda. The material may be used to facilitate group discussions and plan activities to address violence against children and may be adapted to various contexts. Available in English.

➢ **The Kids Club Intervention Program** (Graham-Bermann). This intervention programme is designed to provide a supportive environment for children ages 6 to 13 to share their experiences, learn that they are not alone in their exposure to violence, and identify sources of worry and concern. Training is available for professionals to learn to implement this programme. A Kids Club Program is also available for pre-school age children at Sandra Graham-Bermann. Available in English.

➤ ***Youth relationships manual: A Group Approach with Adolescents for the Prevention of Woman Abuse and the Promotion of Healthy Relationships***. (Sage Publications authored by Wolfe, D.A., Wekerle, C., Gough, R., et al.)  This manual provides knowledge-raising and skill-building for social action to end violence through 18 sessions. The book is in English and can be previewed from Google books or can be purchased online from any book retailer.

➤ **Fourth R Curricula (Ministry of Education Ontario, Canada).** The Fourth R consists of a comprehensive school-based programme designed to include students, teachers, parents, and the community in reducing violence and risk behaviours. It contends that relationship knowledge and skills can and should be taught in the same way as reading, writing, and arithmetic, and therefore the classroom-based curriculum is referred to as the Fourth R (for Relationships) core programme. This curriculum consists of lessons that meet the Ontario Ministry of Education's learning expectations for Grade eight and nine health education and Grade 9-12 English, and the outcomes for other courses in other provinces. The programme is taught in the classroom, using a thematic approach to reduce risk behaviours including: violence/bullying; unsafe sexual behaviour and substance use. All of the curricula are available for purchase in English.

➤ ***Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs*** (Abigail Gewirtz and Resma Menakem, 2004). This protocol is for professionals working with perpetrators of violence. The report is part of series of papers on mobilizing community and programmatic resources to provide responsive assistance to children and families affected by both domestic violence and poverty. This particular paper addresses methods of providing support and safety for children while maintaining safety, autonomy and choice for battered women. Available in English.

➤ ***Model Protocol on Working with Battered Women and their Teenage Boys in Shelter*** (Washington State Coalition against Domestic Violence, 2003). This tool provides a sample guide for organizations supporting survivors with adolescent boys, based on the context in the United States. Available in English.

Services for adolescents and girls are particularly important given the risk factors that affect many young women in communities across regions, such as lower levels of secondary education, restricted mobility, lack of identification documents, limited access to protective services, social isolation and limited support networks and relationships. These factors make girls more vulnerable to specific forms of abuse (e.g. sexual coercion and assault; forced marriage; sexual exploitation and trafficking).

In addition to accommodating girls and young women who accompany their mothers seeking support, shelters should provide dedicated services to adolescents and girls who have experienced abuse or are at-risk of violence. Such explicit programming is critical to address the distinct needs and circumstances of young survivors, who often face additional barriers to help-seeking related to their age and dependency on adults (who may also be the perpetrators of abuse) for financial support and protection.

Key considerations when delivering services for adolescents include:

- Services should be informed by young women, as the needs perceived by service providers and relevant for women seeking assistance may not be the same as the priorities identified by adolescents. For example, education, family relations, reproductive health and other concerns may be equally important to address alongside the violence.

- Collaboration between shelters, other advocates/ professional social workers, relevant child protection agencies, teachers, and youth service organizations are critical when working with adolescents. This is particularly important to ensure that shelters are able to legally accommodate and provide protection to girls considered minors, who may be otherwise returned to their families/communities and re-exposed to the perpetrator or abusive environment. See the Tasaru Ntomonok Initiative for an example of a partnership with child protection officers to accommodate girls at risk of forced marriage and female genital mutilation.

- Shelter advocates should be familiar with their legal responsibilities related to mandatory reporting and confidentiality laws and inform adolescents and girls of their obligations at the start of any intervention (ie. when seeking consent for any service provided), to ensure they understand how information will be handled before they disclose any experience of abuse. Even where staff are required to report abuse to child protection or other authorities, shelters should make available information on support resources for young survivors, so they may access appropriate services as needed.

- Specific consent policies (e.g. for girls over 12) should be developed to provide services to young women who seek support, with language and related protocols for obtaining consent tailored as needed to reflect the age and development stage of the girl.

- Where possible and appropriate (i.e. unless the community or family member is the perpetrator), community and family engagement should be sought and embedded into support services. In many areas, girls may have to return to their families, and shelter engagement with local authorities and families (i.e. related to awareness raising and follow-up support) is critical to provide protection and ensure girls' ongoing safety once they are reintegrated back to their communities. See for example, the work of Casa Nova in Honduras.

- To facilitate a young girl's transition back into the community, shelter outreach should address the underlying causes of violence related to gender inequality and discrimination, as well as reducing stigma for survivors and promoting awareness of healthy relationships. Efforts should particularly engage family members, community leaders and young men.

- Where it is not safe to reintegrate with their family or community, girls may be connected to foster homes, which should be carefully screened and connected to the shelter and/or local child protection organizations. For older adolescents and young women, such as those fleeing forced marriage or honour-related violence, communal housing with supervision and support from a social worker or other protection specialist may offer an appropriate option for safely transitioning to independent living.

- Programmes with adolescents may involve non-residential services, for young women who are seeking support, but are not able or choose not to leave their homes. Such services are particularly relevant in low-resource settings, where it may not feasible to provide specific accommodation for adolescents. Community-based services for adolescents should be equally informed and guided by their expressed needs, despite their young age or legal status as minors. This will ensure interventions effectively engage adolescents and support their empowerment and strengths to overcome the abuse.

- Shelters for minors should plan for adequate financial support to sustain programmes, which may have higher operating costs to meet recurring basic needs of its residents (e.g. food, clothing and personal hygiene, education, etc.), since girls may not be eligible to receive social welfare or government financial support, where available (Goll and Schaak, 2012; Orozco, 2012; Teen Dating Violence Technical Assistance Center, 2008; Felz, Said, Triebel, & Lawaetz-Foundation, 2006).

---

**Examples:**

In **Liberia**, dedicated shelters for girl survivors have been established in the aftermath of the conflict. The <u>Liberia Crisis Center for Abused Women and Children</u>, established in 2003, supports approximately 25 girls between 14 and 24 years of age. Targeting girls with greater vulnerability, the safe home accommodates ex-combatants, trafficking survivors or girls exploited for commercial sex work who are school drop-outs or have only primary-level education. Girls are transported to the undisclosed shelter location using unmarked vehicles to ensure their security and commit to stay there for 9 months, or the length of the school year. Housing is accompanied by support groups, recreation/ sports, economic livelihood skills training, employment and literacy support. Long-term housing assistance and housing subsidies are provided where possible, as well as emergency cash assistance for girls to escape abuse and witness protection assistance while seeking emergency shelter. To expand access to services for young survivors given the limited space within its shelter, the Liberia Crisis Center has also supported a network of women in 35 community-based alert teams to provide immediate counseling support and referrals to survivors in rural areas. for(Goll and Schaak, 2012)

See also the Girls Empowerment Villages in Zimbabwe.

---

**Tools:**

➢ ***In Their Shoes: Teens and Dating Violence*** (Washington State Coalition against Domestic Violence, 2010). This manual is a training tool for teachers, counselors, youth group leaders, law enforcement, or parents who work with teens, based on the context in the United States. Participants learn about dating violence through simulated scenarios involving teen characters that highlight issues related to sexting, pregnancy, homophobia and stalking, as well as teen experiences seeking support from their partners, family, friends and authorties. Available by purchase in <u>English</u>.

➢ ***A Young People's Toolkit On Issues Connected To Gender-Based Violence: Raising Awareness On Roles & Responsibilities In Relationships*** (Carter, Hilton, Kunthea, Mostafa, Solinda, and Vibol for the German Technical Cooperation and the Cambodian Ministry of Women's Affairs, 2010). This toolkit is a resource for facilitators and practitioners working with young people aged 15-25. The toolkit includes resources and activities designed to raise awareness amongst young people on issues related to gender-based violence, specifically: child rights; culture, gender inequalities; sexual relationships, sexual violence and exploitation; family relationships and domestic violence; alcohol and drug use. Each chapter covers a different topic, and includes an explanation of the subject along with step-by-step guidance for facilitating group activities with young people. The manual contains guidance for 56 activities and is accompanied by audio-visual materials (posters, CDs, DVDs). Available in <u>English</u> and Khmer.

➢ ***Runaway and Homeless Youth and Relationship Violence Toolkit*** (National Resource Center on Domestic Violence and the Family Violence Prevention and Services Program of Health and Human Services, 2010). This toolkit was developed

by and for advocates for runaway and homeless youth, and domestic violence and sexual assault survivors to help programmes create partnerships, improve services and prevention strategies for working with youth at risk, based on the context in the United States. Available in English.

➢ ***Empowering Young Women to Lead Change: A Training Manual*** (World YWCA with support from UNFPA, 2006). This training manual is for young women around the world to develop awareness, facilitation and advocacy skills on key issues. The issues identified in the manual include: HIV and AIDS, sexual and reproductive health, self esteem and body image, violence against women, human rights, economic justice and peace. The manual includes 7 workshop activities and facilitation notes specifically focused on violence against women. Available in English, French and Spanish.

➢ ***Enabling Adolescents to Build Life Skills Part I: Understanding Concepts, Evolving Strategies, and Part II: Needs Assessment, Conceptual Framework*** (Mridula Seth for UNFPA). This assessment tool, by, is for programme staff and researchers working with adolescents. The resource is comprised of two parts: the first provides an overview of the various skills needed for young people to enhance their life skills, and the second section provides guidance on conducting a needs assessment for adolescents with a focus on reproductive health. Available in English.

➢ ***Youth Relationships Manual: A Group Approach with Adolescents for the Prevention of Woman Abuse and the Promotion of Healthy Relationships*** (Wolfe, Wekerle, Gough, et al., 1996). This manual, by, is for facilitators working with adolescents aged 14-17 who have experienced family violence. The manual curriculum comprises 18 sessions which provides information, skills-building exercises and community activities related to communication, conflict resolution, positive behaviors for dating and interpersonal interaction, as well as practice applying the skills. The sessions cover power and violence in relationships, date rape, sexism, the media and sexism, and strategies to confront sexism and violence against women. The manual includes exercises, handout reproductions, forms, and group building techniques. Available for purchase in English.

➢ See additional tools for engaging Adolescents/Youth.

**Women with disabilities**

Women and girls living with disabilities often face additional marginalization in their experiences of abuse as well as specific barriers to accessing services, due to:

- economic and/or physical dependence on the abuser, which challenges efforts to escape (particularly within institutional settings);

- suffering from forms of abuse specific to women living with disabilities (e.g. withholding of medications, orthotic equipment, and/or the refusal to provide personal care), which are less-documented and may not be explicit within legal definitions of abuse;

- lack of or limitations in physical accessibility of shelters for women with disabilities;

- perceptions by service providers that they cannot provide services for women with disabilities given their resource or capacity limitations;

- hotline or shelter counsellors who do not have knowledge of disability-related issues;

- lack of programming informed by and implemented in consultation with women with disabilities or misinterpretation of their needs in escaping and overcoming the abuse they have experienced;

- gaps in collaboration between disability organizations and service providers supporting survivors, as well as assumptions by each group that survivors are served by the other;

- low sensitivity among law enforcement personnel or other service providers, who may not inquire about abuse by caretakers, or disregard reports from women with speech/communication or motor coordination disabilities (e.g. cerebral palsy), assuming they are intoxicated or are not serious in their claims; and

- biases among judicial personnel and courts, who may provide preferential treatment to the abuser in child custody due to the victim's disability (CROWD, 2011; Nosek, 2001; Barile, 2002; Myers, 1999 *as cited in* Hoog, 2003).


By engaging women with disabilities and their advocates to better understand their specific experiences and needs, shelter service providers can work to reduce barriers to access and improve service delivery for women with disabilities. It is especially important that women with disabilities inform and guide the development of any institutional or system-wide effort, which can ensure their specific and diverse experiences are adequately reflected in interventions to support them.

Strategies for improving services for women with disabilities, among, may include:

- 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. Services should be designed to be relevant and accessible to women with diverse disabilities.

- 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. Such mechanisms ensure women with disabilities can access quality services which are integrated in the agency's

operations rather than receiving ad hoc services which rest on the particular service provider's knowledge of or ability to address the intersections of abuse and disability.

- 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). This should include skills for both responding to survivors and conducting effective outreach to women with disabilities. Support cross-agency training on the intersections of gender, violence and disability, both between organizations and within communities, to ensure service providers have an in-depth understanding of the specific barriers faced by survivors with disabilities and opportunities for supporting them.

- 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. This is also critical to help shift some of the stigma and attitudinal barriers experienced by women.

- 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.

---

**EXAMPLE: THE SAFER AND STRONGER PROGRAM (UNITED STATES)**

The Safer and Stronger Program used an anonymous Audio Computer-Assisted Self-Interview (A-CASI) tool to provide a women with disabilities a tailored, accessible and anonymous method to self-screen for abuse. The tool aims to increase awareness of abusive situations, provide safety planning strategies and information about community resources. It was implemented with 305 women who evaluated it as '*an accessible and safe method for disclosing abuse*' and demonstrated increased awareness 3 months after completing the assessment (Oschwald in Robinson-Whelen). The assessment is self-paced and offers a choice of audio, text, and American Sign Language questions, with the assessment responsive to participant answers regarding their particular needs. Video clips of survivors with various disabilities are integrated throughout and provide affirming messages and information on warning signs and safety promoting strategies. The initiative also increased accessibility of the screening tool through provision of childcare, transportation and personal assistance for participants, although challenges identified include the cost of tool development and inaccessiblility to women with sensory disabilities.

Sources: Powers et al. 2009. *Interpersonal Violence and Women With Disabilities: Analysis of Safety Promoting Behaviors*; Powers et al.'s 2009b; Oschwald et al, 2009; Robinson-Whelen et al. 2010.

- Create welcoming environments for survivors with disabilities and eliminate barriers to services by providing:
  - o Physical access to the facility (e.g. ramps for wheelchairs; automatic doors; pictures; brail and other supports) and procedures that are sensitive to the needs of women with disabilities.
  - o Policy exceptions to allow for service dogs, interpreters and personal care assistants as well as personal attendant services and independent living support, among others.
  - o Specialized information and referrals, which involves asking affected women the type of information they would like to receive; the settings and format that such information should be available; and how they would like to receive support services (within the community; at home; at a specific institutional settting, or other).
  - o 24-hour access to transportation, interpreters, and assistance with communication (e.g. listening devices, real-time captioning, and readers).
  - o Training for staff working in disability services to understand issues of gender-based violence, and to monitoring risks and responding to victims. Beyond general awareness of the issue, this may include helping caretakers to develop specific skills, such as identifying signs of trauma or responses to trauma (which might be otherwise associated with aggression).

- Support access to special legal protection against abuse, for example, in cases of dependence on home caregivers or institutions. Consideration should also be given to economic and financial interventions to promote women's independence and self-efficacy, which may involve credit schemes, entrepreneurial skills training and advisory services for women to develop niche markets, where feasible.

The Safety Awareness Programme for Women with Disabilities (ASAP for Women) in the United States aims to help prevent sexual and domestic violence against individuals with disabilities by raising awareness of women with diverse types of disabilities, who may or may not have experienced abuse, and educating and training disability service providers, domestic and sexual violence staff and criminal justice personnel with custom-designed presentations and workshops. The intervention also provides organizational guidance on enhancing accessibility to persons with disabilities and helping reduce their risks of abuse.

Implemented with 213 women from ten centres for in independent living (CILs) across eight states, the programme involves eight, two and one-half hour interactive sessions delivered over eight weeks, covering safety awareness, self-advocacy, the nature and dynamics of interpersonal violence, safety promoting behaviors, safety planning strategies, and healthy relationships. The curriculum is based on the *Stop the Violence, Break the Silence*, a training guide developed by SafePlace. It promotes physical and literal accessibility by designing universally accessible materials – using alternative print formats (e.g. large print, Braille, and electronic versions), and arranging for sign language interpretation services designed to increase protective factors. The initiative aims to enhance women's self-efficacy with regard to their safety and decision-making as part of empowering them and reducing their vulnerability to violence.

A pilot evaluation of the initiative found it accessible, relevant and feasible for women with wide range of disabilities, having notable positive effects on women's confidence to promote their own safety and reducing participants' social isolation by fostering healthy relationships, expanding networks of non-abusive relationships, and strengthening effective communication.

Sources: Hughes et al., 2010; A SafePlace Disability Services; Powers, et. al., 2009.

- Establish linkages between disability organizations and agencies supporting survivors and invest in multi-agency collaboration to ensure holistic and appropriate support is available to women who have experienced abuse. This may benefit from the use of an external facilitator and should aim to build a long-term partnership that can be sustained by institutions over time (McClain, 2011; Powers, et. al., 2009; Thomas: 6; Domestic Violence Resource Centre Victoria, 2008; Focht-New, 2004; Hague, et. al, 2003; Nosek, 1998 as cited in Hightower & Smith, 2002; Hoog, 2004; Safety First Initiative – Strategic Plan, 2008, Kansas).

**EXAMPLE: PHYSICAL ACCESSIBILITY STANDARDS FOR WOMEN'S SHELTERS**

The following strategies and guidelines from the United States can be used to inform the planning and design of shelters with improved physical accessibility. Where possible, shelters should:

- Be established in areas which are accessbile by public transportation (e.g. there is a bus stop close to the shelter and wheelchair accessible buses); as well as have a safe route from the bus stop to the shelter.

- Ensure there is parking and parking lots with designated disability spaces that are: marked by clear signs; sufficient in size (96" wide with a 60" aisle); built on level ground and paved; and connected to the shortest possible accessible route to the building.

- Create pathways or walkways to the shelter which are paved; at least 44 inches wide; and free from:
  o obstructions such as fire hydrants or trees, which may narrow the width;
  o abrupt edges or surface breaks which create more than ½inch height difference;
  o overhanging objects (e.g. tree branches or signs, lower than 79 inches); and
  o ground gratings with openings over ½ inch wide.

- Provide entrances to the building and the front door, which have:
  o signs identifying the accessible entrance to the building, if different from the main entrance;
  o a ramped entry to the shelter; and
  o well-lit walkways which are kept clear of hazards (e.g. ice, snow, leaves, trash or other debris).

- Ensure all doors to the shelter:
  o have an opening with at least 32 inches of clearance;
  o have a threshold (on the floor) of less than ½ inch high;
  o are easy to open (not excessively heavy);
  o can be opened without turning the doorknob (i.e. have lever-type handles, push plates, or automatic openers); and
  o where automatic doors are used, they remain open for at least 3 seconds; and have at least 60 inches of level space on each side of the door.

- Design shelter hallways which are:
  o at least 44 inches wide;
  o free of obstacles or protrusions (i.e. fire extinguishers, water fountains) that extend more than 4 inches from the wall or that may not be detected with a cane;
  o covered with sufficient lighting and securely fastened rugs or mats; and
  o marked with signs to note alternative routes to all amenities if there is a barrier in the hallway

- Ensure there is a way for a person in a wheelchair to get around stairways to any amenities, without assistance (e.g. ramp, chair lift, or alternate route).

- Provide ramps which have a gentle slope, including at least a 2 inch curb to prevent a wheelchair from slipping off where there is a drop-off at any point in the ramp; and at least a 5 foot by 5 foot space where a wheelchair can rest if there is a door at the top of the ramp.

- Design elevators to have a cab at least 54 inches deep by 68 inches wide, with doors providing at least a 32-inch wide clearance; elevator controls which are marked with raised lettering, braile and/or audible signals for women with visual impairments; and less than 54 inches high so that a person in a wheelchair an operate them.

- Create meeting rooms and bedrooms which have enough space for people in wheelchairs to navigate the room; and are well-lit.

- Provide telephone access to residents in an unobstructed area with clearance of at least 30 inches by 48 inches in front of it; are no more than 48 inches above the floor; and equipped with push-buttons for dialing.

- Ensure bathrooms are large enough for a wheel-chair to turn around in (at least 51 inches); have grab handles in the toilet stalls; include sinks which are at least 30 inches high and have a clear space underneath for a person in a wheelchair to get their leg under the sink and reach the handles; and keep soap dispensers, towels and other items no more than 48 inches from the floor.

- Establish security features which:
  - o include audible alarm systems equipped with flashing lights;
  - o post the emergency evacuation plan in an accessible area; and
  - o consider a range of disabilities (e.g. cognitive, sensory, visual, auditory, and mobility imparments) in emergency evacuation plans.
- Ensure important information, such as resident rights and responsibilities, complaints procedures, etc. are available in written, audio and were possible brail formats.

Source: *adapted from "**Accessibility: Ramps, ADA Bathrooms and a Whole Lot More**!".*
Washington State Coalition against Domestic Violence, 2009; Smith & Harrell S., 2011; and Hoog, 2004.


## Tools

➢ ***Model Protocol: Screening Practices for Domestic Violence Victims with Disabilities.*** (Hoog for the Washington State Coalition Against Domestic Violence, 2010). This tool provides guidance on how to examine, revise and expand screening and intake processes to include questions about accommodating needs of women with disabilities. Available in English.

➢ ***Forced Marriage and Learning Disabilities: Multi -Agency Practice Guidelines*** (R. Clawson, P. Vallance in conjunction with the Forced Marriage Unit, 2010). These

practice guidelines are for frontline practitioners and volunteers within agencies that work with children and adults with learning disabilities. Based on the context within the United Kingdom, they offer an overview of forced marriage among people with disabilities; and guidance related to consent and other promising practices for supporting survivors of forced marriage. Available in English.

➢ *Source: International Online Resource Centre on Disability and Inclusion* (Handicap International). This website is a centralized resource for practitioners, academics and advocates in development and humanitarian settings. The website features introductory resources, statistics from regional contexts, as well as research sections specific to cross-cutting issues (gender, violence), health and functional rehabilitation, education, livelihoods, social inclusion, humanitarian settings. Available in English.

➢ *Getting Safe Against the Odds* (Domestic Violence Resource Centre, Victoria). This guide is for service providers in the family violence and disabilities fields. It is informed by the experiences of survivors with disabilities and provides practical tips for individual workers and agencies to improve the safety of their clients. Based on the lessons of the Violence Against Women with Disabilities Project, the guide includes information for agencies to plan interventionsl, screen and conduct risk assessments and safety planning, as well guidance on supporting protective measures such as orders of protection and coordinated responses. Available in English.

➢ *Guidelines for Creating Barrier-Free Emergency Shelters* (Handicap International, 2009). This tool provides guidance for designing shelters accessible to all members of a community. Based on the context of Nepal and focused on emergencies, the guidance can be adapted as needed to other shelter settings. Available in English.

➢ *Getting Free from Abuse: A Guide for Women with Disabilities* (Domestic Violence Resource Centre, Victoria, 2008). This online guide is for women with disabilities. It provides information and tools for identifying the warning signs of abuse by a partner, a family member, caretakers, or others; presents background information on abuse and domestic violence, its impact and how to seek help. The guide features stories and insights from survivors with disabilities and is accompanied by a guide for service providers. Available in Arabic, English, Greek, Mandarin or Vietnamese.

➢ *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide* (Hoog for the Washington State Coalition Against Domestic Violence, 2004). This resource provides guidance on how to complete a programme self-assessment and plan for improvements in access and service for women with disabilities. Survey tools for self-assessment are included. Available in English.

➢ *Braille Brochure on Family Protection Law in Jordan, for Women with Visual Impairments.* Outlines the provisions of the Family Protection Law in Braille. The

brochure was drafted by several legal experts and was presented as part of a workshop for visually impaired people. For more information, contact Karama.

➢ ***Open Minds Open Doors Manual*** (National Coalition Against Domestic Violence, 1996). This manual provides specific guidelines for programming to address violence against women with disabilities (e.g. implementing accessibility modifications according to the requirements of the Americans with Disabilities Act, and increasing sensitivity and responsiveness among program staff of the needs of survivors) Available in English.

➢ ***The Accessibility Responsiveness Review Tool*** (UMKC Institute for Human Development, Rose Brooks Center, and Metropolitan Organization to Counter Sexual Assault, 2006). This tool provides a framework for domestic violence, sexual violence, and disability service organisations to review the inclusivity, accessibility and responsiveness of their services to women with disabilities. Developed for practitioners based on the context in the United States, it provides a background on the linkages between policy and services, the impact of workplace culture, and the value of collaborative partnerships. The guide outlines guiding questions, suggestions and practical ideas for organizations to review the quality of their services around five key areas: inclusive practices, communication, environment, and policies accessibility and building capacity of organizations. Available in English.

➢ ***More Than Just A Ramp - A Guide for Women's Refuges to Develop Disability Discrimination Action Plans*** (Women with Disabilities Australia, 2007). This Booklet, part of the *Resource Manual on Violence Against Women With Disabilities*, is a step by step guide for women's refuges (and other similar services) to develop disability discrimination act action plans. An Action Plan identifies barriers which may result in discrimination against women with disabilities who need to use a service. The Action Plan recommends strategies to eliminate these barriers and devise ways for monitoring and evaluating the plan's implementation. The Booklet provides detailed information on how to re-orient services to better meet the needs of women with disabilities experiencing, or at risk of experiencing violence. The Booklet contains case studies from Australia which highlight the types of discrimination experienced by women with disabilities when seeking shelter. Available by purchase in English.

➢ ***The Survivor's Handbook*** (Jackie Barron for Women's Aid, 2009). This handbook provides practical support and information for women experiencing domestic violence, with basic guidance on every aspect of seeking support. The resource includes a specific section on disability and provides help-seeking links relevant to women with different communication impairments. Available in English, among other languages as well as an audio version.

**Older women**

Older women who are being abused may have experienced patterns of violence throughout their lives from partners and/or family members, with specific issues for survivors including:

- Exacerbated effects of abuse due to increased frailty and vulnerability to age-specific health issues.

- Reduced employment opportunities, as a result of limited prior work experience or retirement status, which creates additional financial difficulties and may prevent them from leaving an abusive relationship.

- Different perspectives, sense of identity, and values than younger generations and possibly service providers, which are influenced by societal and family values from an earlier generation. These may be characterized by more conservative attitudes about marriage and gender, sacrifice in periods of economic hardship, and institutionalized abuse.

- Greater dependence on family members, whose attitudes can have significant implications for women's help-seeking and decisions to leave an abusive situation (e.g. if relatives deny the existence of violence, or expect the woman to tolerate the abuse as she has done in past) (Hightower et al., 2006; Hightower & Smith, 2002).

Shelters can make facilities and services more welcoming and suitable for older women by developing guidelines that assist shelter staff to effectively support older women. Such guidelines should be informed by the perspectives of older women within the context of the relevant culture and traditions of their generation. This is important in addressing resistance to recognizing the level and extent of abuse of older women, a result of ageism in many societies, which contributes to older women's silence about their abuse.

Practices to improve services for older women include (based on Hightower, et al., 2006. *Working with Older Abused Women: Guidelines and Resource*):

- Providing outreach services targeting older women living in the community;

- Providing a professionally-facilitated support group for older women;

- Displaying images of older women in the shelter;

- Providing forms and literature in larger type with clear backgrounds to make it easier for women with visual impairments to read;

- Encouraging inter-agency communication and collaboration with organizations serving older women with disabilities, ethnic and immigrant services, services for indigenous women, and lesbian, transgendered, and bisexual organizations. Older women who face multiple forms of marginalization may experience additional barriers that should be identified and addressed;

- Providing training and education for staff on prevention and services for older women.

---

**EXAMPLE: TRANSITIONAL HOUSING FOR ELDERS (UNITED STATES)**

The Elder Transitional Housing and Outreach Initiative in Maine (United States) is collaboration between domestic and sexual violence agencies and the Elder Abuse Institute of Maine, with support from the Department of Justice's Office on Violence Against Women.  Since 2009, the agencies provide transitional housing and supportive services to survivors over 60 who have experienced domestic violence, sexual assault or stalking are need of transitional housing. The programme includes a 3-bedroom shared residence for survivors, with one bedroom designed for wheelchair accessibility. The house is not staffed, but is in a confidential location and available for survivors to stay for up to two years. Complementing the safe home, domestic violence agencies provide community-based outreach supports, including: housing assistance, case management, counseling, job placement assistance, referrals to health-related services, financial assistance for securing housing (e.g. security deposit), resources to access transportation, legal and court advocacy, support and safety planning, and emergency shelter.

Source: Elder Abuse Institute of Maine. The Elder Transitional Housing Initiative.

---

**Tools:**

➢ ***Interactive Training Exercises on Abuse in Later Life*** (Bonnie Brandl and Deb Spangler for the Wisconsin Coalition Against Domestic Violence, 2004). This manual is for experienced facilitators working with professionals in the fields of domestic violence and sexual assault, elder abuse/adult protective services, aging, health care, justice and others. The manual provides guidance for 16 exercises focusing on several key training points, such as the dynamics of elder abuse, barriers to help-seeking, power and discrimination, service delivery, and safety planning. A list of relevant resource materials and related links are provided to facilitate development of a training programme. Available in English.

➢ ***Working with Older Abused Women: Guidelines and Resource*** (Hightower, et al., 2006).  Available in English.

**Mental health and substance abuse**

Women who have experienced abuse may have mental health concerns and substance use issues which are closely linked to their experiences of abuse (i.e. increasing their risk and exposure to the violence, developing or exacerbating substance use as a result of violence, or in response as a coping mechanism).

It is important for shelters to understand the linkages between women's experience with violence and their mental health and/or any substance abuse in order to effectively support them to manage and overcome these related issues.


*Substance Abuse*

Substance use among women who have experienced violence occurs within a context which is commonly characterized by:

- Women being introduced to drugs by their intimate partner and partners manipulating women's substance use to maintain control over them.

- Patterns of substance beginning or developing in association with prescriptions provided by doctors.

- Patterns of substance use developing in association with increased severity of injuries and/or risk of lethality.

- Partners abusing women addicted to IV drugs by:
  o Forcing them to trade sex for drugs or money
  o Controlling the woman's supply or access to drugs
  o Injecting drugs for woman
  o Deliberately using dirty needles


Additional considerations for working with survivors who have substance abuse issues:

- Women may stay in an abusive relationship due to dependence on drugs supplied by her partner.

- Perceptions/stigma by service providers that women using substances are less credible, result in reduced levels of support.

- Substance use may reinforce women's self-perceptions that they deserve the abuse and slow or limit healing from past abuse.

- Women may experience specific barriers to leaving abusive situations due to their use, such as:
  o Reluctance to seek assistance from police due to fears of arrest or child welfare involvement
  o Fear of not being believed when reporting violence due to substance use
  o Fear of relapse due to the stress of facing an unknown future

---

**Case Study: Reducing barriers for women with mental health and substance abuse issues (Canada)**

The British Columbia Society of Transition Houses (Canada) implemented a two and a half year project designed to reduce barriers and address the challenges facing women who are working through mental wellness and substance use issues as they cope with experiences of violence. Specifically, women in these situations may be turned away from transitional housing programmes, which are often abstinence-based or must seek support from agencies who are working in isolation from one another. They may also be labelled by service providers as difficult to work with if their behaviour is seen as disruptive, or stigmatized because of past or current levels of mental wellness and substance use. Through action-oriented research, training of service providers and pilot implementation of identified practices, the iniative resulted in the roll of out key changes in service delivery within six transitional housing programmes across the province of British Columbia between January and June 2011. The research contributed to the development and evaluation of a promising practices toolkit which focuses on essential approaches for supporting women and examples of how these approaches might be implemented; and curriculum for services to improve support for survivors with mental health and substance abuse issues.

See the full Case Study

Sources: BC Society of Transition Houses (2011) *Reducing Barriers To Support: A Discussion Paper;* BC Society of Transition Houses (2011) *Report on Violence Against Women, Mental Health and Substance Use;* Buote, Denise (2011) *Reducing Barriers to Services and Supports for Substance Use and Mental Wellness Concerns Among Women Fleeing Violence: Key Findings.*

---

Women may prioritize protection supports over seeking substance use treatment or believe that they cannot receive support for both issues, which can prevent them from accessing appropriate assistance;

Women with substance abuse may face additional risks which need to be considered in interventions:

- Stopping substance use may result in more danger for some women (i.e. the abuser may find new ways to control or sabotage women's recovery from substance use if they perceive that they are less able to control her).

- Women's judgment about their risk may be impaired by substance use.

- Women may struggle to recall and implement their safety plan when under the influence of substances (Parkes, 2007 as cited in Alberta Council of Women's Shelters, 2006).

Programmes assisting women who use substances should:

- Reduce shame associated with substance use, by training staff in working with substance users and promoting a culture of understanding and respect within the shelter.

- Promote understanding of substance use and its risks, while recognizing the challenges that women may experience in their efforts to stop substance use.

- Elicit hope that change is possible and engaging other women who successfully manage their use as models and peer supports within the shelter

(Poole & Coalescing on Substance use, 2007 as cited in Alberta Council of Women's Shelters, 2006; Alberta Council of Women's Shelters. 2009. *Sheltering Practices: Module 3 - Danger Assessment and Safety Planning*)

*Mental Health*

Experiences with violence may lead to a variety of negative mental health impacts, among the other consequences of violence. Mental health conditions are also an additional risk factor for women to experience abuse.

Shelters should consider the following practices in supporting women's mental health:

- Train staff to understand the range of mental health issues that survivors may be experiencing, the symptoms that my be associated with different mental health conditions, and provide them guidance for working sensitively with women who may have varying levels of mental wellness.

- Promote discussion of mental health issues and build trust with survivors to encourage them to disclose any mental health needs they might have. This includes asking them about their concerns.

- Educate women about the connections between violence, trauma, mental health and/or substance use. This may involve providing information to help women view their responses to abuse and trauma as normal, and better understand the social framing of these issues.

- Provide referrals and linkages to trauma and mental health professionals so that women can receive appropriate specialized support as needed.

- Collaborate with mental health services to ensure survivors seeking mental health assistance can safely access abuse/ assault services (adapted from Ontario Woman Abuse Screening Project. 2010 *How Woman Abuse and Sexual Assault Staff Can Provide Mental Health-Informed and Addiction-Informed Services*).

**Example: Supporting women with mental health and substance issues (Canada)**

Through cross-sectoral collaboration and training, shelters in seven regions of Ontario (Canada) have increased their capacity to support abused women with complex mental health and/or substance use issues in accessing relevant services. As part of the Ontario Woman Abuse Screening Project, domestic violence and sexual assault organizations, mental health and addiction agencies, as well as survivors are collaborating to:

1. Assist women with mental health challenges and/or substance use issues to overcome barriers accessing shelters and other services related to violence.

2. Provide women with complex mental health challenges and/or substance use issues improved services within shelters and within other agencies dealing with abuse.

3. Ensure that abused women accessing mental health and addiction supports receive services that are trauma-informed and reflective of their experiences as domestic and sexual assault survivors; and

4. Promote routine, universal, comprehensive screening by mental health and addiction agencies for domestic violence, sexual assault and other forms of abuse-related trauma (i.e. related to institutional violence or a humanitarian setting).

The collaboration has supported efforts such as the provision of fulltime services by two mental health professionals from the Canadian Mental Health Association in London-Middlesex to abused women residing at the Women's Community House shelter for abused women. This increased engagement and training on the linkages between women's experiences of violence and trauma with their mental health and substance use also improves the capacity and comfort of shelter staff and other sexual assault and domestic violence service providers to provide services to women with mental health and/or substance use issues, and increases the accessibility of those services to very marginalized women.

Source: Ontario Woman Abuse Screening Project

**Tools:**

> ➢ ***Trauma and Trauma-Informed Care***. This course will explore the causes, impact, experience, and types of trauma as it relates to domestic violence survivors, and delve into the nature, application and implementation of trauma-informed care. Available in <u>English</u>.

> ➢ ***Understanding Trauma & Mental Health in the Context of Domestic Violence: An Integrated Framework for Healing and Social Change*** (Carole Warshaw for the National Center on Domestic Violence, Trauma & Mental Health, 2012). This webinar provides advocates with an integrated framework for responding to trauma and mental health in the context of domestic violence. It includes a brief overview of research on domestic violence, trauma, mental health, and substance abuse, based on the context in the United States; information on the impact of trauma on development and the brain; and recommendations for policy and practice. Available in <u>English</u>.

> ➢ ***The Trauma-informed Toolkit*** (Klinik Community Health Centre, 2008). Available in <u>English</u>.

> ➢ See also the section on <u>Emotional Care and Support</u> within the Health Module.

Women and girls are more vulnerable to various forms of violence in conflict, humanitarian and emergency or crisis settings (including during and in the aftermath of natural disasters and situations of armed conflict), with incidents of sexual assault and rape, exploitation, abuse and trafficking, as well as domestic violence often increasing in these contexts. In addition to the increased risk of violence, the disruption to basic security, health, justice and social services during crisis and in humanitarian settings reinforce the importance of safe shelter options for women and girls. This is essential for both those who remain in their home communities as well as those displaced to another location.

Establishing women's shelters in humanitarian settings is significantly different than setting up shelters elsewhere, and programmes may focus on preventing sexual violence against women as well as protecting survivors of abuse.

Shelter services in humanitarian and emergency settings generally include:

- Supporting community-based safe houses or accommodation, which may be provided by extended family members, community volunteers or leaders who can support the survivor. As with other safe home initiatives, safety planning and security measures should be established before operationalizing such accommodation options to minimize the risk of harm to survivors and their host families.

- Establishing dedicated safe spaces for women and, where possible, girls, which offer confidential and anonymous access to services (including basic health services), and allow women and girls to meet, share their experiences and discuss concerns with staff and each other. Such spaces should also consider other marginalized groups who may be at increased-risk of gender-based violence (e.g. transgender people.)

- Providing and facilitating access to community-based psychological and social support at women's centres or other safe facilities that can be used for meetings, counseling, skills training, and other activities.

- Designating emergency places for women and girls to receive protection from an immediate threat of violence (which may or may not provide accommodation).

- Assisting women at-risk and survivors to develop a safety plan and access appropriate protection in the absence of such a plan.

- While there is limited guidance specific to women's shelters in humanitarian settings, guidelines for temporary or permanent shelters may be considered in the design or planning of shelters.

To provide maximum safety and protection against violence (including but not limited to sexual violence and exploitation) for women living in private transitional or permanent housing structures, organizations should:

- Review and advocate for clear, consistent and transparent criteria for qualifying for shelter assistance, which does not discriminate against survivors of abuse or women seeking accommodation without a male relative. Criteria should also prioritize marginalized women who may be more vulnerable to violence and exploitation, such as heads of households, those with disabilities, elderly, illiterate or unaccompanied young women, ensuring they are not isolated and provided shelter in safe locations. For example, agencies responsible for allocating temporary or transitional housing may reserve plots for vulnerable groups in central areas, close to security and other service providers.

- Implement processes for determining access to individual accommodation for women, as well as safe communal shelter or foster homes for unaccompanied girls. This may draw upon demographic data collected from registration activities or through collaboration with specialized service providers working with vulnerable groups.

- Seek input from women and other vulnerable groups on an ongoing basis to identify issues and ensure their needs and security concerns are addressed. Women should be fully engaged and included in camp management processes, including in shelter assessments and management committees, where relevant.

- Provide adequate space as well as sufficient and appropriate building materials to allow privacy and set up partitions between families, particularly where individual women or female headed-households are residing next to households with men. Ideally, security features such as door locks should be provided where feasible.

- Ensure that individual accommodation for women does not compromise their safety (e.g. a separate location for single women may in some cases be protective while in other cases, may expose them to harm). Risks should be assessed based on the context using the available [Assessment and Monitoring](#) guidance.

- Regularly assess, monitor and promote the security of accommodation, protection and responses to emerging issues, involving consultation with female beneficiaries as well as women's groups and others responsible for protection and support services. This may also include groups coordinating efforts to address violence against women (e.g. the inter-agency gender-based violence working group or protection cluster, where there is a United Nations presence).

Specific location and physical infrastructure and layout considerations for the shelter space include:

- Consulting with women in decisions related to the location of emergency shelters, layout and materials used, processes for constructing and maintaining temporary accommodation, among other issues.

- Choose a location for the site that allows sufficient sleeping space for the anticipated number of women who may be supported, and that does not pose additional security

and protection risks. This should be determined in collaboration with women, and as part of a broader committee of shelter providers.

- Consider specific risks in the environment surrounding the site, such as the proximity to borders and risk associated with cross-border attacks or distance from food and water collection points, where relevant; as well as proximity or accessibility of the site by trusted security personnel.

- The location of the shelter should prevent isolation, promote a sense of community and reinforce collective protection while preserving women and their children's privacy. There should be a common area for children to play where they can be safely monitored by their mothers or caretakers.

- Provide lighting in communal areas and for personal use (e.g. well-lit latrines and torches for women/families).


Multisectoral coordinated action and collaboration in resource distribution and service provision is central for protection in emergency settings due to the need to quickly establish and implement diverse specialized services (e.g. sanitation and water, health and education, safe shelter). The aim of coordination in these settings is to provide accessible, prompt, confidential and appropriate services, including health, social services, legal, human rights and security to survivors and to establish mechanisms to prevent incidents of sexual violence.

Service providers supporting survivors should be engaged in regular meetings with the shelter coordinating group as well as gender-based violence working groups, promoting the establishment of such a group if it does not exist. Shelter providers should inform the coordinating groups of achievements and challenges in providing safe shelter to women and girls, and contribute to efforts led by agencies coordinating gender-based violence work. This should include the establishment of information-sharing processes to facilitate communication among organizations and registering women and girls arriving at the site. For example, results from coordinated rapid situation analysis can be used to plan safe shelter and programmes. When registering women and girls at the site, those in particular need of safe shelter and assistance should be identified and provided with safe accommodation (i.e. those most vulnerable to sexual violence)

(UN High Commissioner for Refugees, 2003*;* Inter-Agency Standing Committee (IASC) Task Force on Gender and Humanitarian Assistance, 2005. IASC, 2006; Norwegian Refugee Council, 2008; and Ward/GBV Area of Responsibility, 2010)

**Example: Safe Houses in Haiti**

Responding to the growing need for support for survivors of gender-based violence, six safe houses were established across five regions in Haiti in 2011, with support from UN Women, the Ministry for Women's Condition and Rights (MCFDF), and the organizations V-Day and Zonta International.

The houses include Myriam Merlet Safe House in Cape Haitian, and two others run by the Association Femmes Soleil d'Haiti, which provide services in the North, North West and North East regions. Two houses in the West, run by the Ministry and the organization Kay Fanm, has been under reconstruction following the January 2010 earthquake. A sixth house of the network in the South East region will be completed in 2012, operated by the Haitian organization Fanm Deside. The safe houses provide training to practitioners and counselors, as well as mentoring and clinical supervision. The Ministry for Women's Condition and Rights has also provided support by establishing standard operating procedures and a manual of norms for safe houses. The collaboration with the Ministry is critical, as it regulates services provided to women and girls in safe houses at the national level. Targeting safe houses, practitioners, counselors and managers, the guidelines will be published by the Ministry to support their systematic implementation, through certification for safe houses, and quality control of services. The Ministry-operated safe house has been transformed into a training center to support capacity development of future practitioners, strengthening the links and the partnership between the government and women's organizations. These trainings are essential to ensure that every woman, no matter where she lives, has equal access to quality services, including counselling, medical services, the police and the judiciary.

(*Adapted from*: UN Women. 2012. Safe Houses Provide Critical Support to Survivors of Violence in Haiti.)

**Tools:**

- ➢ ***Shelter: Gender Market Tip Sheet: Gender Equality in the Project Sheet*** (Inter-Agency Standing Committee - IASC, 2010). This tool provides examples and suggestions for programmers to ensure gender is appropriately considered throughout the planning, implementation and monitoring of a shelter initiative, which can be adapted further to focus on issues of gender-based violence. Available in English.

- ➢ ***Collective Centre Guidelines*** (United Nations High Commissioner for Refugees and International Organization for Migration, 2010). These guidelines provide suggestions for programme planning around collective centres, including risk factors for gender-based violence and strategies to address them. Available in English.

- ➢ ***Camp Management Toolkit***, ***Chapter 10: Prevention of and Response to Gender-Based Violence*** (Norwegian Refugee Council, 2008). Available in English.

- ➢ ***Guidelines for Gender-Based Violence Interventions in Humanitarian Settings. Shelter and Site Planning in Emergency Settings*** (IASC, 2005). This tool provides detailed guidance on how to coordinate, design and establish shelters and services in emergency settings such as armed conflict. This includes steps required to Assess Security and Define Protection Strategy; Provide Security in Accordance with Needs as well as sections on Coordination and Shelter and Site Planning. Available in English.

- ➢ ***Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons.*** *Guidelines for Prevention and Response* (United Nations High Commissioner for Refugees, 2003). This guide is for UN agency staff, inter-governmental and non-governmental organisations, refugees and host government agencies who provide protection and assistance to refugees and other persons of concern. The guidelines examine the root causes and factors contributing to sexual and gender-based violence and provide a framework with practical actions for developing effective prevention and response strategies. Available in Arabic, English, French, Romanian, Russian, Spanish and Swahili.

**Specialized shelters for various forms of violence**

**General Considerations**

Most shelters are established and designed to support survivors of domestic violence, which may involve the provision of various legal, psychosocial, financial, housing, and personal services that may also benefit survivors of other forms of violence. Despite the general value of these services, they are often designed to meet the specific circumstances of women fleeing intimate partner violence, such as security issues focused on a single perpetrator; custody; and other concerns related to the change in relationship). These are not necessarily relevant for women experiencing other forms of violence (i.e. sexual violence, trafficking, harmful practices such as female genital mutilation/cutting, forced marriage, and 'honour-related' violence).

It is considered good practice to provide specialized services tailored to women's specific experiences of abuse, which can offer a range of benefits including:

- facilitating access to culturally-relevant assistance.

- responding to the specific confidentiality and advocacy needs related to legal, financial, housing, and personal challenges relevant to the form of violence experienced.

- ensuring that service providers have the knowledge and resources available to address the complexity and distinct causes and effects of the violence experienced.

- promoting accessibility to shelter protection for women facing any form of abuse.

Although specialized shelters for different forms of violence typically do not exist in sufficient quantity to meet the demand of survivors, shelter providers can respond to all women by:

- providing training for staff on specific forms of abuse and specific situations to promote a knowledgeable and skilled response.

- integrating policies and practices that allow all women, and where possible girls, regardless of the form of violence suffered, to receive some measure of protection, and ensure that shelter accommodation and services are offered, whether or not staff have specialized knowledge in the specific form of abuse (UN Division for the Advancement of Women, May 2009; Talens & Landman, 2003; United Nations Population Fund, 2007; and Wikström, 2010).

➢ See also guidance on Shelter Planning and Design.

**Domestic and sexual violence**

The most common shelter services provided to survivors of domestic violence include:

- Ensuring the specific security needs of women and their children as identified upon their arrival through a detailed risk assessment and safety plan.

- Providing accommodation and programming for children accompanying their mothers, regardless of their age and gender. This may also involve the provision of private accommodation and other shelter options if there are challenges in housing older or male children at the facility. See services for women with children.

- Collaborating with law enforcement and judicial officials to ensure women have access to orders of protection, supervised visitation programmes, among other legal measures to physically protect them and their children.

- Assisting women with employment opportunities, as well as financial and longer-term housing supports, where needed.

- Supporting women in their decisions regarding the support they choose to seek, in line with the principles of survivor-centred and empowering approaches.

---

**CASE STUDY: Oranje Huis (the Netherlands)**

Blijf Groep, a Dutch women's shelter in Noord-Holland and Flevoland (the Netherlands) has been working on domestic violence for nearly 40 years and offers varying services. Blijf Groep has two temporary shelters for women in crisis, which are linked to 5 shelters where they can stay for up to 9 months. In 1998 the group developed Domestic Violence Support Centres in several cities, to provide non-residential services for survivors. Both women and men can come to these support centres for individual help or for counselling with their partners, as well as for information and advice. Through these support centres, social workers first came into direct contact with the perpetrators, primarily the husband or boyfriend of the woman seeking help. Challenges identified over the years related to how to find more effective ways of addressing domestic violence, prevent repeated cycles of violence and engage women sooner to minimize the long-term consequences of the abuse, recognizing that the same women were coming to the shelters over and over again.

The Oranje Huis (Orange House) pilot was developed from 2008 to mid-2011, in cooperation with the Ministry of Health, Welfare and Sport, with a main purpose to develop a new approach in women's sheltering. This followed a study in 2006 that showed improvements could be made in response to women and men who wanted to end the violence but not necessarily the relationship. The initiative has demonstrated positive results and was designed based on the experience of the shelters, and insights learned through engagement with both victims and perpetrators, which was confirmed by research, academic knowledge, and international experiences in domestic violence; a survey conducted in Dutch women's shelters, and literature on child abuse, intergenerational transmission of violence, parenthood and parenting.

The Oranje Huis uses a new approach in which the shelter is visible in a disclosed location. The building is labelled "Oranje Huis", information is included in the telephone book, there is active promotion of shelter services, and the media as well as many guests have been invited to the shelter. There is a Domestic Violence Support Centre on site to provide services collectively under one roof in order to improve support for domestic violence survivors. Research has shown that women who enter a shelter have experienced domestic violence for an average of nine years. The Oranje Huis model aims to be convenient for individuals coming from different locations, to increase its accessibility and help reduce the downward spiral of domestic violence sooner. Every client gets a tailored programme, which is supported through the model's five main features: 1) an open setting; 2) all services under the same roof; 3) a new approach to safety (including specific attention on children); 4) family programs involving perpetrators (and specifically addressing parenting issues); and 5) separation of accommodation from help and advice.

Results:
- Women report feeling secure in the House even though it is not a concealed location.
- Among those staying in a traditional shelter, about 40% of women return to their partner, while only 19% of Oranje Huis residents return to their partner.
- Anecdotal reports suggest that the Family Programs may help women to be realistic in their expectations. The perpetrator is directly involved in making the family plan, which confronts the woman with the positive and negative sides of her relationship and seems to highlight the realistic possibilities for change.
- The Family approach leads more directly to a break in the pattern of domestic violence. All women leave the shelter with a safety plan for her and her children.

Read the full Case Study.

**Source:** Margje de Jong for Blijf Groep: http://www.blijfgroep.nl/.

Although there are few dedicated shelters for survivors of sexual violence, women and girls may require shelter support in various circumstances. For example, this may include: settings where their physical security cannot be guaranteed or they face continued risk of exposure to the perpetrator; when they have experienced rejection by their families or community (e.g. especially relevant for young women and girls); if the trauma suffered from the experience has reduced their ability to maintain their home, employment, or live independently; and where they need support beyond what is available at home to pursue justice or recover from their experience.

Survivors who are homeless may also seek accommodation in shelters, and who may be at increased risk of sexual violence due to factors such as: participation in high-risk behaviours to survive; fear of authority figures and reporting; insecurity of sleeping spaces (homeless shelters, streets, etc.); and institutional barriers related to accessing services (e.g. limited shelter capacity or lack of services for sexual assault survivors) (Victim Rights Law Center, Presentation for Second World Conference of Women's Shelters, 2012).

In addition to the general protection and supports frequently provided in domestic violence shelters, specific services which should be provided alongside accommodation for women who have experienced sexual assault or rape include:

- Appropriate and timely health services (e.g. forensic exams, post-exposure prophylaxis, etc.).

- Counseling services tailored to sexual assault survivors.

- Information and support to access legal assistance, protection and other psychosocial services (Inter-American Commission on Human Rights, 2011).

**Example**

Medica Zenica is a non-governmental women's organization founded in Bosnia in 1993 to address the effects of systemic rape against Bosnian women during the war. The primary goal of the organization is to provide shelter, psychosocial support and therapeutic counselling to survivors of rape and trauma. The model of service comprises:

- Providing holistic support for women and girls through:

    o    Primary medical care;

    o    Medical outreach to remote areas of the country;

    o    Shelter;

    o    Psychological therapy and counselling;

    o    Legal assistance;

    o    Emergency telephone hotline support;

    o    Professional training and vocational services;

- Tracking the existence of varied forms of violence against women (i.e. domestic violence, sexual assault, trafficking and sexual harassment), and analyzing needs for appropriate services;

- Participating in community-based programming on prevention and prosecution of violence, including creation of a local network of services for survivors, and developing case management protocols across sectors;

- Providing educational programmes for professionals including law enforcement and criminal justice professionals, and training in non-violent conflict transformation and reconciliation; and

- Research and advocacy to promote women's right to live free from violence and to develop policies protecting the rights of women survivors of conflict-related rape (OSCE Secretariat, 2009).

Source: Medica Zenica website. Safe House

**Case Study: Asociación Calidad de Vida, Casa Nova:**
**Managing cases of incest and sexual abuse (Honduras)**

The Asociación Caldidad de Vida in Tegucigalpa, Honduras, through its shelter for survivors of violence (Casa Nova), has developed a comprehensive care programme to manage cases of incest and sexual abuse against girls under the age of 16. The shelter supports an average of 400 girls and boys and 120 women annually. The intervention involves physical, mental, educational, moral and spiritual components to improve the girls' quality of life, helping them to develop life skills in a variety of areas, take ownership of, understand and learn to live with their experiences. The methodology also works to improve and restore family relations (with the mother) and create safe spaces for the girls.

The initiative has developed in response to the complex physical and emotional circumstances affecting girl survivors of incest and sexual abuse, who are often pregnant and have mental health conditions, such as signs of low self-esteem, lack of empathy and depression, post-traumatic stress disorder, aggression, behavioural problems, difficulties in adapting and learning, nightmares, anxiety, and rejection of their mothers. Given this context, the shelter provides psychological, medical, social and spiritual care for the girls, covering human development; conflict resolution and anger management; fear and forgiveness; recreation and occupational therapy. Educational and legal assistance is also included, and all girls must be accompanied by their mothers or an adult caretaker, given their status as minors.

The multidimensional programme methodology has contributed to the following outcomes, as demonstrated by specific results from a sample of 25 cases supported by the shelter:

- **Reporting of crimes to the appropriate authorities**. In 88% of cases, the survivor reported the crime when there was full legal support they received.

- **Support from the mothers**. Around 76% of girls received the support of their mothers following comprehensive work with both.

- **Dispelling myths and beliefs about the violence**, including the girl's sense of guilt. All of the girls and mothers demonstrated a shift from myths and false beliefs about the sexual abuse, incest and violence which they had experienced.

- **Emotional stability** through cultural, educational and therapeutic activities, with full participation of girls when activities are based at the shelter.

- **Acceptance of the pregnancy,** given lack of legal abortion options, despite their young age (around 80%), particularly for girls accessing services earlier in the pregnancy.

- **Stronger mother-daughter relationships**, with 72% of the cases successfully reuniting mothers with their daughters.

- **Achievement of age-appropriate development outcomes**. The support provided by mothers enables girls to engage in and experience age-appropriate activities (e.g. attending school, socializing with peers, etc.). This has also included the adoption of the baby by the mother in some cases.

- **Reintegration into the education system**. After leaving the shelter with their babies, 60% of the girls have continued with their studies.

A case example highlights the process of recovery supported by Casa Nova. Mirna (*name changed to protect identity*), a twelve-year old, was referred to the shelter by a nun, because she needed special care and treatment which was different than she was receiving in the public hospital. As a result of sexual abuse by her step-father, she became pregnant, was severely malnourished and anaemic, and suffered blame, rejection and discrimination from her community, including expulsion from school. Although she arrived without her mother, the Office of the First Lady paid for her care so she could receive support.

The shelter first focused on stabilizing her health and providing psychological and social first aid, which included accompanying her to the hospital on a daily basis; assisting her to receive three blood transfusions by identifying an appropriate blood donor; and providing a special diet to improve her nutritional status. A specific plan was established for her in partnership with the Honduran Institute for Childhood and the Family (*Instituto Hondureño para la Niñez y la Familia*) the State Office for Childhood (Fiscalía de la Niñez), social workers and doctors, and the nun who had referred her.

Once her health began to improve, the staff began the therapeutic work, involving coordination among a team of female psychologists, social workers, doctors and teachers. With preparation and support over time, the shelter was able to connect the girl with her mother who had also experienced domestic violence. When her mother and two sisters left the abusive step-father, they came to live in the Casa Nova, with the process focused on providing emotional support to the family, given the anger the girl felt toward her mother.

Since her stay at the shelter, Mirna (now 19) has continued with her education and will graduate from secondary school, with hopes to become a nurse. Her mother adopted the baby and she has been able to participate in regular social adolescent activities.

A standard series of steps is followed in cases such as Mirna's, which involves:

1. Immediate attention or first aid: physical, psychological and social
2. Treatment for malnutrition
3. Crises intervention
4. Sex education, especially for girls' to understand their bodies
5. Dispelling the myths about the body (e.g. sexual abuse and incest are the girls' fault)
6. Spiritual care and support
7. Conflict resolution skills to manage feelings of guilt, anger, loneliness, anxiety, fear resentment (e.g. using breathing techniques and meditation)
8. Occupational therapy
9. Therapeutic and recreational outings
10. Psychological therapy, including individual and family therapy, counselling for sexual abuse and ongoing crisis intervention, as needed
11. Support and discussion groups
12. Activities to channel feelings
13. Pregnancy-related support and preparation for becoming a parent

This process aims to develop skills which the girls can use to manage their situation during their time in the shelter and when they return to their communities.

**Lessons Learned**

- Acquiring support from mothers is critical in managing cases of sexual abuse and incest. Mothers must be aware of their daughter's experience and engaged to empower her on the issue and provide support to her. As the girls will often feel anger towards their mothers, the process should also focus on forgiveness between the two, which is critical for reuniting them and creating a life plan involving the two of them.

- It is important that the mother and daughter live together, where possible, rather than isolating the girl on the pretext that she has to get away from her abuser if he has not been arrested or if the legal proceedings have been dropped.

- Shelters should be flexible about the time required for the girls' treatment. Although Casa Nova regulations state that women can stay for a maximum of three months, girls often need more time to recover and have been allowed to stay for as long as needed to go through the process of reuniting with their mothers. All girls have stayed at the shelter until they have had their babies, with average stays of six months.

- In cases where it is not possible to reunite mother and daughter, the shelter should assist in the process of finding an appropriate home or centre supporting adolescent mothers.

- Comprehensive programming involving a multidisciplinary team is valuable for supporting a holistic recovery from the abuse. This should involve inter-institutional coordination to fill the gaps between shelter services and other institutions providing services for girls.

- Health care personnel engaged in the initiative must be well-informed, qualified and dedicated to ensure girls receive appropriate and sensitive care, and are not re-traumatized by them. This includes coordination with public hospitals to ensure the girls are provided age-appropriate support and services during the labour and delivery process (e.g. such as having a caesarean if her body is not capable of delivering naturally).

- Psychological support should be provided over a long-term period, where possible, recognizing the lasting effects and time required for girls to recover from the abuse.

Sources: Ana Lisseth Cruz, Executive Director of Casa Nova and Anna-Maria Neppel, Canadian Network of Women's Shelters and Transition Houses. 2011; and Associación Calidad de Vida website.

**Trafficking**

The needs of women and girls escaping trafficking vary depending on the form of exploitation they have experienced and the context in which the abuse took place (i.e. within their country of origin or across national borders). Trafficked women seeking shelter may have been abused within their own community, in a transit country or other destination, which affect the assistance that they may have access to (e.g. legal protection, housing assistance, etc.) and the decisions they must make when seeking support (e.g. return to their previous home or stay in their current country or community).

Various factors affecting trafficked women demonstrate their need for specific accommodation and support, including:

- The ways in which abuse was experienced (e.g. physical, sexual, emotional) and resulting needs. For example, while sexual violence and abuse may be faced by many women in general; women and girls trafficked for sexual exploitation may need specific services in response to the magnitude of sexual abuse they have encountered.

- The legal rights and options for women who are trafficked across national borders to remain in the country of destination, if that is their preference. This is particularly complicated where women do not have identity documents or when a girl seeks support and does not have decision-making status as an adult.

- The heightened security risks a woman escaping trafficking may be facing and related needs for additional protective measures, for example, to ensure her safety from organized crime groups and precautions that need to be taken if law enforcement officials cannot ensure her protection.

- The state and non-governmental counter-trafficking assistance and protection frameworks in place at the local, national and regional levels, as well as opportunities to work on behalf of and in partnership with survivors.

- The re-victimization and violations that survivors may face when seeking support, such as:
  - Placement in detention or immigration facilities in the absence of women's shelters and against their consent.
  - Conditionality of accommodation or protection services (e.g. shelter may be provided by the state only when a survivor provides a testimony or offers other support toward the prosecution of traffickers).
  - Mandatory or invasive medical examinations or testing for diseases, such as HIV.

These circumstances reinforce the importance of establishing specialized shelters and services for trafficking survivors, which should have the capacity to support:

- Legal assistance for survivors to safeguard their residence/legal status and other rights. It is important that the opinions of girls who are minors are considered and respected in determination of their guardianship, accommodation and legal representation (Committee on the Rights of the Child, General Comment No. 6, 'Unaccompanied and Separated Children Outside their Country of Origin' (CRC/GC/2005/6))

145

- Referrals and safe returns for women wishing to relocate or resettle in a particular community. This should involve a safety assessment to ensure the survivor's security with the family (or guardian in cases of minors) as well as in the community. Reintegration should be accompanied by follow-up psycho-social assistance to the survivor to minimize the risk or re-trafficking, awareness-raising and sensitization with families, the community and service providers to prevent discrimination and stigmatization.

- Victim and data protection, particularly for those at risk of retaliation and re-trafficking.

- Specialized counseling support.

- Access to programmes which provide compensation and financial assistance, as well as vocational training or livelihoods support.


Shelters may contribute to each of these areas of assistance through the provision of direct support or advocacy within other systems and agencies for responses and protocols that protect women and girls.

Considerations in the development of specialized shelter facilities or services for trafficking survivors include:

- A variety of shelter models can be used to provide appropriate options for survivors, including: drop-in centres where women can access temporary accommodation and receive information on services available and referrals to police, legal, medical and other supports; secure shelter facilities; or confidential apartments. Physical standards for these spaces should align with general shelter guidelines, although additional security measures may be required.

- The type of shelter provided should reflect the woman's stage of recovery from the abuse:
  - Emergency, short-term accommodation and access to basic protection, medical assistance and legal services often needed when a woman is first escaping abuse.
  - Short-term shelter and supports for women who have returned to their communities of origin.
  - Medium-term second stage or transitional housing to assist women while they plan for longer-term housing or are processing their legal status (in cases where women are reintegrating into a new country).
  - Longer-term housing or independent living accommodation support.

- Girls should be provided with specific longer-term accommodation (ideally separate shelters for girls) and where this is not feasible, additional support services should be available for child victims of trafficking (e.g. trauma-informed care, legal protections and educational supports, among others).

***Example****: Public-Private Partnership to Prevent Trafficking in the Philippines*

The non-governmental organization Visayan Forum Foundation (VFF) operates four shelters for victims at major Philippine ports, including Manila and Davao. The Philippine Port Authority, police, and shipping companies, including the country's largest passenger shipping company, identify victims, mainly children, transiting the port and turn them over to VFF, which provides housing and protection. VFF then works with police to facilitate investigations and with the Department of Social Welfare and Development (DSWD) to repatriate and counsel victims. At the Davao shelter alone, VFF serves up to 45 victims a week.

Extracted from USAID.2006. Linking Gender-Based Violence Research to Practice in East, Central and Southern Africa: A Review of Risk Factors and Promising Interventions.

- Shelter support should be part of a holistic response process to facilitate women's safe return to their country or community of origin (if they choose to return), with service providers participating in multisectoral coordination mechanisms. Such systems can ensure survivors have access to:
    o Services and support in the host country, including emergency, short-term accommodation alongside protection, medical and legal services.
    o An adequate period of time enabling the woman to recuperate.
    o risk-assessment based on their individual needs and community situation and preparation/planning period before the return.
    o Regular monitoring of their situation by case managers or other service providers to ensure the survivor's well-being in the reintegration process. For example, this may include regular (i.e. weekly) visits with the survivor by a designated case manager, which decrease over time according to the wishes of the woman or girl as well as coordinated review of the case by a multidisciplinary team of service providers.
    o A range of long-term financial, employment and housing services and support in the country of return.

**Example**: The Dutch Foundation against Trafficking, known as the Coordination Centre Human Trafficking (COMENSHA), is one of nine member organizations of La Strada, an international network that aims to prevent trafficking in human beings, with a particular focus on women in Central and Eastern Europe. COMENSHA functions as a national reporting and registration point for trafficked persons. Once a person returns to his or her country of origin, COMENSHA coordinates return and reintegration steps in that country through La Strada or other local organizations to ensure the provision of shelter for returned victims and of support towards their reintegration. COMENSHA also supports clients who do not want to return to their country of origin.

Excerpt from UNODC. 2008. *Toolkit to Combat Trafficking in Persons*. UNODC. Vienna.

➢ See also *Reintegration Plan for Victims of Trafficking in Human Beings: Good Practice and Recommendations* (La Strada, 2008), which offers side-by-side comparisons of four reintegration plans with details on the needs assessment, methodology used, sample forms and information about monitoring based on the context in Moldova. Available in English.

• Victim protection (including security of data) may be provided through:
  o Physical protection (i.e. confidential and secure shelter facilities provided without conditions to all women who seek support).
  o Psychological assistance (i.e. avoiding re-victimisation, providing special psychological support, advocating for protection within anti-trafficking, legal and coordinated response systems).
  o Providing or advocating for legal assistance for victims engaged in criminal proceedings.
  o Facilitating access to national witness protection schemes and advocating for them to be adapted to ensure the safety and security of women who are victims of trafficking.
  o Maintaining the anonymity of women in the shelter and protecting the confidentiality of their information.

**Code of Conduct for Establishing a Confidential Shelter (Serbia and Montenegro)**

## 1. Principles
The purpose of the shelter is to create a safe space for trafficked women, including:
- Adequate and safe housing;
- Access to all relevant health and social services;
- Counselling in the trafficked woman's native language; and
- Opportunities for education and training.

## 2. Target groups
Target groups for the shelter are:
- Foreign women who have been trafficked to the Federal Republic of Yugoslavia (FRY) for the purpose of sexual exploitation;
- Women who are FRY nationals trafficked for the purpose of sexual exploitation or any other form of exploitation and returned to their country of origin;
- Foreign women being trafficked to the FRY for the purpose of exploitation (forced marriage, domestic labour, and other forms of exploitation); and
- Women who are FRY nationals being trafficked within the FRY for the purpose of sexual exploitation.

## 3. Security
The shelter should be guarded 24 hours a day. Furthermore, quick reaction capacities for emergency situations, flexibility of service, confidentiality, and escort of women and staff for routine medical visits or recreational outings must be in place.

The address of the premises should be confidential. Implementing partners are not entitled to pass on the address, including to the press.

## 4. Entry to the shelter
If they voluntarily accept to access the shelter, trafficked women are referred to the shelter by the Mobile Team of the National Referral Mechanism.

Each woman must be apprised of, and accept, the rules for living in the shelter.
Violations of the rules lead to immediate exclusion from the shelter.

The rules of the shelter include cleaning and cooking duties, agreement on regulations for entering and leaving the premises, and restriction in telephone communications.
Even though a large number of women staying in the shelter might want to return to their countries of origin, this is not a precondition for acceptance to the shelter.

The legal framework for staying in the shelter is defined in the letter of intent and on the basis of Yugoslav and Serbian legal provisions for foreigners.

**5. Structure**

A consultation board consisting of the members of the Mobile Team and the OSCE Mission to Serbia and Montenegro (formerly, the Federal Republic of Yugoslavia) will monitor the implementation of the shelter and its ongoing activities.

**i.  Memorandum of understanding**

A memorandum of understanding between the implementation partners (IOM and Counselling Against Family Violence) will be signed.

**ii.  Letter of intent**

A letter of intent should be signed between the implementation partners and the republican and federal Ministries of Interior, which may contain agreements on the following issues:

- Access to jails and detention centres.
- Police reaction and support during emergencies at shelters.
- Police escort for any official travel.
- Expeditious referrals of women in detention to victim-protection services.
- Securing the safety of the shelter and its staff and clients.
- Short-term permit (30-day) to stay according to the recommendations of the European Commission.
- Identifying a focal point at the relevant law-enforcement agency.

**iii. Management of the shelter**

Counseling Against Family Violence is responsible for managing the shelter.

**iv. Services**

During the stay in the shelter, the following services are offered to the women:

- Medical screening;
- Psychological consultation;
- Legal consultation, including informing the women of further possible procedures such as filing a complaint, criminal proceedings as a witness in a trial, and/or applying for asylum;
- Social counseling, including assistance in reissuing documents and preparation for returning to the country of origin;
- Escorting women to places outside the shelter; and
- Interpretation.

All of the above-mentioned services are offered on a voluntary basis and are not mandatory.

**v.  Concurrent activities**

Concurrent activities and services are be provided in the shelter such as:

- Television, videos, books, board games, and magazines;
- Crafts, painting, and language study; and
- Recreational outings to parks or museums.

Source: Developed in Serbia by the multidisciplinary team under the guidance of the OSCE mission (2001). *Op.cit.*,Note 45, *Anti-Trafficking Activities of the Yugoslav Team*. (Excerpt: OSCE/ODIHR. 2004. *National Referral Mechanisms - Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook*).

- Shelters should be familiar with any legal commitments and policies related to compensation and financial assistance available for trafficking victims related to their personal suffering due to physical and psychological stress, and losses caused by damages and withheld earnings (European Women's Lobby & Nordic Baltic Network, 2005-2008). See specific guidance on legislative measures.

- Services should facilitate survivor access to appropriate education and training opportunities within shelter facilities, which are linked with longer-term livelihood interventions and supports once they have integrated within a community and are living independently. Educational assistance is particularly important to help women broaden their potential employment opportunities and skills development (UNODC, 2008).

---

**Example: The POPPY Project (United Kingdom)**

The POPPY Project in the United Kingdom provides accommodation in a 40-bed facility for women over the age of 18 who have been trafficked for sexual exploitation or domestic slavery. Women receive assistance from a senior support worker and a range of specialist services including:

- A food/subsistence allowance
- Needs and risk assessments and safety planning
- Health and needs assessment
- Registration with a medical doctor to receive any necessary medical treatment
- Counselling services
- Legal advice
- Education and English language classes
- Education sessions regarding equal opportunities, welfare benefits and healthy relationships
- Assistance with contacting family and friends
- Support for access to legal advice, including information relating to immigration status and applications for asylum
- Liaison with police and immigration services
- Support with asylum and immigration process
- Support for integration and/or re-settlement including support for voluntary safe return to the woman's country of origin if applicable

In order to provide safety for women when accommodation at the project is full, POPPY works with community partnerships to access alternative safe accommodation and solutions including:

- Hostels working with homeless people
- Shelters for victims of domestic violence
- Embassies
- Refugee Legal Centre
- Immigration Advisory Service;
- Refugee Arrivals Project
- International Organization for Migration

Source: Eaves. Accommodation and Support POPPY Project.

---

**Tools:**

➢ ***Psychosocial Care for Women in Shelter Homes*** (UNODC, 2011). This manual is a resource for developing capacity of staff working in shelters for trafficked women, based on the context in India. The manual highlights the specific needs of women in institutions, enables caregivers to understand these needs and gives them an insight into the spectrum of psychosocial interventions. It aims to strengthen service provider understanding of the various laws and policies that are available to safeguard the rights of women in India with an additional focus on the importance of staff care and stress management as well. Available in English.

➢ ***Victim Translation Assistance Tool - Life support messages for victims of human trafficking*** (UNODC, 2010). This tool is a unique resource for service providers to assist basic assistance to victims of human trafficking. Developed in collaboration with survivors of trafficking and survivor support experts, the tool uses audio messages with key encounter messages to facilitate the identification of and communication with a trafficked person and the launch of a criminal investigation. The tool contains 35 recorded basic questions and messages, which are translated into 40 languages, tailored for the gender of survivors and include special questions for children. Available in English.

➢ ***Manual for Work on SOS Hotline for (Potential) Victims of Human Trafficking*** (ASTRA – Anti Trafficking Action, 2010). This manual is for programme managers and organizations establishing or supporting a hotline for violence survivors or those at-risk of violence. Based on the experience of the anti-trafficking hotline established by ASTRA in 2002 in the Republic of Serbia, the guide provides: a brief introduction to the issue of trafficking; guidance on establishing, managing and running a hotline for potential trafficking survivors; identifies its potential linkages to other programs; its role in the referral system; and includes forms and additional reference material as annexes. Available in English.

➢ ***A Guide for Mothers, Grandmothers, and Others for Helping a Girl Caught in Prostitution or Sex Trafficking*** (Women's Justice Center)**.** This guide is for female relatives of girls and young women at-risk or engaged in prostitution or sex trafficking. It provides step-by-step guidance on responding to warning signs, filing a police report, and handling a daughter's arrest or death due to prostitution or sex trafficking. It includes information and links to online resources, and features six true stories from North and Central America. Available in English and Spanish.

➢ ***Toolkit to Combat Trafficking in Persons*** (UNODC, 2008). This resource is for policymakers, law enforcement and justice actors, as well as service providers and civil society actors addressing trafficking. The toolkit provides guidance on relevant legislative and practices, recommendations on training materials and other programming resources for government and non-government actors as well as includes promising practices of anti-trafficking interventions from around the world. Available in English.

➢ ***Guide to Ethics and Human Rights in Counter-trafficking: Ethical Standards for Counter-Trafficking Research and Programming*** (UNIAP, 2008). This guide is for practitioners and programmers implementing counter-trafficking programmes. The Guide provides seven guiding principles for counter-trafficking programmes to consider and follow, including illustrative programme examples from Asia and annexes with sample consent forms and checklists for conducting research and programming. Available in English.

➢ ***Combating Human Trafficking in the Americas: A Guide to International Advocacy*** (Global Rights, 2007). This guide is a resource for civil society organizations seeking to promote the rights of trafficked persons and advocating for human rights at the international or regional level; working on migrant, women or children's rights; or providing training on human rights. The guide provides information on the international and regional legal frameworks, institutions and mechanisms relevant for anti-trafficking advocates based in the Americas, including opportunities for NGO advocacy and contributions and annexes with contact information, references and websites. Available in English.

➢ ***WHO Ethical and safety recommendations for interviewing trafficked women*** (Cathy Zimmerman and Charlotte Watts for the World Health Organization, 2003). This report is a resource for researchers, media, and service providers with limited experience working with trafficked women. The recommendations should be used together with existing standards and include ten basic standards for interviewing women who are in or have left a trafficking situation with an explanation provided for each standard and suggestions for their implementation. Available in Armenian, Bosnian, Croatian, English, Japanese, Romanian, Russian, Spanish and Serbian.

➢ ***The IOM Handbook on Direct Assistance for Victims of Trafficking*** (IOM International Organization for Migration, 2007). This resource provides detailed guidance on establishing and managing shelters for victims of trafficking. Available in English.

➢ ***Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building*** (Planete Enfants, 2005).Available in English.

➢ ***National Referral Mechanisms - Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook*** (OSCE/ODIHR, 2004). This resource provides guidance for operating shelters for survivors of trafficking, including samples templates such as a Code of Conduct for maintaining the confidentiality of a shelter and checklists for programming, based on the context across countries in North America and Europe. Available in Albanian, English, French, Russian, Spanish, and Turkish.

➢ ***Minimum Standards of Care and Support for the Victims of Trafficking and Other Forms of Violence in South Asia*** (South Asia Regional Initiative/Equity Support Program). Available in English.

➢ ***South Asian Resource Book on Livelihood Options for Survivors of Trafficking and Other Forms of Violence*** (South Asia Regional Initiative/ Equity Support Program). Available in English.

➢ See additional tools on Trafficking from the Virtual Knowledge Centre Tools Database.

**Harmful Practices**
Shelters assisting women and girl survivors or at risk of harmful practices, such as forced marriage, female genital mutilation, and crimes committed in the name of 'honour' must consider the specific circumstances related to each form of violence and tailor their practices regarding the provision of safe emergency and longer-term accommodation, legal, financial and psychosocial supports accordingly.


*Forced marriage*
Women and girls fleeing forced marriage often experience a range of specific challenges to receiving assistance, in additional to general barriers to help-seeking. These challenges include:

- Lack of legal protection from forced marriage. While international and regional agreements establish protections against forced marriage, many countries do not have comprehensive laws and policies to protect and assist young women threatened with a forced marriage or victims of forced marriage. This creates particular challenges for minors who seek shelter assistance, who may be unable to access legal protection from social service agencies and are returned to their families, further increasing their risk of abuse. See specific guidance on forced marriage legislation.

- Heightened risks associated with disclosure. For example, young women may receive threats or be at-risk of violence (e.g. honour-related crimes) if their families learn of their efforts to seek help. Parents may threaten to marry a younger sibling if the girl doesn't submit to the forced marriage. Concerns over their families being deported or other immigration-related fears may also prevent girls to seek support. In small communities or areas where access to services may be limited or confidentially cannot be guaranteed, these issues may be of even greater concern.

- Perceptions that the forced marriage is not a form of violence and is a norm within their family or community, reducing their likelihood to seek service assistance.

- Limited knowledge or capacity of service providers and other professionals to recognize the issue or ask questions when screening for abuse which could help girls in reporting the issue. This is related to the dearth of specific guidance and tools available on the issue.

- Low awareness-raising and preventive efforts within the community and schools to inform youth, educators, community leaders and service providers of forced marriage and services for those at-risk.

Shelter services for survivors or those at risk of forced marriage should consider their specific needs by:

- Including a definition of forced marriage in relevant policy documents and integrating the issue within agency practices, for example, during intake and risk assessment processes. For example, this might involve reviewing risks specific to forced marriage, such as travel to visit family members, in another community or abroad, and planning safety measures in case a forced marriage takes place (informing trusted friends/ family of travel plans, with dates and contact addresses, leaving telephone numbers, keeping an emergency mobile phone and information on local organizations/ individuals who can provide protection and assistance if needed.

- Having policies that respond to women and girls' perception that their need for shelter is damaging to their family honor; and the potential for family members to use coercive and threatening behaviour to compel their return or sever their contacts with support services.
- Ensuring anonymity of women and girls seeking support, particularly given the potential for retaliation and further harm by their family.
- Providing counseling and care that reflects understanding of the impact of sudden absence of family.
- Providing special protection measures for victims and shelter personnel to address the heightened risks associated with families that may pursue the victim.  This may entail "*intensive searches, extreme threats, emotional blackmail, promises and reporting them to the police or attempting to track down the escapee by smuggling female family members into the refuges*" (TerNedden, Hamburg Ministry for Social and Family Affairs).
- Facilitating access to long-term accommodation that helps them transition into a life independent of their family. See, for example, the experiences of the Umoja village and the Tasaru Ntomonok Initiative in Kenya.
- Providing opportunities for girls to seek assistance who may not be able or ready to visit a shelter facility (Hamburg Ministry for Social and Family Affairs).

(Advocates for Human Rights, Rights of victims; Tahirih Justice Center, 2011; Roy, Ng, and Larasi, 2011; Felz, Said, Triebel, and Lawaetz-Foundation, 2006)

**Do's and Don'ts in Forced Marriage Responses (United Kingdom)**

<u>**DO**</u>

&#10003; Provide information on services available to victims

&#10003; Make sure you complete a risk assessment

&#10003; Assure the victim that forced marriage is a human rights abuse and is not sanctioned by any religion.

&#10003; Also assure the victim of confidentiality wherever you can and ensure discreet means of contact

&#10003; Always speak to the victim on their own. The presence of potential perpetrators may prevent the victim from speaking openly. If a meeting takes place in the presence of other professionals, make sure the accompanying person understands the implications of confidentiality

&#10003; Keep all communication sensitive, open and non-judgmental

&#10003; Give the victim all the realistic options available in their particular case

&#10003; Consider whether it is appropriate to apply for an order of protection

&#10003; Develop/implement a safety plan to minimise risk to the victim

**DO NOT**

&#8855; **Do not** use family members, friends, neighbours or those with influence in the community as interpreters. Victims may feel unable to speak openly in front of them and sensitive information may be passed on to others and place the victim in further danger.

&#8855; **Do not** mediate with family members. Doing so may increase the risk of serious harm to the victim. Experience shows that the family may not only punish them for seeking help but they may also deny the forced marriage is taking place while moving it forward

&#8855; **Do not** disclose information that may increase the risk of serious harm to the victim. No matter how trivial the information may appear, always honour the victim's wishes – their instincts are nearly always correct.

&#8855; **Do not** - and this is extremely important – do not send a victim back to a perpetrator against their wishes. The perpetrator could be a parent, a sibling, a relative, a family friend – it doesn't matter, don't send them back.

&#8855; **Do not** re-house a victim locally unless specifically requested after all the risks of harm have been explained to the person. Where there is significant threat, local housing solutions should be discouraged.

&#8855; **Do not** inform the victim's family, friends, colleagues or acquaintances as to the new whereabouts of a victim who has decided to leave home.

**Excerpt:** Karma Nirvana. *Best Practice 'the do's and don'ts*. Karma Nirvana. London.

**Tool:**

> ➢ ***Forced Marriage Unit website*** (Foreign and Commonwealth Office)***.*** This website features various resources for the general public, professionals from the security, health and social welfare sectors, advocates and girls at risk or victims of forced marriage. Examples of resources include: *Forced Marriage Survivor's Handbook*; *Forced marriage e-learning training;* and the *Multi-agency practice guidelines: Handling cases of Forced Marriage*, which provides an overview of issues around forced marriage, good practices in keeping victims safe, and multi-agency guidelines in the areas of health, educational institutions, police, children's social care, adult social care and housing. The site is available in English.

*"Honour"-related violence*

Women and girls escaping "honour"-related violence may face some barriers similar to those at risk of forced marriage, although services for those at risk of 'honour' crimes should also consider the following:

- The availability of shelters is considered to be the most crucial aspect of assisting women escaping "honour"-related violence.
- Longer-term supports (financial, empowerment and security) for women are critical as relatives and others may pose threats to the victim and expose them to violence long after they have escaped the immediate threat to their safety.
- There may be more than one woman facing threats of violence in families of women escaping 'honour-related violence'. Women escaping these situations should be assisted to keep contact with family members who do not pose a threat to her, or who may be at-risk themselves.
- Women may be at-risk of violence from multiple perpetrators, who may or may not be known to the woman, which requires caution when applying existing standardized risk assessments to assess the risk of women and girls escaping 'honour-related violence'. These tools are limited in predicting lethality in such cases and can be ineffective. Ideally, risk assessements specific to "honour"-related violence should be used (Elden, 2007).

**Tools:**

> ➢ ***CAADA-DASH MARAC Risk Identification Checklist for the identification of high risk cases of domestic abuse, stalking and 'honour'-based violence*** (Coordinated Action Against Domestic Abuse- CAADA, 2012). This risk assessment checklist, developed through collaboration of various agencies as part of efforts to effectively implement the Multi-Agency Risk Assessment Conference in the United Kingdom, aims to help frontline practitioners identify high risk cases of domestic abuse, stalking and "honour"-based violence. The checklist comprises 24 yes/no questions that are completed in collaboration with the woman or girl seeking help and is complemented by guidance to assist practitioners facilitate appropriate safety planning. Available in English, Arabic, Bengali, Mandarin, Polish, Portuguese, Punjabi, Romanian, Somali, Spanish, Turkish, Urdu, Vietnamese and Welsh.

➢ ***Honour Related Violence: Prevention of Violence Against Women and Girls in Patriarchal Societies*** (Kvinnoforum, 2005). This manual is for program designers and managers working on honour-related violence against women. The manual provides guidance to promote increased awareness and multi-sector collaboration on honour violence. The manual is organized into 11 sessions covering basic concepts of honour-related violence, empowerment, gender, patriarchy and power in violence, sociocultural contexts, among other issues; each session includes various exercises for improving knowledge, cooperation and actions related to addressing honour-related violence as well as a sample training agenda. Available in English.

➢ ***Manual, Honour Related Violence: Prevention of Violence Against Women and Girls in Patriarchal Families*** (Kvinnoforum, 2005). This manual includes a chapter with guidance and exercises for engaging in multi-sectoral cooperation in response to 'honour-related' violence. Emphasis is placed on involving authorities, women's shelters and other community groups including immigrant associations. Information and related exercises are provided on initiating and sustaining a multi-sectoral cooperation, and includes developing an action plan, conducting a SWOT (strengths, weaknesses, opportunities and threats) analysis, and working on policy. Available online as "Manual, Honour-Related Violence" (Theme 11, pages 97-107).

➢

*Female Genital Mutilation*

Similar to other harmful practices, girls escaping female genital mutilation have greater barriers to receiving services and few safe accommodation options. The young age in which female genital mutilation often takes place (usually affecting girls under 18) creates specific legal and operational challenges for shelters and other service providers receiving girls seeking support.

A specific challenge for shelters and services for girls at risk of female genital mutilation/cutting is the potential for organizations to be falsely accused of abduction or kidnapping. Shelters may not be able to legally accommodate girls without a legal guardian's consent and social service agencies may not be able to provide state protection or assert authority over parental rights in such cases.

Girls fleeing female genital mutilation are likely to need longer-term accommodation supports, and will have fewer options to transition back into the community if they cannot safely return to their families. This may pose particular challenges in communities which only have limited, emergency shelter facilities or lack the capacity to meet the specific needs of girls.

Strategies for shelters to consider in developing services for girls at risk of female genital mutilation include:

• Accessing referrals and collaborating with from government authorities, which can help ensure girls are protected and allow service providers to legally shelter and support them (United Nations Population Fund. 2007).

- Creating partnerships with community leaders, educators and individual supporters to increase support available to girls outside their immediate family; provide an additional mechanism for monitoring the safety of girls who return to their families; and increase public dialogue and awareness on the practice and its harmful consequences to help shift tolerance and attitudes against it.

- Develop holistic programming, which includes provision of protection and support for girls at risk of abuse, but also training and economic opportunities for women who perform the practice, to create alternative livelihood options and incentives, which can help in the process of abandoning the practice.

**Example: Tasaru Ntomonok Initiative: Safety Net for Girls Escaping Female Genital Cutting and Early Marriage (Kenya)**

The Tasaru Ntomonok Initiative (TNI) is a community-based organization which operates within the Narok district in the Southern Rift Valley of Kenya. After years of community-based advocacy to change attitudes supporting female genital mutilation/cutting (FGM/C) and forced marriage, it established the Tasaru Rescue Centre in 2001 by providing a safe house to assist girls attempting to escape the practices. Through the Safety Net initiative, developed with financial support from the United Nations Population Fund (UNFPA) in 2003, the project continues to provide shelter support, while promoting longer-term solutions to these problems by reconciling girls with their families and communities, and using awareness raising strategies to discourage the practices of early marriage and FGM/C. The Initiative is sustained through private donations and has led to various achievements including:

- Over 2,000 girls supported by the Centre or reconciled with families have avoided child marriage and FGM/C (based on data from 1999-2007).

- Local authorities, community leaders and elders support and contribute to the initiative's efforts, including in the identification of at-risk girls and in facilitating girls to leave a forced marriage.

- The District Education Committee has promoted the establishment of dormitories in all primary schools to protect girls aged 8 to 14, the period during which FGM/C and forced marriage often occur.

- Alternative rites of passage for adolescent girls are growing in the community.

- Support for women who perform FGM/C to develop alternative livelihood activities (such as becoming traditional birth attendants)

- Engagement and awareness-raising with a wide group of local stakeholders, including law enforcement, local administrators and religious leaders.

**Background**

In Maasai culture, genital cutting is an initiation into adulthood and is also considered a prerequisite for marriage which occurs, on average, by age 14. A 2009 Demographic and Health Survey (DHS) showed that 73% of Maasai woman between 15 and 49 years old had undergone FGM/C (a decrease from the 93% of Masai women who reported having experienced FGM/C in the 2003 DHS). In addition to the health risks of female gential mutilation, including trauma, bleeding, difficult childbirth, and HIV infection, girls who undergo cutting are often forced into polygamous marriages. A 1990 study showed that as many as 80 per cent of girls who had experienced FGM/C dropped out of school due to forced marriage (UNFPA, 2007). Both practices are perpetuated by social attitudes and beliefs which include: unmarried women are social outcasts; genital cutting is the only way a girl can enter adulthood and prepare for marriage; and it is a bad omen to marry an uncircumcised girl, whose blood is considered 'unclean'.

**Implementation**

The iniatitive was founded by two activists from the Maasai community using public education campaigns and advocacy with families to raise-awareness and change attitudes related to the practices. The Tasaru Centre was established in 2001 to expand the protection and advocacy efforts. Key components of the initiative include:

- Provision of shelter and support for girls fleeing either FGM/C or forced marriage. In 2007 alone, the Centre provided shelter to 68 girls.

- Development of a referral procedure through engagement with the local Department of Education and administration, which enable girls to leave forced marriages safely and receive protection from the state (either through accomodation at the Centre or if choosing to return to their families). This also facilitates their continued education and protection from either FGM/C or forced marriage.

- Organization of alternative rites of passage during August and December, the months during which FGM/C is usually conducted. These rituals involve older Maasai women as godmothers (which strengthens local ownership and sustainability of the practice), teach girls about important cultural beliefs and encourage discussion on sexual and reproductive health issues to educate the girls and provide information to help them make informed decisions as adults.

- Community awareness-raising and training to community members, teachers and authorities on the negative consequences of FGM/C, and education for adolescent girls on their rights and key sexual and reproductive health issues such as HIV.

Throughout its implementation, resistance to abandoning FGM/C has come from groups including:

- Boys, who associate the practice with finding a culturally-appropriate wife;

- Poverty-stricken parents, who view marriage of their daughter as a potential source of income.

- Women performing FGM/C, who rely on the practice for their livelihood.

- Politicians, who support the practices to avoid offending influential supporters and may feel threatened by the emergence of women leaders who challenge traditional practices.

**Lessons Learned**

- *Eliminating harmful practices requires comprehensive approaches involving all stakeholders.* While the Centre is focused on shelter protection and education support for at-risk girls, its community-based awareness-raising; promotion of alternative rites of passage and livelihood activities engaging women performing FGM/C, have been instrumental in reducing support for the practice.

- *Effective networking and community collaboration is a key element to facilitate success*, through the establishment of mechanisms for coordinating educational responses for female children among broader efforts to provide a safety net for girls; and improving monitoring of incidents through a community-based early warning system to identify girls at risk of circumcision and early marriage. This supports the implementation of the provisions of the Children's Act and has resulted in greater harmonization of state and non-governmental efforts to safeguard girls and promote their rights.

- *Framing advocacy in terms of benegits for individuals and communities is most effective for changing attitudes*, as demonstrated by the communication with Maasai parents on the potential economic benefits of education for their daughters, which was a key element in parents' decisions to allow their daughters to attend school and make their own choices about when to marry.

- *Early engagement with community members is essential to establish partnerhsips, obtain commitment and prevent misperceptions of programming.* The history of community advocacy and campaigns that preceded the establishment of the Tasaru Centre demonstrates the importance of a phased and comprehensive approach to addressing FGM/C and forced marriage. This consultative approach also enabled the organizers to obtain consensus, influence change in perspectives on social norms and practices, and minimize the challenges and threats to the initiative.

- *Men must be engaged as important allies for change.* The threat of rescued girls being forced by male relatives to undergo FGM/C during school holidays (when many would visit their families) was addressed by targeted awareness-raising efforts with Maasai men.

- *Physical protection for girls against FGM/C and forced marriage must be complemented by education and life skills.* The Tasaru Centre does not only serve as a safe accommodation for girls, but provides critical education regarding sexual and reproductive health and rights, and changing behaviours that prevent risk of HIV infection and drug abuse, to strengthen their protective factors upon return to their families and communities.

A*dapted from* UNFPA. 2007. "Kenya: Creating a Safe Haven, and a Better Future, for Maasai Girls Escaping Violence." *Programming to Address Violence Against Women: Ten Case Studies.* UNFPA. New York.

## Alternative accommodation

## Overview

It is widely recognized that formal shelter facilities are necessary to provide the level of safety and range of protection, psycho-social, legal and other services needed by women and girls to escape gender-based violence. Alternative accommodation options have been developed in the many communities where there are no shelters or where there is insufficient shelter space to accommodate women and girls in need of physical protection.

When linked with a formal shelter or survivor support services, alternative accommodation options provide a feasible strategy for promoting emergency access to safe accommodation for women in communities with insufficient shelter resources.

Alternative accommodation models vary across geographic and resource settings, ranging from:

- Safe homes, which may be private residential spaces that are made available by community members on an temporary basis to women fleeing violence, or more public community houses made available to survivors and secured by the community.

- Emergency safe spaces, which may be developed in various community locations (e.g. hotels, rooms in hospitals or medical centres and churches).

- Confidential private accommodation, involving higher security houses or apartments for survivors who need more discreet accommodation or have specific safety and life needs that cannot be met in communal housing.

- Sanctuary schemes which allow women to stay in their own homes and remove the perpetrator.

- Rapid re-housing, which offers women immediate stable and safe housing options as an alternative to staying at shelter facilities.

With any alternative model, the specific security risks and safety options for survivors must be considered before determining whether a particular approach is a feasible option for the woman and any children accompanying her. For example, community homes or emergency spaces are unlikely to offer reinforced security measures and may not be appropriate for women who are at-risk of lethal violence, where the perpetrator has made threats against a survivor or possesses a weapon.

Alternative models also require greater levels of collaboration, commitment and enforcement capacity from security and judicial actors, to ensure protective measures (e.g. targeted patrols, rapid responses, and enforcement of protection orders) can be effectively implemented if needed. This may be supported through formal partnerships and joint programming between women's shelter/ advocacy organizations, police and prosecutors.

While alternative accommodation may be the only option for women fleeing violence in some communities, it is important that organizations providing support for such approaches fully inform survivors and others involved (community hosts, businesses or

other service providers accommodating or assisting women) of the potential risks involved in the model and develop joint plans for minimizing and responding to such risks.

**Safe Homes**

In many communities, most often remote and rural areas, women and girls fleeing violence do not have access to a formal shelter facility. This may be due to the lack of shelters in their community or country or logistical barriers that prevent them from going to available shelters (e.g. distance from their home, lack of transportation or resources to access the shelter, etc.).

In this model, community members may informally or publically offer to share their home on a temporary basis with women fleeing violence. While these homes may not guarantee a woman's safety, they are an important option for women in need of an immediate safe space away from the threat of violence.

Safe Homes have been developed for several purposes, including to:

- Provide emergency protection in communities where formalized shelters and services do not yet exist.

- Create an opportunity for women to make arrangements to travel to the nearest available women's shelter. In these cases, safe homes may be provided on a short-term basis (e.g. up to 7 days). In some communities, a coordinator is in place and provides outreach services to support the safe home activities.

- Increase accessibility of protection and assistance for women who have been shown to underutilize shelter services and who may benefit from a quieter environment, such as older women (Hightower & Smith, 2006).

As part of this approach, it is essential, where possible, to create a link with an existing shelter facility in order to provide women and girls access to the wider range of support services, and enable survivors to liaise with a professional specialized on the issue (Smith & Hightower, 2005).

Specific limitations of this approach are:

- Safe homes often do not have added security features, resulting in concerns over the safety of those involved (for both women seeking protection and the host families) making this a controversial option.

- The option may only be feasible in low-risk situations due to the limited security features which may be provided through the model.

- In some more remote communities, women may need to travel (even by air or sea) to reach a safe home, and make arrangements to get there on their own. This may be an additional barrier to receiving support through the model.

- The temporary nature of safe homes and likely need for women to move to a formal shelter means that women using this model may eventually need to leave their communities and home supports (Tutty, et al,2009b).

Service providers should consider integrating the following components when establishing a safe home network:

- An assessment of the groups of women (and possibly girls) that might need to access the safe home, their security needs, the safety measures and supports available within the community or easily accessible to survivors (e.g. in neighboring communities). This may help determine whether it is feasible to provide a confidential network of homes or whether it is safer for survivors and community members to support houses in an identified public space that can be secured by the community members.

- Guidelines on what features must be present in a potential safe home (e.g. telephone connection, easy accessibility by police or other security actors; private sleeping space for the survivor; etc.) based on the realities of the community and the needs of women seeking accommodation.

Example: Women's Empowerment Link, a non-profit organization in Kenya established criteria for safe homes in the Kibera settlement. The criteria included:

- the home hasadequate space to host survivor (at least 1 extra bed that could be shared by a maximum of two people);
- the host has demonstrated commitment to the issue (validated by community recognition of their role as an advocate);
- the host agrees to offer the safe space voluntarily and does not expect compensation in return for use of the space; and
- the host is willing to work with and report to the Gender-based Violence Working Group, which is a multisectoral committee comprising security, health and legal representatives.

Source: Grace Mbugua. 2012. Presentation at the Second World Conference on Women's Shelters. Washington, D.C. February 28, 2012.

- A protocol of support to be provided in the safe home (e.g. maximum number of days, confidentiality measures, referral procedures, actions to be taken, material and other basic supports to be provided, etc.), to guide hosts in their role and ensure they can appropriately respond to the woman's needs and address any security or other challenges that may develop (e.g. if the woman's presence becomes known by the perpetrator or she needs additional assisting in accessing specific services). This should be reinforced through regular training and support to host families.

- Written agreements or a memorandum of understanding to clarify the roles and responsibilities of different service providers in the community to ensure that minimum security, health and legal assistance is available to survivors accessing safe homes. This may include the establishment of a coordination mechanism for agencies involved or identification of a single focal point to liaise with the survivor and relevant support services.

**EXAMPLE: GIRLS EMPOWERMENT VILLAGES IN ZIMBABWE**

The girls empowerment villages in Zimbabwe are an open community-based model for protecting girls. The Girl Child Network began the initiative in 1999, drawing from the customary practice of Chitsotso (which offerred a traditional space for girls to gather collctively). The programme has established 4 empowerment villages in rural areas as public safe havens for girls who have experienced abuse without access to a shelter. The villages receive support from traditional leaders and are run by professional social workers. They can accommodate approximately 125 girls per month, with 8-10 cases of abuse/ forced marriage and harmful practices received each day through walk-ins or referrals. Key features of the village model are outlined below.

- **A range of services and facilities are provided alongside the accommodation,** including separate counseling rooms; a women role models museum; a resource centre with information on sexual and reproductive health, human rights and other important life skills; training on child protection policies and available legal, medical, counselor and social support; and referrals to police, social services, and justice.

- **Partnerships are critical**, from the provision of land for the village by the community; links with the community-based multi-stakeholder child monitoring committee; Ministry of Social Welfare, courts and security offices; and training for traditional leaders in child protection.

- **Specific safety and care measures for working with girls** have been established, such as policies where staff cannot host a child for more than 24 hours and must bring them to the empowerment village for support; options for girls to stay at the village during school holidays where they do not have an alternative safe accommodation; allowing safe caregivers (e.g. mothers and others) to visit girls at the village if she cannot go home; and follow-up home visits conducted where there has been reunification with family to ensure a girl's ongoing safety.

- Village activities are complemented with **girl-informed empowerment clubs**, which include 700 clubs established across 35 of 85 districts in Zimbabwe. Through awareness-raising and skills development, the clubs have also **contributed to increased referrals for adult women** (via information shared by girl participants).

- **Economic empowerment and sustainability of villages is supported** through income generating projects (e.g. bread-making sales using donated solar ovens or sanitary pad production). Income is used for girls' school fees, medications and transportation.

- **Sustained support is critical to maintain holistic programming.** The cost for accommodation and basic support to 25 girls is US $1,000 per month. Programming for the initiative and related costs of maintaining professional staff has been challenging to the initiative.

See the video Tapestry of Hope on the initiative.

**Source:** Ekenia Chifamba. Presentation at the Second World Conference of Women's Shelters. Washington, D.C. February 2012.

**Emergency safe spaces**

Community facilities that provide specialized services, such as hospitals, health centres or crisis centres; spaces owned by religious institutions or places of worship (e.g. churches, temples, mosques, synagogues, etc.); as well as businesses (e.g. hotels, offices, etc.) may serve as important temporary accommodation options for women fleeing violence in communities where shelter facilities are lacking or unaccessible.

Similar to safe home networks, emergency spaces should be developed with an understanding of the particular needs and risks of women fleeing violence and the services available to them in the community. The public nature of these spaces may serve as a deterrant for perpetrators in certain circumstances, and some sites may have specific security measures in place which can offer women some level of immediate protection (e.g. security guards, video surveillance, private rooms, doormen, etc.) while they access more comprehensive safety services.

Safe accommodation spaces should be developed in collaboration with shelters and other service providers to ensure responses uphold guiding principles of survivor-centred and empowering practices. This can prevent women from being revictimized in the process of seeking support (e.g. being held in custodial or institutional settings) and ensure those offering protection understand the appropriate supports they may be able to offer (e.g. listening to whatever they want to share in a non-judgemental manner, providing reassurance that they are not to blame for the abuse, and access to relevant referral information, etc.) as well as those services that should be provided by specialized professionals (e.g. counseling, any contact with perpetrators, legal advice, etc.).

Each space should establish particular protocals for how survivors will be protected in areas that are open and accessible to the general public (e.g.health centres, churches, office buildings). This includes determining, in collaboration with survivor support organizations, who may be supported (women and girls or only adult women); what support may be provided (e.g. access to a private and secure space for up to a particular number of hours/days); and how to engage staff employed at the facility to appropriately respond to women seeking services. For example:

- A health centre may need to provide specific training to all staff on the safe space services to be offered by the facility, or designate and train select employees in responding to women seeking accommodation (e.g. staff working in hospital-based one-stop centres)

- Hotels may need to discuss and establish specific security and registration procedures for accommodating women fleeing abuse so that their information is only accessed by the minimum number of staff and their records cannot be accessed by other employees or potential perpetrators. This may include registering women under an alias with contact details that cannot be traced to the survivor; hosting women in an area that can be easily accessed by police or security guards and that cannot be easily accessed by outsiders.

- Places of worship should ensure any employee engaging with women survivors have basic training on the issue, confidentiality measures that must be maintained, and the importance of not promoting a particular course of action (e.g. mediation, couples counseling in cases of domestic violence or reconciliation with the perpetrator).

- Businesses should identify any general information and specific training that may be needed for security staff or employees that may come into contact with a woman seeking support. For example, service providers may conduct an orientation on the issue to all staff and a list of actions and referral contacts may be created and accessible to staff to ensure they have appropriate information that might be needed by survivors.

**Example: Meri Seif Ples (Papua New Guinea)**

Meri Seif Ples is an alternative accommodation initiative established in 2003 in Papua New Guinea aimed at curbing domestic violence. Families or commercial/public organizations provide emergency accommodation in a variety of places including: business or industrial premises, and private homes.



The initiative aims to help women in danger of domestic violence as well as those at-risk of violence in the workplace or in public spaces. By engaging with businesses and families to offer emergency shelter, women who are in danger of various forms of violence are able to access a safe place.

The initiative relies heavily on community support for its success, and operates under the belief that it is the responsibility of all sectors of the community as well as the government to eliminate violence against women. All Meri Seif Ples shelters are provided by community members (whether individual families or businesses). In addition to the provision of shelter for women, the initiative also reinforces community-awareness by promoting a message that domestic violence is wrong, and facilitates ways for the community to come together to end it.

Key components of the initiative include:
- Creation of an Urban Safety Team, which:
  o Serves as a contact and registers families and organizations who are interested in providing a Meri Seif Ples shelter, and
  o Assists families and organizations with the provision of materials to promote the safety of women.
- Establishment of Meri Seif Ples shelters, which is supported by the Urban Safety Team and is marked by a specific sign on their door or an obvious location on the building. Women who see the signs can access the building and receive shelter and support to the best of the family or organization's abilities.
- Promotion of community awareness of the initiative to increase outreach to women at-risk of violence through:
  o Infomercials aired on Papua New Guinea's national television station with contact information on the initiative (e.g. telephone number, website, and e-mail address). See the videos:
      Meri Seif Ples- Say No to Violence
      Meri Seif Ples: CPL Group, City Pharmacy, Stop Shop, Hardware Haus
      Meri Seif Ples: Kwila Insurance
      Famli SEIF Haus - Kaugere Settlement Port Moresby
  o A series of postage stamps published on the Yumi Lukautim Mosbi Projek, including the Meri Seif Ples initiative.
  o Word of mouth.
  o Signs hanging on the gates and doors of businesses and families.
- Enforcement of a cool-down period on potential abuser to help prevent the potential abuser from committing a crime, alongside the provision of shelter for women in danger.
- Provision of information for and access to longer-term support through Meri Seif Ples's partner initiative, the Yumi Lukautim Mosbi Projek.

**Sources:** *Meri Seif Ples* Website. *WHAT IS MERI SEIF PLES?* (Meri SEIF Ples, N.D) - Online brochure

## Case Study: Creating Safe Spaces through Community-Based Partnerships (Antigua & Barbuda)

The Directorate of Gender Affairs in Antigua and Barbuda, the principal agency responsible for addressing gender inequalities, including violence against women, has developed multiple safe spaces throughout the country to protect survivors of domestic violence, sexual assault (including rape) and trafficking. The spaces provide emergency and temporary accommodation, and are tailored to the context of creating safe spaces for women and children in a small island state. The initiative was developed in response to the significant number rape, domestic abuse and other sexual assault cases

| Form of Violence | 2008 | 2009 | 2010 |
|---|---|---|---|
| Rape/attempted rape | 35 | 48 | 39 |
| Domestic violence or threats | 260 | 235 | 260 |
| Other sexual assault | 30 | NA | NA |

reported between 2008 and 2010, which had remained consistent since 2005.

Despite its adoption of strong legal instruments addressing violence against women, the protection of women and children against perpetrators has remained a critical challenge to law enforcement and partnering social service agencies. It is often difficult to maintain a victim's safety after protection orders are served or arrests made given the islands' small population size and close-knit communities. Although police implement their own strategies to prevent retaliation to survivors (such as holding perpetrators for up to 48 hours as a 'cool down' period and to facilitate the processing of orders of protection), there are many instances where protection orders are broken. Perpetrators have returned to their homes, threatened the survivor, and even inflicted further harm. In some cases, family homes have been destroyed by perpetrators using fire and other means, in order to exert their power and control, and persuade family members to drop charges, flee in fear, or face the threat of murder.

In many cases, domestic violence perpetrators have been removed from shared homes, allowing children to maintain levels of normalcy during difficult family situations. However, acts of retaliatory violence by some perpetrators have reinforced the need for a complementary approach.

In this context, women's organizations have strongly advocated for the creation of women's safe houses, with several efforts made by non-governmental organizations to establish such shelters. Many challenges to operating these spaces relate to the small population of closely-connected neighbours and families, many based in the same village or town for generations. In this setting, it is easy for the public to identify the location and label the space as a shelter, with access to survivor information possibly being disclosed through distant relatives or friends. This creates a high potential for survivors and their children, as well as other families at the shelters, to be placed at risk of future violence. These factors limit the length of time in which each centre may be used, and their ability to facilitate the needs of women who required, in most instances, emergency relocation.

In response to these challenges, the Directorate recognized the need for a timely system of support, which could effectively meet the emergency needs of women, maintain their confidentiality and ensure that they remain safe in highly volatile situations. Working with partnering agencies, it has developed a system which could ensure the protection of women and children through placement in safe accommodation. Drawing upon the existing 24-hour crisis hotline (268-463-5555) launched by the Directorate and the Antigua Planned Parenthood Association in 1997, the Directorate partnered with private citizens and corporatations to establish protective spaces for women and children seeking immediate relocation.

The effort has led to the establishment of multiple safe spaces used on-call for temporary accommodating women and children. Key features of the initiative include:

- Forming a list of private citizens, small hoteliers and landlords across the country who agree to house clients of the Directorate at no cost, for negotiable short-term periods.

- Support from family members who are able to provide safe accommodation.

- Agreement of private partners to prepare housing locations on-call, as needed.

- Use of locations on a rotating and infrequent basis to ensure the highest level of confidentiality and anonymity for survivors, and to avoid labelling the locations as shelters (which would occur if they were used more frequently).

- Employment counseling and other support mechanisms and services through the Directorate for women who would like such assistance.

- Encouragement and support for police efforts to utilize its operating powers to remove perpetrators from the home and facilitate women and children to safely leave and begin the process of relocation.

- Directorate support for survivors applying for orders of protection, occupation and tenancy orders, and support for a protocol which ensures that families may remain in or return to their homes, while perpetrators are removed, arrested and prosecuted.

- Provision of a court advocacy and accompaniment service, assisting women with applications for protection orders under the Domestic Violence Summary Proceedings Act, 1999, throughout the court process and follow up support.

Over a period of 5 years, the Directorate assisted over 100 women and children in relocating to safe spaces throughout the country. Clients have either returned to their homes, or relocated to new homes after short stays at the established safe spaces. Although spaces have not been identified by perpetrators, community members have identified certain homes or apartments in their neighbourhoods as places where abused women and children are housed. When this occurs, the Directorate discontinues use of the space for relocation. This reduces the number of safe spaces available and increases the difficulty in relocating survivors, and is an ongoing challenge given the small size of the island. The Directorate continues to seek new partnerships, and work with other agencies to establish viable alternatives that serve women's best interests.

<u>*Lessons Learned*</u>

- Engaging voluntary assistance from concerned citizens is important for the success of such local initiatives, but needs to be supported by institutionalized mechanisms to ensure long-term sustainability of the programme. This would enable the Directorate to compensate partners for any relevant expenses, and offer longer-term housing options for survivors, through resources which could assist them in the transition from abuse.

- Gaining and maintaining community support for ending gender-based violence is not only a priority, but a prerequisite for developing the necessary framework for supporting women and their families. The development of a strong community-based support network to end all forms of gender-based violence is maintained through ongoing awareness-raising and education to sensitize the general public of relevant programmes and activities. This helps to ensure the continued citizen support provided to women and children, and is strengthened through engagement with communities and local groups in programmes and interventions addressing violence against women.

- International campaigns, legal instruments and grassroots-based initiatives can be employed to reinforce national obligations and broader human rights standards and agreements underlying local inititiatives addressing these issues.

*Source:* Directorate of Gender Affairs, Antigua and Barbuda.

**Tool:**
  ➢ *Safe Haven Manual* (The Advocacy Centre, 2003). Available in English.

**Confidential private accommodation**

Private accommodation may be needed for women who need additional security, for example, where the potential for confidentiality being broken in communal facilities could place them and their dependents in serious physical danger. Such cases may include trafficking survivors fleeing criminal rings or women whose perpetrators have made specific life-threatening remarks/gestures against them or their dependents.

Service providers may support women to access private accommodation by working with individual landlords or housing authorities to identify and acquire houses or apartments for sheltering individual women, small groups of survivors or families. These spaces are usually reinforced with specific security measures, such as extra locks on windows and doors, security cameras or alarms, arrangements with security companies or police to ensure calls for emergency assistance from the address receive rapid responses.

Considerations for developing private accommodation include:

- Conducting an assessment of the space to ensure it is appropriate and can offer the necessary security to women and their children.

- Establish a clear and detailed agreement with landlords and authorities granting use of the space, stating terms of use and payment for space; plans for alterations to the physical infrastructure, frequent change in residents, and privacy needs are clear prior to any women being accommodated. The agreement should identify focal points from each agency who will be responsible for upholding the conditions and a timeframe in which the agreement will be reviewed (e.g. annually). This can prevent any misunderstanding or sudden shift in support for the arrangement, in cases of changes in the housing staffing or management.

- Create a contingency plan in cases where the location is no longer secure for the survivor (e.g. the perpetrator becomes aware of her location, a change in staff or policy within the local police reduce the security guaranteed for women staying in the space, etc.). This may include preparing a list of similar sites where women can move to with short notice.

- Ensure women staying the residence understand the different security measures in place, agree to uphold confidentiality, and are involved in developing a contingency plan if they need to move. This should be included in the safety planning process.

- The costs of maintaining each space should be identified and determine the number and types of accommodation that will be provided (e.g. apartments for single families or joint living arrangements); as well as options for accessing subsidized housing grants from state authorities or working with other service providers to share use of the space and costs for each agency.

Example:

The International Foundation for Crime Prevention and Victim Care (PCVC) in Chennai, India, provides a range of services for survivors or abuse and their communities. In addition to its crisis counseling and helpline for women in abusive relationships, PCVC has operated Astitva since 2001, a two bedroom apartment which serves as the only undisclosed shelter in Chennai city. The organization piloted various models for the shelter, from operating as a joint office /shelter, a separate shelter with a live-in manager, to its current form, a private apartment for women leaving situations of domestic abuse and their children. While open to women of all backgrounds, the organization identified that women from middle to higher income levels would not often leave their homes for a government shelter, due to the lifestyle changes and disruption it would create for them and their children. The Astitva apartment allows the women to continue to live in a private setting (sometimes sharing an apartment with another women and her children), and helps in the transition after they leave home (e.g. with making school changes, sharing living/bathing space, etc.), which may offer women an opportunity to leave the violence that they would otherwise not see as a possibility.

To address security risks for the survivors, PCVC works with landlords to ensure the tenants' information remains confidential and refers to the apartment as a guest house, with tenants' addressed as guests. As a precautionary measure, the apartment used for the shelter is changed on an annual basis (or more frequently if any personal information is disclosed). Each apartment is fully furnished, with rent and other expenses initially supported through private donations. As needed, women have access to vocational assistance and financial support to identify and pursue educational and professional opportunities, alongside other psycho-social and legal supports related to leaving the abuse. This improves women's ability to financially support themselves and their children over time and provides them alternatives to returning to the abuse.

Source: Communication with Prasanna Poornachandra, CEO, International Foundation for Crime Prevention and Victim Care.

**Sanctuary Schemes**

*Overview*

Sanctuary schemes support women experiencing domestic violence and children to remain safely in their home, through the implementation of a "safety framework" involving law enforcement and other community actors, while removing the perpetrator from the space. The legislative framework should protect a woman's right to remain in the home and allow for removal of the perpetrator.

---

**Examples of Legislation Supporting Sanctuary Schemes**

In Serbia, the Family Law adopted in 2005, allows courts to issue an order for the removal of the perpetrator from family housing, and they can also order that victims of domestic violence be allowed to stay in family housing, in both cases regardless of the ownership of housing (Family Law, Article 198(2).

In Brazil, what has become popularly known as the —Maria da Penha Law (2006) allows for the removal of the abuser from the home (Federal Law 11340, Section 2, Article 22).

In India, the Indian Protection of Women from Domestic Violence Act (2005) explicitly recognizes the right of women victims of domestic violence to reside in a shared household, and provides that —every woman in a domestic relationship shall have the right to reside in the shared household, whether or not she has any right, title or beneficial interest in the same. In addition, the Act guarantees that a person suffering domestic violence —shall not be evicted or excluded from the shared household or any part of it by the respondent [i.e. the abuser] save in accordance with the procedure established by law (The Protection of Women from Domestic Violence Act, No 43 of 2005, Section 17).

Source: extracted from United Nations General Assembly (A/HR/C/19/53). 2011. *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*.

---

Sanctuary schemes are developed to address individual needs, informed by a full case-specific risk assessment covering the type and condition of the property, and the needs and circumstances of the household. They are only a reasonable option if the assessment indicates that remaining in the home or community is not too dangerous for the woman and her children.

The level and duration of support needed by women using sanctuary schemes will vary, from minimal security monitoring to intensive specialist assistance. Support needs are likely to change over time, and should be carefully monitored on an ongoing basis (i.e. at least every three months) to ensure a survivor's safety is maintained.

Interventions should exist within a continuum of support that includes prevention, protection and judicial services.

To ensure consistency of services offered, it is important to engage and maintain a level of commitment by all staff, volunteers and core agencies. There is often high turnover within both collaborating agencies and internally, which can interrupt the effectiveness of service.

Educational campaigns can be essential in ensuring women are informed of the option to stay in their homes if they so choose and to gain community support. This can be achieved with contributions from funders, state agencies, clubs and other organizations.

---

**Case Study: Bega Valley Staying Home Leaving Violence Project (Australia)**

The Bega Valley Staying Home Leaving Violence initiative was developed as a result of the Australian government's growing concerns over the effects of homelessness on domestic violence survivors. It aimed to reduce the risk of homelessness and trauma of relocation for domestic violence survivors; engage the community in supporting more options for all parties affected by the issue; and facilitate a collaborative partnership and coordinated strategy to improve service support to women and children. Launched in October 2004 as two-year pilot initiative supported by the New South Wales Department of Community Services and managed by the Bega Women's Refuge, it was developed following research findings and recommendations to make the home safe for abused women and their children published by the Australian Domestic and Family Violence Clearinghouse.

Results of a 2007 evaluation identified that the pilot had achieved key results related to its goals, which enabled it to continue with support from the Department of Community Services, Community Services Division. Among other outcomes:

- A majority of women (59%) reported positive benefits from the pilot, either "being able to stay safely in their homes in the long term, for an extended period or able to stay safely in the area."
- All women reported feeling safer after participating in the pilot, noting the physical safety improvements to their home as the most effective factor.
- Community engagement was developed through a community education campaign, which presented a positive message that "the home could be made safe for women and children who had experienced domestic violence, and perpetrators could change their behaviour". This new message was widely embraced by the community.
- The pilot promoted a number of agreements and partnerships, which formed the basis of a collaborative service provision model.

The pilot helped to identify key lessons for future models to enable women to stay safely in their homes across Australia.

Read the full Case Study.

Sources: Edwards, 2004. "Staying Home Leaving Violence"; Staying Home Leaving Violence website, 2007; Bega Valley, 2007.

---

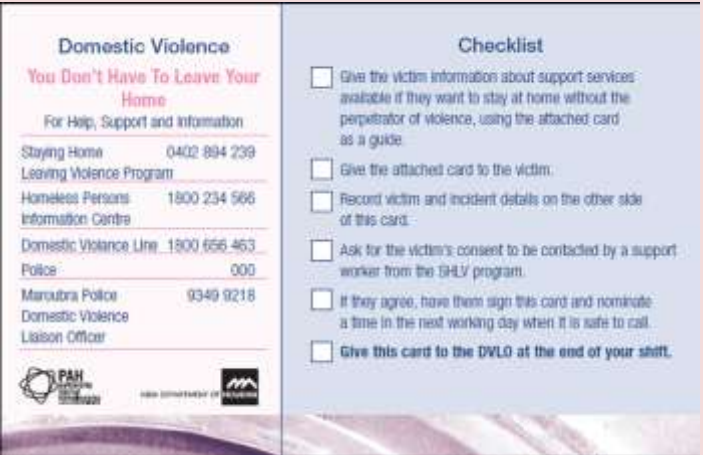Core elements of this model include:

- Working with the property owner to enhance security with specific safety measures for the residence and implementation of safety equipment, where possible, such as:
  - Extra locks on exterior doors;
  - Reinforced windows using bars, grills, locks, an extra layer or lamination;
  - Fire retardant letter boxes;
  - Smoke detectors and fire safety equipment;

- o Alarms (e.g. on windows/doors, or systems connected to police or private security companies);
- o Intercom equipment;
- o Video entry systems;
- o Security lighting, such as added external lights;
- o External alterations, such as cutting trees or large plants that can be used as a hiding place, particularly around doors and windows; and building fences and gates to prevent entry onto the property.
- A multi-agency coordinated response that assists women to remain safe both in their homes and in the community by employing:
  - o Legal injunctions (such as orders of protection or restraining order that requires the abuser to move out immediately and/or to stay away from the home).
  - o Criminal sanctions.
  - o Personal alarms using Global Positioning System technology.
  - o Safety plans and strategies that consider ways to address risks associated with remaining in the home and community, such as:
    - Creating new routes to work or school that are not known to the perpetrator and frequently changing routes so that patterns cannot be identified.
    - Avoiding isolated areas/routes and minimizing travel alone after dark.
    - Informing trustworthy community members such as school officials, employers, and neighbours (such as the landlord, property manager, or security officer) about the situation and safety needs, providing them with copies of restraining orders, a picture of the abuser and if relevant, their vehicle, asking them to call police if they see the abuser near the home.
    - Planning for an emergency response (i.e. designating an alternative safe space to call and wait for police).
    - Ensuring access to a phone during emergency situations by keeping a phone in a room that locks from the inside, or keeping a cell phone in an accessible hiding place, and programming all phones with emergency contact numbers.
    - Packing a bag with all essential items needed to temporarily relocate. It is necessary and keep the bag in a safe location that is not accessible to the abuser (i.e. friend's home, work).
    - Planning and practicing escape routes, including children if needed. Arranging with trustworthy neighbours to have a communication signal (such as turning a particular light on during the day) or a code word or phrase that informs them that help is needed.
  - o Civil remedies.

o Police support (e.g. providing information on the option to remain in the home or requesting police presence when the abuser picks up personal belongings after being ordered out of the home).

For example, in New South Wales, Australia, police are given a checklist and information card with contact information for different service agencies, including the option to stay in their homes. This is shared with survivors when police respond to cases of domestic violence, and helps to promote appropriate and survivor-driven follow-up to incidents of abuse (Flinders Institute for Housing, Urban and Regional Research, 2008).

o Timely response to incidents.
o Monitoring security equipment and features to ensure they remain working.
o Joint planning with survivors if the sanctuary is no longer required or is no longer a safe option (i.e. identifying and preparing for shelter or other temporary accommodation).

*Needs assessment and support planning*

A needs assessment and support plan should be completed to determine whether a sanctuary scheme is a safe and viable option. It is also an important process for women who return to their homes following a stay in a shelter or alternative accommodation.

Assessments should considering whether:
• it is confirmed that the perpetrator has left the property.
• a comprehensive risk assessment has taken place and does not indicate high-risk for the woman.
• the property and surrounding area have been assessed and are suitable for sanctuary.
• the woman has an informed understanding of the security measures that are required, and agrees to the implementation of such measures.

Needs assessment and support planning includes three stages:

- Completion of the assessment as soon as possible after referral, which can inform the security measures and supports a woman will need to maintain her safety at home.
- Creation of a support plan (including safety plan) within 5 days of completing the needs assessment.
- Review of the needs assessment, support plan, and safety plan one month following implementation, and at least every three months thereafter, or when significant change occurs in the woman's circumstances

(*based on* Jones, et. al, 2010. *Sanctuary Schemes for Households at Risk of Domestic Violence: Practice Guide for Agencies Developing and Delivering Sanctuary Schemes*;and National Housing Law Project, 2009. *Domestic Violence and Housing: A Manual and Toolkit for California Advocates*)

**Illustrative example: Needs Assessment and Support Planning (London, United Kingdom)**

The following categories should be covered through dialogue with a woman and her children, which can facilitate identification of risk factors and needs as a woman has built up trust. Some issues are of greater immediate priority than others (for example, safety of survivors and her children, child contact issues, contact with perpetrator). Other issues may also be covered at the outset, or if more appropriate, left until subsequent meetings.

*A. ADULT SERVICE USERS*
1. Personal details
2. Safety
3. Access to support and advice
4. Physical health
5. Mental health and emotional well-being
6. Housing
7. Legal options
8. Financial situation
9. Children
10. Employment, education and training
11. Interests
12. Other

*B. CHILD SERVICE USERS*
1. Personal details
2. Safety
3. Physical health
4. Mental health and emotional well-being
5. Interests
6. Learning and education
7. Other

➢ See the full Needs Assessment Template

Source: *Excerpt from* Jones, Bretherton, Bowles & Croucher 2010, *Sanctuary Schemes for Households at Risk of Domestic Violence, Department for Communities and Local Government*, London.

**Tool**:

➢ ***Sanctuary Schemes for Households at Risk of Domestic Violence: Practice Guide for Agencies Developing and Delivering Sanctuary Schemes*** (Jones, et. al, 2010). Available in English.

**Overview**

The immediate and often extreme level of risk for women fleeing various forms of violence makes safety and protection an essential priority for shelters. Creating safety and protection in this context involves designing and implementing strategies and services which prioritize women and girls' security during their time at the shelter as well as for mid- to longer-term periods. Such strategies should ensure access to a safe physical space in an emergency, effective assistance during crises, and support to assess their risk and plan for their safety.

**Security strategies and features in shelter facilities**

Facility security precautions are extremely important in a shelter both to provide protection and to support women to feel safe, allowing them time to reflect on their circumstances, overcome the effects of abuse and plan for the future. If women do not trust that they will be protected by a shelter or feel safe once inside the space, they are likely to avoid seeking support or leave the site. Where they have no other options, this may force them to return to the abusive environment, placing them at even greater risk for further harm.

Depending on the risks and threats facing women (and girls, where relevant) accessing the shelter, different security measures may need to be established within a particular facility. For example, shelters accommodating women fleeing domestic abuse may need to have specific partnerships with police to ensure orders of protection are enforced and perpetrators violating such orders are arrested. Shelters who accomodate girls fleeing forced marriage or 'honour crimes' may need to have special arrangements with the state agency responsible for child welfare to prevent forced returns to their families. In cases of trafficking, facilities may need to work with particular law enforcement officers and agencies to establish protection and alternative accommodation plans to ensure women are protected in the short and long-term against the criminal groups that first trafficked them.

General considerations for securing a shelter facility may include:
- Keeping the location of the shelter confidential, or if the location is public, ensuring specific security features are in place.
- Working 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.
  - Providing police with a map of the layout of the shelter and surrounding grounds, including entrances, and facility locations.
  - Regular meetings with police to discuss security issues.
  - Fire prevention and regular fire safety checks.
- Installing security features within and around the facility, where possible, such as:
  - Strong, secure doors, with safe entrances that cannot be forced open.
  - Establishing one location as the single main entrance to decrease security risks associated with having to monitor more than one entrance at a time.

    o    Internally locked entrances and doors with monitored access to the building (ideally including technical monitoring system such as cameras).
    o    Gratings (metal bars) on all windows that are accessible from outside.
    o    Security of the land/area surrounding the facility, including:
        ▪  Any outdoor space used by women (e.g. fenced and locked gardens)
        ▪  Indoor and outdoor security cameras
        ▪  Chain link fencing
        ▪  Motion lights
        ▪  Personal safety alarms for staff
        ▪  Bullet proof or riot glass on windows
        ▪  Visible parking areas, where relevant

(WAVE - Women Against Violence Europe, 2002; Woodman & McCaw, 2008)

**Tool:**

> ➢ **The IOM Handbook on Direct Assistance for Victims of Trafficking** (IOM International Organization for Migration, 2007). This resource provides guidance on shelter security for shelters working with victims of trafficking, including information on shelter security, and security standards and procedures. Available in English.

**Arrival procedures and practices**

*General considerations*
Women and girls must feel welcome and safe when they arrive at a shelter facility or designated safe accommodation space. The early stage of their experience in a shelter is generally a time of reflection for those escaping abuse, during which they may be processing and working to overcome the early effects their experience with violence. They require time to get comfortable with the shelter environment, consider their various needs and concerns, and begin making decisions about next steps. The length of this reflection period varies from woman to woman, and may range from a few hours to several days, or even weeks (WAVE, 2004 a,b).

During this time, women will generally decide whether they will remain in the shelter, go to another location (e.g. a hotel, stay with friends), or return to their home environment. The practices of shelter staff and procedures for receiving women can influence their decisions and must be supportive and empowering. It is important that shelter staff facilitate a sense of safety and begin the development of a trusting relationship, conveying to each woman that she has a right to make the decision to stay or leave for herself; that she will be supported in her choice; and that if she chooses to return to the abusive partner or her previous sitaution, she will be welcome to return to the shelter at any time.

Shelter staff can promote an environment of safety and trust upon welcoming women to the shelter by adhering to key guiding principles and:

- Meeting with the woman (and where relevant, girl) in a secure setting where privacy can be assured. This is essential whether the meeting takes place within the shelter or at an external location prior to deciding to stay at the shelter. Where possible, women should be received in an area which is free from other interruptions (e.g. not using group spaces or shared offices). Posting 'do not disturb' notices and turning off cellular phones helps to ensure privacy and demonstrates respect for the woman by preventing interruptions as sensitive information is shared.

- Asking whether she feels safe and if anything else could be done to assist her to feel more safe.

- Conducting crisis intervention if the woman or girl is in distress.

- Asking her whether she is in need of immediate medical attention.

- Assuring confidentiality of information and explaining how this will be ensured by the organization (through records management).

- Considering the specific form(s) of violence experienced, the consequences, related risk factors and safety needs, to ensure an intervention does not adversely affect her.

- Acknowledging the potential effects of trauma in combination with the possible stress associated with being interviewed as part of the arrival process, and asking a woman whether participating in the initial interview or screening process will cause her any problems. Also, allowing her to take breaks or stop at anytime that she becomes uncomfortable.

- These measures are important in building women's trust and increase the chance that she will share the information necessary to assess and respond to her level of risk and immediate safety needs. They should be maintained throughout the process of receiving women into a shelter facility, which comprises the following key actions:

- Share information on the services offered and how they are provided/ can be accessed.

- Gather information needed to understand the woman's priority needs and how the available services can support her to address those needs.

- Assist women to assess their risk and make a safety plan that addresses the risks associated with her circumstances (WAVE, 2004a; International Organization for Migration, 2007).

*Providing information on shelter services*
Women and girls accessing shelter services have a right to receive information that is required for them to make informed decisions about what is best for them and their children, where relevant. This includes decisions about whether to stay in the shelter, and access services related to their health, well-being and future. This requires understanding the rights of residents, the general and security guidelines of the shelter, and what they can expect from shelter service providers. Providing this information is a

form of empowerment as it promotes women's right to self-determination and capacity to decide for themselves.

When sharing information regarding the rights of women staying at the shelter, staff should:

- Explain that she is entitled to certain rights, while providing an overview of these rights (e.g. to be treated with respect by staff and other residents, right to confidentiality, self-determination, access to any and all information gathered about her by the shelter).

- Provide her with a written summary of these rights at the end of the meeting in a language of her preference.

- Invite her to bring any concerns or complaints about violation of these rights to the attention of shelter staff, and explain the shelter's process for responding to such complaints. Women need to be assured that they will not be asked to leave for complaining.

When providing information regarding shelter policies and guidelines, staff should:

- Outline the security measures that women are expected to follow while in the shelter, and their purpose, to ensure women understand the rationale for each policy. Security regulations will vary depending on the setting and the security features of the shelter. For example, women may be asked to keep the location of the shelter confidential; to not disclose information regarding other women staying at the facility; and to inform shelter staff of any threats they receive that might affect their own safety or that of other women; among others).

- Note any restrictions or limitations on the activities of women and girls accessing the facility and assistance (e.g. general rules, movement, behaviour and other parameters that are important to maintain a safe, stable and respectful place).

- Note any restrictions or limitations on women accessing external assistance (e.g. police, embassies, immigration department).

- Provide a copy of these rules to the woman in a language of her preference, and have her provide written or verbal consent for her file, noting that she has received information and understands the rules.

Staff providing information regarding shelter services should:

- Inform the woman of the range of assistance available, any restrictions to the support and potential risks and benefits of the activities.

- Outline the type of information which will be gathered from women when providing services and request informed consent to ensure the woman understands the issues discussed, such as:

  o Potential need to obtain the name of their primary support person and position.
  o Activities that will take place during her stay at the shelter and as part of services provided, including details related to the schedule, duration, location, and staff involved.
  o Services and facilities available, and obligations of the shelter to women accessing its support (e.g. confidentiality, anonymity and safety precautions; the

185

individual's right to choose to participate in any part of the programme, procedures, or activities).

o Limitations to the assistance offered, to specific services, or to the level or types of care provided.

*Requesting informed consent*

(*based on Ruebsaat, 2006, Records Management and other authors, as referenced*)

*General considerations*

Informed consent is needed for all key activities conducted when providing services and assistance, as it ensures women and girls' participation in the shelter and related services is based on their full understanding of options available to them.

Consent may be provided verbally or in writing, although it is generally preferable to access written consent. The process of obtaining consent should consider what is reasonable for the individual, the circumstances surrounding information collection, the sensitivity of the information and whether it may be necessary to prove that the individual gave consent.

Written consent should be obtained before:

- Gathering and retaining personal information - women should be informed about why the information is needed and how it will be used.

- Using personal information – women should be provided an explanation regarding how the organization intends to use their information before offering written consent.

- Sharing information – in circumstances where information needs to be shared with other programme staff, a lawyer, health care professional or other service provider, information should be disclosed only for the purpose for which consent has been given.

- Accessing information from other sources – the woman should be the primary source of information about herself, but other sources may help identify risk factors and ways to minimize them (e.g. police or court services, health or mental health services).

- Conducting any assessment, including those related to risk, mental or physical health, and any other type of analysis.

- Providing various services, including counseling (therapeutic, legal, other), psychological analysis, medical/health testing, psycho-educational groups, advocacy with external groups, assisting trafficking victims with voluntary returns to their community of origin or reintegration.

- Conducting research activities, including programme monitoring and evaluation.

Provide women and girls with access to their personal information whenever requested and correct any inaccurate or incomplete information as requested.

Keep all personal information safe using specific information security practices to ensure it cannot be accessed by unauthorized individuals.


*Steps for obtaining informed consent*

Prior to requesting consent, provide the woman with relevant information, which may vary depending on the type of service being provided (e.g. counseling, medical interview/examination), but should consist of the following basic elements:

- Name, position and service role of the person requesting consent (if not already given).

- A detailed description of what consent is being requested for (i.e. collection and retention of information, assessment, service provision) including the time and place the activity is expected to take place, if applicable.

- The purpose of the activity.

- Risks or dangers associated with the activity (short or long term).

- Notice of any particularly sensitive or potentially upsetting topics, procedures or activities.

- Notice of when results of any assessment, examination or procedure will be available.

- Notice of the individuals' rights to their records, medical file and personal documents.

- Reassurance that medical records will be kept confidential.

- Confirmation that she will have the opportunity to decide whether or not the organization can use it when referring her case to other service providers, law enforcement or other external actors supporting her case.


It is also important to:

- Reassure individuals that there are no right or wrong answers or reactions, and that questions regarding consent are standard and asked to everyone. Reassure women who have perceived that their survival or safety depends on giving a correct answer or response that they should only express their personal needs or interests.

- Adopt a neutral, professional and sympathetic tone and attitude. Do not pressure the individual to give consent nor imply what is best for her. Allow the woman to choose freely, knowing that her decision will be accepted without judgment or bias.

- Use plain language. By explaining activities and processes in simple terms and avoiding jargon, it is easier for the individual to understand and feel in control of her choices and related outcomes.

- Clarify and rephrase information that may be difficult to understand, watching for signs that the woman may not clearly understand the information provided. This helps to ensure that the content of the information is understood, particularly where language, social or cultural barriers exist.

- Encourage questions, which help ensure that the woman is informed about details/issues specifically important to her.

- Check that the woman comprehends the information provided. For example, formulate questions that are general (e.g. "Does anything I have told you seem unclear?"); and specific, to confirm consent for any details that might have been confusing (e.g. "Is there anything about how we intend to share information with your legal counsellor that seems unclear or confusing?").

- Assure the individual that there will be no negative consequences for refusing consent to any part of what is requested or offered.

- Use consent forms to document written consent. It is important to be flexible with such forms, adapting them as needed to the linguistic, operational and legal realities of a particular setting.

(International Organization for Migration, 2007)

***Sample Consent and Confidentiality Clause for Intake Purposes (Canada)***

I consent to receive the service(s) I have indicated above [*list them above*] which are provided by [*insert agency name*]. I understand that this application does not guarantee I will receive all the services I have indicated.

I also consent to having staff from the [*insert agency name*] collect personal information about me necessary for the purpose of delivering those services.

I understand that the personal information I provide is confidential. The release of any information regarding my involvement with the [*insert agency name*] may occur only with my written and signed consent subject to certain limited exceptions. These are:

- " If agency staff have reason to believe that a child needs protection under section 13 of the *Child, Family and Community Service Act* they are obligated (as are the general public) to inform the Ministry of Children and Family Development;

- " If agency staff have reason to believe that I am likely to cause serious physical harm to myself or another, they are obligated to inform the appropriate authorities (family doctor etc.);

- " If agency staff are required by court order to disclose specific records or to attend court and give evidence.

Date_____

This agreement is in effect from [*insert start date*] until [*insert end date*].

_____
Client name

_____
Client's Signature

_____
Agency staff signature

I understand that my records will be kept for [*insert agency retention period here*] and that they will be destroyed after that time.

Information about [*insert agency name*] privacy policy can be obtained by contacting [*insert position title of privacy officer*] at: [*insert phone number.*]

See Appendix II for additional sample consent forms on:
- Basic Contact Information for Intake Purposes (Generic);
- Risk Management (Generic);
- Consent to Release Information to Third Parties; and
- Consent to Collect Information from Third Parties.

*Excerpt from* Ruebsaat. 1998. *Records Management Guidelines: Protecting Privacy for Survivors of Violence*. BC Association of Specialized Victim Assistance and Counselling Programs. Vancouver.

*Barriers to consent and engaging specific groups*

It is important to identify and seek to address potential barriers to informed consent from women escaping situations of violence and find ways to reduce or eliminate them. This is important to promote a woman's understanding of her options, and ensure her engagement with service providers is based on her full knowledge and agreement with the process.

Barriers to obtaining informed consent may relate to language differences between the service provider and woman seeking assistance; age, where a girl is a minor or is not capable of giving her consent; challenges associated with physical or cognitive abilities, where providers are unable to effectively engage with the woman; or fear and perceptions about the shelter and its services.

For language barriers, where information cannot be understood in either verbal or written formats:

- Engage an interpreter specifically trained in safety and confidentiality of survivors.

- Receive verbal consent and document the reason for not obtaining consent in writing.

- Translate intake forms into languages reflecting the community being served.


In cases where the the girl is a minor or due to her age, is not capable of giving consent:

- Consent should be obtained from a safe parent or guardian, where possible.

- Where it is unsafe or otherwise not possible to gain parental or legal guardian consent, the reasons for not gaining consent should be documented and legal counsel should be sought for the girl.

- In addition to gaining legal consent to provide services to girls, informed consent should be sought from the girl specific to the services and supports to be provided. Service providers will need to take extra precautions to ensure the girl is able to understand the information provided, including the nature, consequences, benefits and risks of a particular activity and the overall plan to support her (Reubsaat, 2006).

- Assess the young person's capacity to understand the information being provided, and the subsequent ability to give informed consent, by considering her developmental level and the nature, complexity and duration of the plan for support and intervention (i.e. if the service or intervention is long-term or complex, more maturity may be required for a young person to understand the associated risks and benefits).

- Indicators which may be used to determine whether a girl is able to understand and give consent include exploring whether she is able to:
  o interpret information accurately and logically
  o suggest alternatives if asked to

- o follow-through on an agreed-upon course of action
- o appreciate benefits and risks of particular activities (e.g. the case plan)
- o assess the credibility of information provided regarding alternatives
- If a girl gives consent on her own behalf and is assessed as being capable of understanding the information, the standard steps in obtaining informed consent should be followed.

If there are capacity issues, "*individuals who are mentally disabled, psychologically disabled or individuals who are otherwise unable to fully participate in the informed consent procedure require special assistance, often in the form of a legal guardian or legal counsel. The legal guardian is a person with full power of attorney granted by the individual, or the individual's legal counsel holding such written power of attorney. Organizations should consult an attorney regarding consent by minors or individuals who, due to a mental or physical condition, are not in a position to give legally valid consent*" (IOM, 2007). Caution should also be taken in cases where the legal guardian is the accused perpetrator.

Barriers related to fears or negative perceptions about the shelter or low-levels of trust with service providers may be reduced through careful attention to the approach and process employed in gathering informed consent

(International Organization for Migration, 2007. *IOM Handbook on Direct Assistance for Victims of Trafficking*)

Gathering registration information

The collection of background information about women and children is necessary to better understand their personal characteristics and experience of violence, as well as to identify the supports they are requesting or need.

Background information is best completed by shelter staff during the initial discussion that takes place when receiving a woman at the facility, and may be gathered using an intake form. The intake process should remain flexible in order to best support women to share critical information about their circumstances given the various potential challenges they may face (such as a heightened state of crisis/stress or language barriers) which may prevent them from completing the process.

Information may continue to emerge over the course of a woman's stay at the shelter as she develops trust with shelter staff. Women have the right and may choose not to provide all information requested, which should not be pursued as it may cause further trauma for women to disclose (e.g. specific details about their exposure to violence) or may not be known to the woman (e.g. legal considerations, income).

Information should only be gathered if it is needed to provide assistance. The type of information gathered will vary depending on the services provided (e.g. if medical

services are offerred, more detailed medical history will be needed than if women are referred to external healtrh care providers). Common information collected may include:

- The reason for the request for services.

- Any issues related to immediate crisis and related risks of future violence.

- Social, emotional, educational, health, employment and family histories as relevant for services provided.

For example, information about children may be collected (including those accompanying their mother to shelters as well as children who may not be accessing the shelter, in order to better understand how to support the whole family. Details about children may include demographics and relevant background, history about custody and living arrangements, child welfare status, school information and health/behavioural issues).

**Sample intake categories**

*Admission information*
- Admission date
- Family composition (i.e. are there any dependents accompanying the woman or who are currently staying elsewhere, but may need to be reunited?)
- Is the woman pregnant? If yes, due date? Medical contact, if any?
- Referral sources – where did the woman hear about the shelter?

*Demographic information*
- Date of birth
- Current marital status
- Ethnic background
- Immigration status (including country of birth and date of arrival in country for immigrant or refugee women)
- Number and ages of children, if relevant
- Identification of social supports (names and phone numbers or addresses of key contacts)

*Stability Factors*
- Employment status
- Highest level of education completed
- Source of Income at intake
- Income at intake - Individual gross annual income
- Issues requiring legal support (i.e. protection orders)
- Living arrangements immediately prior to admission
- Type of housing immediately prior to admission
- Health and mental health status

*History of exposure to violence*
- Type and frequency of exposure (may be collected as part of a risk assessment)
- Status of current related health and injury issues
- Level of trauma
- Safety plan in place? Detail of plan

Source: Canadian Network of Women's Shelters and Transition Houses.

During the process of gathering information (upon arrival, as well as during all other interviews, intervention or examinations, and counseling sessions), staff should:
- Consider the most appropriate and sensitive approach to asking questions in order to reduce the risk that the woman will become distressed or offended. This should review the order, phrasing, and the tone used of questions asked.
- Avoid asking repetitive questions to prevent a woman from providing the same information more than once.
- Identify if information has already been provided on other forms or through earlier interactions, and complete or make notes on the relevant details using previously shared information.
- Plan the sequence of questions, which should:
  - Begin with the least-sensitive questions to be best received.

- o Start with questions that show concern for the woman's well-being (e.g. comfort, health and safety needs), which can help to build confidence and trust in the service provider's intentions.
- o Follow initial questions with neutral or unobtrusive questions (e.g. name, place of birth, former occupation, etc.).
- o Ask sensitive questions later in the process, which assists in developing a stronger relationship between the service provider and the woman and tends to result in gathering more reliable responses.
- o End with questions that recognize the person's strengths and courage.

- Consider the tone of the questions and communication, which can help to show compassion by conveying recognition of the pain of a woman's experience and reluctance she may feel about discussing difficult memories or displaying strong emotions. Asking questions in a way that conveys concern and interest increases the likelihood that women will provide more accurate and thorough information.
- Remind the woman or girl to take her time answering questions, and offer to return to sensitive questions at a later time.

Staff training is important to support their capacity to gather information in a respectful and survivor-centred manner. In particular, they need to understand how to: collect intake information in a conversational way; gather sensitive information (e.g. child welfare, addictions, mental health history); and balance the client's needs with the information needed by the shelter.

Sample intake forms may be obtained from agencies and revised to meet the shelter's requirements.

**Crisis intervention**

*Overview*
As part of the arrival process, and to support women and girls to feel safe, welcome and comfortable at the shelter, it is important to provide assistance to address their emergency needs (e.g. physical injury, emotional trauma). Shelter staff should respond to a woman's immediate needs before general information gathering is completed for those who choose to stay at the shelter.

Crisis intervention is one of the primary responsibilities of shelter workers, who may respond in-person with women and girls visiting the shelter facility or on the telephone when receiving crisis calls from the community.

Crisis occurs when an individual perceives an event or situation as intolerable and experiences effects that exceed their coping resources and strategies. Characteristics that are typical of crisis include:
- Time-limited, though they may develop into a series of recurring events.
- Often difficult to resolve, involving complicated circumstances.
- Both elements of danger and impetus for change.
- Confronts the individual with choices.
- Causes the individual to experience emotional disequilibrium.

Individuals respond differently to crisis; common reactions include:
- Overcoming the crisis and coping effectively within a short period of time.
- Blocking the emotional pain of the crisis, and as a result, experiencing ongoing effects of the crisis situation.
- Appearing to become immobilized at the time of the crisis and struggling to move on in their life unless specific intervention is provided to address the situation.

Women and girls may be in crisis when they initially access a shelter and its services as a result of their experience of abuse. They may also experience crisis in response to various events or circumstances that arise during their stay in the shelter triggering memories and strong emotions (such as hearing about another woman's experience that is similar to her own; being reminded of something that she associates with the perpetrator or experience, such as a particular object, sound, etc.) (James, 2009 *as cited in* Alberta Council of Women's Shelters, 2009).

*Techniques*
There are various approaches to supporting individuals in crisis, for example, using non-counseling methods such as psychological first aid, more technical models involving strategies for listening, assessing and acting in crisis intervention, or activities related to responding to trauma. The guidance in this section describes interventions that require specific skills, development training and supervision. Information alone is not sufficient for shelter staff to be able to apply these techniques, and individuals should not conduct crisis intervention without proper training and supervision.

Effective crisis intervention must follow ethical principles which ensure that survivors are not placed in further harm, their decisions and opinions are respected throughout the process and the intervention upholds a rights-based approach. This involves good communication skills, demonstrating empathy, among other support provided by shelter workers.

*Strategies for listening in person*

Listening involves focusing, observing, understanding and responding with empathy, genuineness, respect, acceptance, non-judgment and sensitivity. A number of specific strategies can be used to promote effective listening during crisis intervention. These include:

- Using open-ended questions - "what" or "how" questions. They are used to encourage sharing of information from a woman or girl about her feelings, thoughts and behaviours, and are particularly useful when exploring problems during a crisis. Open-ended questions encourage the woman to provide a greater depth of information including what situations or events mean to her.

- Using close-ended questions that seek specific details and are designed to encourage a woman or girl to share information about behaviours (such as the abuser's specific actions or behavioural coping strategies used by the woman), as well as "yes" or "no" responses. Closed-ended questions usually begin with action words such as "do", "does", "can", "have", "had", "will", "are", "is" and "was". These questions can be used to gather specific information or to understand the woman's willingness to commit to a particular action (e.g. to complete a safety plan).

- Restating and clarifying what the woman has said can help the shelter staff conducting the crisis intervention to clarify whether she has an accurate understanding of what the woman intended to say, feel, think and do. Restating can also be used to focus the discussion on a particular topic, event or issue.

- Owning feelings and using statements that start with "I" in crisis intervention can help to provide direction by being clear about what will occur (e.g. 'I am going to explain the steps we will take today'), what is being asked of the woman  (e.g. 'I would like to ask whether you agree to the steps I have described'). Staff can be trained in various skills for practicing "I"-statements in order to support clear and effective communication with women in crisis. For example, these statements can also help to acknowledge confusion or convey understanding of what is being discussed (e.g. "I am not sure I understand what happened when you left the house" or "I hear how nervous you felt on the day you left home").

- Facilitative listening is a strategy which helps to build trust and strengthen relationships with the woman. It involves focusing entirely on the woman's experience by:
  - Noticing the woman's verbal and nonverbal communication. For example, "I noticed that when you talked about the time you spent with your daughter, your eyes lit up and there was excitement in your voice."
  - Noticing when she is ready to make emotional or physical contact.

196

      o Using non-verbal cues to show that you are listening (e.g. by nodding the head, making eye contact, facing the woman).

## *Assessing in crisis intervention*

Assessment is an intentional practice that occurs throughout the crisis intervention process, and involves seeking information from a woman or girl (although practices for engaging child survivors are distinct from those working with adults), actively listening and interpreting what she shares in order to understand her emotional state, level of emotional mobility or immobility, options for action, coping mechanisms, support systems and other resources.

Assessment allows staff to draw conclusions about the woman's situation and her responses to it, in order to plan and offer ways to assist her.

It is also used to determine the level of risk and any specific threat of self-harm or being killed by their abuser(s).

During crisis intervention, shelter workers should seek to understand the woman's:

- *Emotional state.* Emotional distress is often an initial sign that a woman is experiencing a crisis, which may appear as though she is emotionally "out of control" or severely withdrawn. Shelter staff can be trained to help a woman to regain control and emotional mobility by assisting her to express her specific feelings using language that accurately reflects the emotion.
- *Behavioural functioning.* Observing a woman's behaviour can help to understand her ability to cope with the situation she is experiencing. For example, noticing whether she is pacing the floor, having difficulty breathing, or sitting calmly, and whether she appears withdrawn or unresponsive. Shelter workers can be trained to assist women to take positive actions that she can able to complete in that moment. For example, asking her to breathe slowly.
- *Cognitive state.* Determining a woman's thinking patterns is essential in assessing her current ability to cope with the situation she is experiencing. When listening to what a woman is saying, staff can be trained to consider whether her verbal communication is coherent and logical, and whether her words make sense.

## *Acting in crisis intervention*

Taking action in crisis intervention involves intentionally responding to the assessment of the woman's situation and needs in one of three ways: nondirective, collaborative, or directive.

*Nondirective counseling* is preferable when a woman is able to plan and implement actions on her own that she chooses to take. In this case, the shelter worker's role is to assist the woman in mobilizing her existing capacity to solve her own problem. Comments that support a woman's self-determination and action can be helpful in this situation, such as "What do you want to have happen? Is there anyone that could support you with this plan?"

*Collaborative counseling* involves working together with a woman to evaluate the problem, identify options for addressing it, and taking actions toward a particular option. Collaborative counseling approaches are helpful when a woman is able to participate in planning and taking action, but is not able to complete the entire process on her own. For example: "You are saying that you have decided to leave your partner, but you are unsure of the legal options available. Let's explore together where you could go for legal advice."

*Directive counseling* is necessary when a woman is assessed as being immobilized by her experience to the extent that she is unable to cope with the crisis. Shelter staff can be trained to use directive counseling to take temporary control and responsibility for the situation. For example: "What I want you to do right now is breathe with me. That's good. Breathe in for a count of 6 and out for a count of 6." In these situations, shelter workers may move back and forth between directive counseling and collaborative counseling as the woman shows signs of decreased anxiety and increased ability to participate in the process.

It is particularly important for staff to have sufficient training in in this area in order to ensure that directive counseling is used only when necessary, and women are empowered as much as possible within the counseling relationship (James, 2008 *as cited in* Alberta Council of Women's Shelters, 2009).


*Models for crisis intervention*


<u>Six-step model</u>
Front-line shelter staff will need to address the level of distress and impairment of women in crisis by responding in a logical and orderly manner. Training in the use of a standardized model for intervening in crisis situations can help the counselor to be aware of the elements of an effective response to crisis, and to intervene in a way that appropriately supports a woman through the crisis which assists her to maintain ownership of the problem and be empowered toward self-determination (Roberts, 2002 *as cited in* Alberta Council of Women's Shelters, 2009).

A six-step model for crisis intervention is one framework that shelters may implement to respond to crisis. The model focuses on listening, interpreting and responding in a systematic manner to assist a woman or girl return to her pre-crisis psychological state to the extent possible. Emphasis is placed on the importance of listening and assessment throughout each step, with the first three steps focusing specifically on these activities rather than on taking action. At any point, emerging safety considerations that present risk of the woman being hurt or killed should be addressed immediately.

The model involves the following steps:

1. Defining the problem to understand the issue from the [woman's] point of view. This requires using core listening skills of empathy, genuineness and acceptance.
2. Ensuring [the woman's] safety. It is necessary to continually keep [the woman's] safety at the forefront of all interventions. This means constantly assessing the possibility of physical and psychological danger to the [woman] as well as to

others. Assessing and ensuring safety are a continuous part of the crisis intervention process.

3. Providing support, by communicating care for the [woman], and giving emotional as well as instrumental and informational supports.

Acting strategies are used in steps 4, 5, and 6. Ideally, these steps are [implemented] in a collaborative manner, but if the [woman] is unable to participate, it may be necessary to become more directive in helping [her] mobilize her coping skills. Listening skills are an important part of these steps, and the counsellor will mainly function in nondirective, collaborative, or directive ways, depending on the assessment of the woman.

4. Examining alternatives, which may be based on three possible perspectives: a) supporting the [woman] to assess [her] situational resources, or those people known to [her] in the present or past who might care about what happens to [her]; b) helping the [woman] identify coping mechanisms or actions, behaviours, or environmental resources that she might use to help her get through the present crisis; and c) assisting the [woman] to examine her thinking patterns and if possible, find ways to reframe her situation in order to alter her view of the problem, which can decrease her anxiety level.

5. Making a plan led by the woman, which is very detailed and outlines the persons, groups and other referral resources that can be contacted for immediate support. Provide coping mechanisms and action steps that are concrete and positive for the woman to do in the present. It is important that planning is done in collaboration with the [woman] as much as possible, to ensure she feels a sense of ownership of the plan. It is important that she does not feel robbed of her power, independence, or self-respect. The most important issues in planning are the woman's sense of control and autonomy. Planning is about getting through the short-term in order to achieve some sense of equilibrium and stability.

6. Obtaining commitment. Control and autonomy are important to the final step of the process, which involves asking the [woman] to verbally summarize the plan. In some incidents where lethality is involved, the commitment may be written down and signed by both individuals. The goal is to enable the [woman] to commit to the plan, and to take definite positive steps toward re-establishing a pre-crisis state of functioning. The commitments made by the [woman] need to be voluntary and realistic. A plan that has been developed only by staff will be ineffective (*adapted excerpt from* James, R. 2008. Victoria model of crisis intervention. *In Crisis intervention strategies*. (6th ed). Thomson. Belmont, CA: *as cited in* Alberta Council of Women's Shelters, 2009).

(*based on* Alberta Council of Women's Shelters, 2009. *Sheltering Practices: Module 6 - Crisis Intervention*)

Psychological support
Increasingly promoted in place of methods which involve debriefing during crisis, Psychological support (referred in some places as "first aid") is a response option which focuses on:

- providing practical care and support, which does not intrude;
- assessing needs and concerns;
- helping people to address basic needs (for example, food and water, information);
- listening to people, but not pressuring them to talk;
- comforting people and helping them to feel calm;
- helping people connect to information, services and social supports;
- protecting people from further harm.

The approach is ordered around three principles: look (to ensure the situation is safe, identify individuals who have emergency needs or might be in crisis); listen (by approaching and seeking to understand a woman or girl's concerns, if she chooses to share them, and helping her feel calm); and link (women with relevant information, resources, support to address their basic needs).

Individuals should have training and orientation on psychological first aid before implementing the approach, although they do not need to be professional counselors to implement the method. This makes it a particularly relevant method of response in low-resource settings (WHO, War Trauma and World Vision, 2011).

**Tools:**

➢ ***Psychological first aid: Guide for field workers*** (World Health Organization, War Trauma Foundation and World Vision International, 2011). Available in English.

➢ ***Anthology Of Resources: Psychological First Aid For Low And Middle Income Countries Project 2009-2010*** (War Trauma Foundation and World Vision International, 2011). Available in English.

➢ ***IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*** (Inter-Agency Standing Committee - IASC, 2007). Available in English.

**Help line services**

*Overview*

Help lines, which also may be known as crisis lines or hotlines, are a basic service which should be available to women and girls in all communities. Although the terms may be used interchangeably, the scope of services offered by such telephone lines may vary greatly depending on the context and organization(s) providing the service. They are particularly important given the reluctance of many survivors to seek help or inability to physically access support facilities. Confidentiality is also easier to assure through anonymous lines, especially telephone communication, compared with visiting a facility or community office (Kelly, 2008).

Ideally, there should be at least "one 24-hour national emergency telephone line providing information, advocacy, support and crisis counseling" (UN Secretary-General, 2006a,b).

Help lines may be hosted by women's shelters, or, depending on shelter resource constraints, they may be provided by other community based organizations supporting women.

Help lines operated by shelters are made available in order to:

- Assist women and girls with information and support to reflect upon and better understand their situation and opportunities for help.
- Respond to the needs of women experiencing crisis or seeking help (on a 24 hours per day basis).
- Support women who have resided in the shelter to access ongoing support and information when they are no longer at the facility.

These services may be provided by telephone, sms text or through the internet.

> ➢ Information on country-level hotlines can be found on the Help! Page of the Virtual Knowledge Centre, through the Hot Peach Pages and the Secretary- General's Database.

*Establishing and operating help lines*

Key considerations in planning for a helpline as part of shelter services include determining the:

- Purpose for the helpline. Who are the groups that the helpline is intended to serve and what are their needs? Helpline services may provide general support targeting all women and girls in the community at risk of violence or seeking to escape situations of violence; specialist services responding to particular circumstances (e.g. women in crisis); services focusing on particular issues, such as trafficking or sexual assault; and or those targeting specific groups, such as adolescents, migrants or lesbian, gay, bisexual and transgender people.
    - o General helplines (i.e. to address all forms of violence, health and wellness issues experienced by women) require significant staff who are sufficiently trained and informed as well as organizational knowledge of support services for women.
    - o Highly specialized helplines (i.e. women in crisis situations) may limit the reach of the service to specific groups of women at risk, and support to victim identification.
- Scope of services. What type of service will the helpline offer (e.g. information, referral, support, counseling, etc) and what languages will be spoken by helpline staff/ volunteers? To be most accessible, the various languages of women within the geographic area to be served should be considered in planning a helpline. Multilingual services may be facilitated by recruiting counsellors that speak a range of languages and implementing a telephone, online or SMS system that are directed to the appropriate counselor.
- Operation of the helpline, including human and financial resources required.

o  Who will be responding and what resources (funding and staffing) will be available to support its operation? Calls may be answered by volunteers or staff with training in crisis intervention and knowledge of the locally-relevant legal procedures required to access protection orders and other remedies. In either case, practical training and supervision are essential in responding to calls from survivors and those at-risk of violence.

o  The number of hotline counselors and supervisors needed depends on the size of the hotline as well as the hours it will be operating.

o  It is crucial to provide training and supervision of hotline staff, both to ensure they have relevant information to provide women and girls, and the necessary counseling skills and related competencies for each mode of delivery: telephone, online or SMS.

o  Technical expertise should also be identified to ensure functioning and support and problems related to telephone and computer technology.

o  Can helpline services be offered toll-free? This may depend on the telecommunications infrastructure in the particular country or region. If a free number cannot be established, it might be useful to create a dedicated mobile number that can receive text or sms messages, which hotline workers can then call back to reduce costs to women and girls seeking help.

o  Geographic area to be covered. Resource, staff availability and telecommunications infrastructure may help determine whether the help line will be national or local and cover a particular location (e.g. urban centre, both urban and nearby rural areas, or remote communities) (Bennett, et. al., 2004; Coman and Associates, 2001 *as cited in* Vukasovic, et. al.,2010; Stratten & Ainslie, 2003).

*Training and supervision of staff and volunteers*

Training and supervision of workers responding to help-line calls is essential to ensure quality services are provided to women and girls in line with core shelter principles.

Initial training for all helpline staff and volunteers (which may involve several days) and periodic refresher training should be provided by a skilled trainer with expertise in the specific forms of violence to be addressed by the helpline.

Topics to be covered should include:
• Relevant and up-to-date information about forms of violence in the targeted community/ communities, causes and consequences.
• Resources available to women and girls, across sectors.
• How to respond effectively to helpline calls:
    o  Understanding the differences between face-to-face counseling and telephone counseling, and the ability to apply counseling skills specific to telephone, online or SMS settings.

- o Advantages and limitations of non face-to-face counseling (i.e. it may be harder to build trust on the telephone), and ways to deal with these unique aspects of the counseling environment.
- o Counseling skills (e.g. greeting, empathizing, accepting, active listening, use of silence, questioning and probing, focusing, affirming, reflecting and correcting misperceptions).

It is important to identify and manage the potential stress and risk of vicarious trauma related to taking repeated and frequent calls on busy help-lines. Strategies to minimize the effects of such stress include providing opportunities for individual and group support to helpline staff/ volunteers, considering shorter shifts and improving supports available to staff during shifts.

Training to develop skills should involve participatory methodologies which:
- Clarify learning objectives
- Describe the intent, desired effects and process of applying the specific skill
- Provide opportunity for practice (e.g. role plays)
- Provide feedback on progress in developing specific skills (Stratten and Ainslie, 2003)

**Case Study: Providing Telephone Counseling to Domestic Violence Survivors (Viet Nam)**

The Centre for Studies and Applied Sciences in Gender–Family–Women and Adolescents (CSAGA) established and maintains the only national hotline for domestic violence survivors in Viet Nam. The initiative began as a telephone counselling line in the late 1990's, connected with the provincial government's information line (108), in response to the demand by callers for relationship advice and emotional support. Within a few years of its establishment, the hotline evolved into a national organization dedicated to supporting survivors of domestic violence.

It has sustained its operations and improved its support to survivors through key actions such as:

- o Utilizing new technology available (telecommunications).
- o Understanding the needs of women seeking support.
- o Popularizing the hotline in all mass communication channels.
- o Seeking and collecting information on experiences and materials from other countries, and adapting them to local cultures and conditions to inform local practices.
- o Identifying advocacy opportunities alongside political changes.
- o Prioritizing sustainability by launching a fundraising campaign to maintain the hotline and seeking domestic sources of support. CSAGA has also approached domestic businesses and inviting them to events related to domestic violence and gender equality in order to raise their awareness of the problem and encourage them to contribute funding.
- o Documenting counselling cases and practices, which contribute toward improving overall supporting to survivors.
- o Raising government awareness of the capacity and the flexibility of NGOs, which helps to improve cooperation between relevant civil society organizations and government agencies.

See the full Case Study.

**Source:** Van Ahn Nguyen for Centre for Studies and Applied Sciences in Gender – Family – Women and Adolescents. 2011.

**Tools**

> ➢ ***Manual for Work on SOS Hotline for (Potential) Victims of Human Trafficking: NGO ASTRA Experience*** (Vukasovic, et al, Belgrade: ASTRA – Anti Trafficking Action, 2010). This tool provides extensive guidance on how to manage and operate an SOS Hotline for potential victims of trafficking. Information is provided regarding indicators of trafficking, ethical and safety recommendations for managing risks, and examples of SOS telephone conversations. Available in English.

> ➢ ***Practical Guide to Telephone Based Counseling*** (The International Women's Human Rights Center "La Strada", 2008) provides guidance on the use of telephone based counseling to prevent human trafficking. This guide discusses objectives, guiding principles, practices and human resource needs. Available in English.

> ➢ ***Setting up a Hotline*** (Stratten & Ainslie, Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2003). This resource provides detailed guidance on various aspects of setting up a hotline, informed by global experience. Detailed guidance is provided regarding planning, implementing, monitoring and evaluating hotlines, as well as advocacy, including how to use the media, creating message and images to promote the hotline, considering demand and capacity, quality control, and relevant issues. Practical tools are also provided, including forms, a case study, and a training module on telephone counseling skills. Available in English.

**Risk assessment**

*Overview*

The primary goal for most shelters is maintaining the present and future safety of women and their children, which can be supported by working with women to assess their level of risk for repeated violence or lethality, and assisting in safety planning interventions that help women to identify options for keeping themselves safe.

Risk assessments can help women become aware of and reflect on specific factors that threaten their safety and their overall level of risk for future violence. They are a critical activity for ensuring women's safety in the short and medium-term and should be conducted at various points during a woman's stay in a shelter:

- Initial risk assessment should be completed during the early period following a woman's arrival at the shelter. The specific questions addressed in the assessment will vary depending on the form of violence experienced. In many shelters, a risk assessment tool is used to understand the range of specific factors that place the woman (or where relevant, girl) at risk. In situations of trafficking, this initial assessment may be a generic review of the woman's situation and the broader protective measures and circumstances related to trafficking in the country.

- <u>Ongoing assessment of risk,</u> based on a woman's changing cirucumstances, is important to review at least every three months or ideally once per month. During periods of high risk, assessments may need to be reviewed weekly or daily (International Organization for Migration, 2007).

- <u>Specific assessment of risks</u> is needed in response to particular events or circumstances that pose an increased threat, based on the distinct risks identified for the woman. For example, women and children may be exposed to an increased level of risk once they leave the shelter, and should consider these factors carefully when planning for their transition into the community.


Considerations for conducting risk assessments include:

- Women should be central in assessing their own level of risk, which is important both to empower women and provides an important indicator of risk for repeated domestic violence.

- Shelter staff should be informed of the risk factors relevant for the form of violence that the woman or girl is experiencing (e.g. risk of repeated domestic violence; lethality or intimate partner murder; re-trafficking; among general risk factors for various forms of violence against women).

- There are limitations to the accuracy of risk assessment conducted by both professionals and women themselves. Some research indicates that many women who were killed or almost killed, did not think that their partner was capable of murder. This suggests that women's assessment of their own risk should be used as just one indicator of risk for continued, escalating abuse and femicide.

- Risk assessment tools are valuable in understanding the known risks for repeated acts of violence, although no risk assessment approach or tool is completely reliable in accurately predicting violence. It is very important to be cautious when using them, as most tools have undergone little research. A single tool or process should not be used to predict a women's or girl's level of risk, but should be incorporated among various sources of information cleared by the woman (i.e. registration information, assessments from different service providers, police or judicial records, etc.), to effectively promote the woman's safety.

- Risk assessment tools should never be used to minimize a woman's impressions of her level of risk, even if the score is below the woman's perception. There is a danger when using risk assessments that are inconsistent with her perception and should not be used in isolation to determine her actual risk. It is essential that the woman's perception of risk is considered an important factor in the overall assessment of risk, regardless of what a risk tool indicates.

- Attention should be given to ensure that women identified as high risk does not result in less attention and assistance to those assessed at lesser risk. Adequate support should be provided to all women at risk.

- Staff should receive specific training and supervision in conducting risk assessments to ensure the process is implemented accurately and effectively, to understand and respond appropriately to women's various levels of risk.

(Campbell, Webster & Glass, 2009; WAVE, 2010; Gondolf, 2002 *as cited in* WAVE, 2010; International Organization for Migration, 2007)

Prior to beginning the assessment, and upon gaining informed consent to conduct the process, staff should inform woman how long the assessment is expected to take; and review the concept of risk with her, reminding her why the questions are being asked (Richards, 2009). Risk assessment should follow a consistent and standardized process based on known indicators of risk. A variety of tools and processes have been developed that provide detailed guidance on how to implement risk assessment practices. Once the risk assessment is completed, the results should be discussed with the woman in a sensitive manner, taking into consideration the potential impact of revealing that a woman is at high risk of serious harm or femicide.

When sharing results, shelter staff should:

- State clearly the specific concerns, providing both the answers given by the woman and the related professional judgement of risk based on known risk factors.

- Explain the next steps (e.g. safety planning, referrals to other resources, etc.).

- In cases of 'honour-related violence', describing the systems in place to ensure that family members will not be contacted or informed (Richards, 2009; CAADA, 2009).

Information gathered through risk assessments conducted (generic and specific) should be used to develop a safety plan that addresses each area of risk identified.

Risk assessment in domestic violence cases may examine the likelihood of repeated abuse or the risk of lethality.

### Risk of lethality

One of the most prominent tools for measuring the likelihood of lethality/ intimate partner murder or near lethality is the Danger Assessment, which has been evaluated through formal research and adapted to provide indicators of a woman's specific level of risk on a continuum from low to extreme risk. The tool involves 2 key components:

- A calendar to assist women to track specific incidents of violence as a means to recall and develop awareness of the extent and types of abuse she has experienced over the previous calendar year and their relationship to family and community events (e.g. birthdays, holidays, sporting events, other)

- A checklist of 20 "yes/no" questions of risk factors for lethality, which include:

  o The previous use of physical violence by the perpetrator against the woman.

  o The abuser's lack of employment.

  o Availability of a gun.

  o The woman having a child in the home from a previous relationship.

o Women separating from the violent partner after having lived with them. This is particularly high risk when an abuser is highly controlling.

o Other characteristics of the abusive relationship, such as stalking; strangulation; forced sex; abuse during pregnancy; a pattern of escalating severity and frequency of physical violence; perpetrator suicidality; perceptions of danger on the part of the victim; and child abuse.

Source: [Arizona Coalition Against Domestic Violence](#), 2004.



o Alongside risk factors, the tool includes protective factors against femicide, such as previous arrests for domestic violence; and women who have never lived with the perpetrator.

The Assessment may be completed by the woman on her own, or through an interview or counseling context with assistance from staff. All information for the assessment comes from the survivor, which makes it an appropriate tool for the shelter context.

### *Risks for re-assault*

Indicators for future domestic violence have been identified by various instruments, which include (Logar, et. al., 2006 Part II):

- Previous violence against the partner and any children or other family members.

- Women who are in the process of separating or recently have separated from their partner are at much higher risk for future abuse. The majority of serious and fatal domestic violence incidents are committed when women attempt to leave the abusive relationship, especially within the first three months of her departure.

- Men who have committed frequent and severe acts of violence are particularly likely to re-offend.

- Men who have perpetrated violence against former partners or other family members are often violent with subsequent partners.

- Acts of violence outside the family. The majority of perpetrators commit abuse solely within the family. However, where violence also occurs outside the family, there is a higher tendency toward use of violence within the home.

- Possession and use of weapons increases the risk of acts of armed violence. The risk is particularly high if the individual has previously used such weapons during previous acts of violence, or has threatened to use weapons in the past.

- Abuse of alcohol or drugs.

- Threats (including general threats of intent to harm and threats of murder or coercion). Severe violence is often preceded by threats, making them an important risk indicator.

- Threats of suicide, and depression. Suicidal ideation and depression further alters the perspective of abusers, increasing their risk for violence.

- Extreme patriarchal attitudes, including beliefs and expectations that limit the self-determination and autonomy of women and girls. Risk is particularly high when rigid beliefs and practices related to sexuality or "honour" are prevalent, and women and girls may be subject to violence if they do not follow these practices or are perceived to dishonour the family. For example, abusers who kill or severely injure their partners are often highly possessive and jealous, seeing other men as rivals and acting in a highly controlling manner with their partner.

- Persecution, psychological terror, stalking. Abusers who do not accept a separation from their partner may try to prevent it by persecuting, terrorizing or stalking their partner. This behaviour presents risk for further acts of violence that may continue for years after separation.

- Non-compliance with restraining orders or court orders demonstrates a reluctance to acknowledge responsibility for violence and change behaviour, presenting a risk for repeated violence.

Risk assessments focused on the likelihood that a perpetrator will reoffend have been developed, but are often used by police or probation to guide their work with perpetrators.  These are not often administered in a shelter, unless the shelter includes treatment for abusive men.

Example: the **Spousal Assault Risk Assessment Guide** (SARA) developed in the United States consists of a 20-item checklist covering criminal history, psychological functioning and current social adjustment of the offender. Designed to assess the risk of future abuse in adult male offenders (18 and older), SARA is used frequently by professionals such as law enforcement, correctional officers and government agencies, as well as in research projects. It incorporates the evaluators' professional judgment as part of the assessment, but requires access to police, probation and mental health records, which may not exist for many perpetrators or be available for survivors to access. The tool is also time consuming to complete.

Available in English.

**Tools:**
   ***Domestic Violence***
   ➢ ***CAADA Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) Risk Identification Checklist*** , (CAADA in partnership with Laura Richards, Consultant Violence Adviser to ACPO. 2009) This checklist, developed by Coordinated Action Against Domestic Abuse, Bristol, Scotland, provides a checklist and guidance for assessing high risk for domestic abuse, stalking and honour-based violence, including risk for domestic homicide. The tool is available here in Arabic, Bengali,

English, Polish, Romanian, simplified Chinese, Somali, Spanish, Turkish, Urdu, Vietnamese and Welsh. For additional resources, see the [website](#).

➢ ***The Danger Assessment*** (Jacquelyn Campbell, 2001) This tool, which requires membership and training, for assessment of risk of lethality in domestic violence situations was developed with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering. The first portion of the measure assesses severity and frequency of battering by inviting women to mark on a calendar the approximate days when abusive incidents occurred, and rank the severity of the incident. The calendar portion is intended to raise the consciousness of the woman and reduce denial and minimisation of the abuse. The second portion of the measure invites the woman to complete the Danger Assessment tool which includes a range of indicators shown in formal research to increase the risk of lethality in domestic violence situations. Available in [English](#).

➢ ***Preventing Domestic Homicide of Women: An Intervention Guide*** (Drouin C & Droulet J, 2004) provides shelter workers guidance in the development of assessment and intervention skills for preventing intimate partner homicides. This guide provides staff with information about relationship factors, offender behaviour patterns, motivation and profile patterns of male offenders, extensive guidance on intervention including principles and practices as well as danger assessment tools. This guide is available in [English](#).

➢ **Inventory of Spousal Violence Risk Assessment Tools** Used in Canada, Department of Justice. Available in [English](#) for purchase.

- **Aid to Safety Assessment Planning (ASAP) The** Aid to Safety Assessment Planning is a manual that was created as a result of a partnership between the Victim Services and Crime Prevention Division, BC Ministry of Public Safety and the BC Institute Against Family Violence. The objective of this manual is to reduce the risk of violence by providing a comprehensive and coordinated safety management strategy that victim service workers can use in cooperation with other relevant justice agencies to support women in making safety assessment decisions.  It was designed to examine the risk factors from the victim's perspective and emphasizes the need for relevant agencies and the victim to work together and, where appropriate, share information on known risk factors. The manual and sample worksheet incorporates items from established tools such as the Spousal Assault Risk Assessment (SARA) and the Brief Spousal Assault Form for Evaluation of Risk (B-SAFER) to create appropriate safety plans.  To order a copy of the ASAP manual, please visit the Centre for Counselling and Community Safety, Justice Institute of British Columbia [website](#).

- **Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)** The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) was developed collaboratively by the British Columbia Institute Against Family Violence, P. Randall Kropp, Ph.D., Stephen D. Hart, Ph.D., Henrik Belfrage, Ph.D. and the Department of Justice Canada.  The development of the B-SAFER tool was

based on a number of objectives: to facilitate the work of criminal justice professionals in assessing risk in spousal violence cases, guide the professionals to obtain relevant information necessary to assess level of risk, assist victims in safety planning and ultimately work to prevent future harm and more critical incidents.

- **Danger Assessment** The Danger Assessment is used by Victim Services in New Brunswick. In Nova Scotia, staff of transition houses, Victim Services and Child Welfare Services (under Department of Community Services) are trained to use the Danger Assessment tool, developed by Jacquelyn Campbell, Ph.D., R.N., F.A.A.N. from the United States. The use of this tool is part of the collaborative process through the High Risk for Lethality Case Coordination Protocol Framework. Information sharing is initiated with relevant agencies if any of the primary service providers designate a woman's file as high risk.  The Danger Assessment tool is comprised of two parts: the first portion of the tool evaluates severity and frequency of abuse by providing the woman with a calendar of the previous year. The woman is asked to mark dates of past abuse on a calendar. Incidents are ranked from least to most severe. Indicators include: slapping, pushing, punching, kicking, bruises, "beating up" (i.e. burns, broken bones and miscarriage), threat to use a weapon and finally, use of a weapon with wounds.  The second portion of the tool is a 20-item instrument which includes a weighted scoring system to count yes/no responses of risk factors linked with intimate partner homicide. For more information, please see the website.

## *Trafficking*

➢ ***The Causes and Consequences of Re-Trafficking: Evidence from the IOM Human Trafficking Database*** (International Organization for Migration, 2010). This publication discusses the significant causes and consequences (risks) of re-trafficking, identifying women, children and young adults as most vulnerable to re-trafficking.  Available in English.

➢ ***The IOM Handbook on Direct Assistance for Victims of Trafficking*** (International Organization for Migration, 2007). This provides a list of specific risk factors that may arise when the working with victims of trafficking. Available in English.

➢ **Trafficking Assessment for Children** (United Kingdom). Available in English.

## *Other*

➢ ***Additional Risk Assessment Tools*** (VAWNet). Available in English.

➢ ***Forced marriage and Crimes Committed in the Name of "Honour":*** **Domestic Abuse, Stalking and 'Honour'-based Violence Risk Identification Checklists** (United Kingdom: Co-ordinated Action Against Domestic Abuse, 2009). Available in 13 languages with additional Guidance available in English.

➢ See additional guidance on risk assessments in the Security Module**.**

*Overview*

Safety planning is a critical service facilitated by shelter staff, which helps women better understand the factors that affect their own safety (and their children's) and develop strategies for reducing the risk of future harm and violence.

Contributing to women's short and longer-term security, safety planning can be used to help women manage and minimize the harm experienced during an incident of violence or within abusive relationships, as well as in the process of leaving a violent situation.

Comprehensive safety planning involves working with women to:

- Understand individual risks (based on a thorough risk assessment) and identify strategies for reducing the risks of further physical violence.

- Identify and document a range of individualized strategies for maintaining safety from abusers, and meeting basic human needs such as income, housing, health care, food, as well as children's care and education.

Shelter staff must develop safety plans in partnership with women, using interactive tools that are tailored to, and build on a woman's knowledge of her specific circumstances and environment. This is particularly important to ensure the plans are owned and implemented by the women using them, and considering that most survivors have taken actions to keep themselves and their children safe.

As with all shelter services, the safety planning processs should be empowering by reinforcing the woman's role as the expert on her own life and acknowledging her specific situation and needs. Using such methods, inputs from shelter staff related to the woman's risks and information on external resources can be valuable in strengthening the plan and the woman's ability to implement it.

Safety plans are likely to fluctuate as women reflect on their circumstances and may change over time. They should be reviewed periodically with the woman to ensure they reflect her most current safety concerns and circumstances.

Most guidance on safety planning has been developed for situations of domestic violence, although there are emerging safety planning practices for women and girls experiencing other forms of violence (e.g. trafficking; forced marriage, 'honour crimes', etc). As with risk assessments, a variety of tools exist for conducting safety planning, and should be adapted as relevant for working with survivors rather than implemented as a checklist to be completed (Parkes, 2007; Davies, 2009).

*Conducting safety planning*

This guidance is developed for survivors of domestic violence, but may be adapted for women fleeing other forms of abuse.

Prior to starting a safety planning process with a woman:

- Discuss the purpose and process of safety planning and ask if she would like to go through the process.

- Clarify that she is free to have a safety plan or not, and the decision to act on the plan is her own.

- Provide emotional support during and after the safety process.

- Explain the confidentiality of the information and any legal limits to confidentiality.

- Inquire about only the information needed to plan for the woman's safety.


Each step of the planning should be done in partnership with the woman seeking assistance, ensuring conclusions and decisions regarding the plan are determined by her.

Review the results of the risk assessment, which should cover abuser and safety support factors, and discuss the relevance of each factor to determine their potential influence on her security and the security of any children or dependents. These factors include:

- Perpetrator factors
    o Perpetrator's violence
    o Violent threats, ideation, intent
    o Escalation of physical/sexual violence or threats
    o Violations of civil and criminal court orders
    o Negative attitudes
    o Other criminality
    o Response to shifts in power and control dynamics
    o Employment or financial problems
    o Substance use
    o Mental health problems
    o Other considerations (e.g. significant life changes, access to weapons, current emotional crisis, coping with chronic pain, trained in combat/military service, etc.)

- Safety support factors
    o Level of personal support
    o Living situation
    o Level of fear
    o Barriers created by attitudes or beliefs
    o Health impacts of the abuse
    o Employment or financial concerns
    o Child-related concerns
    o Substance use
    o Access to services

*Shelter Module March 2013*
  o Responsiveness of services
  o Provision of information
  o Coordination of services

It is equally important to discuss safety strategies, including:

- Those used in the past and currently being used to keep herself safe.

- Those used by agencies and services when trying to support her.

- How helpful the strategies have been and any barriers experienced when using them.

Develop a new safety plan that builds upon previous strategies she has used and what she has learned from using them. Assist in the creation of new strategies based on the identified risk factors, safety supports and protective measures available to her. These may include:

- Taking specific actions or steps to improve her physical security (e.g. preparing an emergency safety bag; identifying support contacts in the community, etc.)

- Determining measures to secure her basic health, financial and social needs are met (e.g. creating a separate bank account or financial plan, deciding to stay in the shelter or finding longer-term accommodation, etc.)

- Engaging support services (e.g. making a report to police, obtaining a protection order, understanding any supervision measures that are in place for the perpetrator, such as mandatory reporting to a court or parole officer, etc.).

Discuss the factors that may affect implementation of the safety plan, including:

- The level of effort or intervention required to protect her safety (as well as her children and other family members).

- The risk that the abuser will engage in serious physical harm against the woman, her children or other family members.

- Any immediate action that is required.

- When the safety plan should be reviewed and updated (e.g. every month or earlier if a high risk case or when there is a change in the relationship or circumstance.)

(British Columbia Institute Against Family Violence, 2006; Parkes, 2007; Davies, et al., 1998; Hamby and Bible, 2009).

214

**Sample Template: Safety Plan for Leaving (United States)**

**Name:**

**Date Prepared:**             **Dates Updated:**

1. In the event that I decide to leave, I will know how to get out safely.
   - ☐ I have identified what doors, windows, elevators, stairwells, or fire escapes I would use, just as I would in case of a fire. (Use this space to make notes.)
   - ☐ This is how I would evacuate my family, and the route we would take to get out:
   - ☐ I will rehearse this escape plan, and as appropriate, practice it with my children at least one time. (Note the dates that you rehearse the plan.)

2. In the event that I need to leave quickly, I will have important items ready and accessible.
   - ☐ Items I have readied for the Emergency Escape Bags
     - – Clothing and personal items
     - – Emergency money (cab fare, quarters for the phone, food, hotel room, etc.)
     - – Keys (car, house, office, etc.) and Cell Phone
     - – Credit, debit or check cards, phone cards
     - – Copies of important documents
     - – Special toys and/or blankets for children
     - – Valuable jewelry
     - – Items of sentimental value
     - – Pet carrier and supplies, and telephone number of temporary care giver
   - ☐ Location where I will keep Emergency Escape Bags (self, children, pets):

3. In the event that I need to leave quickly and it is not safe to talk openly, I will have a code word or signal to alert my children that we are going to go, or alert my family or friends that we are coming.
   - ☐ Code Word or Signal I will use:

4. In the event that I need to leave quickly, I will know where to go.
   - ☐ My first choice for emergency refuge is:

Location:                          Telephone Number:

   - ☐ My alternate choice is:

Location:                          Telephone Number:

5. In the event that I need to leave quickly, I will have the telephone numbers of *area shelters* for
abused women:

Notes:

*Excerpt:* Women In Transition, Inc.*Keeping Safe:A Workbook for Developing Safety Plans*. WIT. Philadelphia.

Examples of safety planning with specific groups

---

**Illustrative Example:  Women using substances**

General considerations for shelter staff when conducting safety planning with domestic violence survivors using substances:
- Have discussions with each woman about her substance use, explore how the use impacts her and what she needs to stay as safe as possible.
- Explore how her partner's use of substances impacts or has impacted her safety.
- Ask questions about the context of her use and how this affects her safety. For example: "Where do you most often use?", "Who do you usually use with?", "How does this impact your safety?"
- Explore her choices: "Who can you call to help you if things start to escalate?"; or "Is there a safer place to drink?"
- Help women to understand the connection between their use and their ability to keep themselves safe. Some women are open to look at abstaining as a means of creating more safety for themselves, while others may be willing to look at safer ways to use.
- Explore what triggers their need to use. Help women look at other actions to engage in when they feel the urge to use. If a woman is ready to work on abstaining, refer her for treatment and ask for permission to speak to the addictions counsellor, in order that the safety plan developed with her can be shared with the addictions counsellor.

*Excerpt adapted from***:** Alberta Council of Women's Shelters. 2009**.** *Danger assessment and safety planning.* ACWS. Edmonton.

---

Safety planning with survivors relocating to new homes

Consider the following preventive measures with women who are moving to a new home, alongside other general safety planning strategies:

- Ask for a police escort if it is necessary to return to a previous home to collect belongings that could not be taken when first leaving and ensure the abuser cannot discover her new location.

- Develop secure methods of communicating with the landlord before, during and after the move, such as establishing a new email account on a safe computer (possibly at the library or a friend's place) and using a cell phone that the abuser cannot access.

- Develop a plan for leaving the premises quickly.

- Wherever possible, avoid giving out the new address and phone number (i.e. use a post office box, or a friends address).

Safety planning with women living in the community

Questions for consideration when conducting safety planning with women who are living in the community include:

- What cues/triggers her partner's violent behaviour and how can she seek safety before an incident occurs?

- If she needs to leave in a hurry, what will her emergency plan be? The emergency plan should include:

  o Who can she go to for help?
  o What items are essential to her that she should have packed in a bag (i.e. extra keys, money, documents- birth certificates, important phone numbers of people and places, identification, bank/financial cards, case documentation, clothes, prescriptions for herself and any items for children/dependents, etc.)?
  o Where can the bag be kept so that it is easy to access and will not be found by her partner (e.g. left with a friend)?
  o What other activities might contribute to her ability to keep herself safe if she needs to leave in a hurry?

- What can be done to keep her safe during violent episodes? This may include:

  o Choosing a code word or action (e.g. leaving an object in front of the house or turning on/flickering a specific light) that can be used to signal someone to call the police.
  o Going to a safer room in the home (i.e. one that locks from the inside, or one with a telephone).
  o Planning an escape route.

- How can she prepare her children to keep themselves safe during violent episodes? This may include:

  o Identifying a safe place to hide or go.
  o Knowing how to call for help.
  o Knowing that they should not try to intervene (Dozois, 2007).

**Safety Planning Tools**

➤ ***Domestic Violence Safety Plan*** (American Bar Association). This brochure, by the, is a resource for survivors of domestic violence and their advocates in the United States. The brochure outlines steps that survivors can take to improve their safety in their home, at work and other public spaces, in court and for their children; provides an overview of measures the court may take to protect survivors; and the contact information for a national domestic violence hotline. Available in English, Chinese, Japanese, Korean, Spanish and Vietnamese.

➤ ***Model Protocol: Safety Planning for Domestic Violence Victims with Disabilities*** (Cathy Hoog for the Abused Deaf Women's Advocacy Services for the Washington State Coalition Against Domestic Violence 2010). This resource recommends shelter policies and procedures for working with women with disabilities and provides sample questions for safety planning purposes. It recommends policy and procedure for violence organisations attempting to cater for WWD. It provides a sample safety-planning questionnaire for service providers to use with survivors to capture their specific needs and consequently tailor services. Available in English.

➢ **Safety Planning** (CAADA). This webpage provides steps and a checklist for conducting safety planning, based on the context in the United Kingdom. Available in English.

➢ **Safety Planning** (Rape, Abuse and Incest National Network). This webpage provides tips and links for women or who have been abused or sexually assaulted, with guidance tailored for women in rural communities, in urban areas, and on college campuses, based on the context in the United States. Available in English.

➢ **Creating a Safety Plan** (Women Peel against Women Abuse). This resource and checklist was developed based on the combined experiences of survivors. Available in English.

➢ *Violence Against Women: Safety Planning List* (National Women's Health Information Center, 2008). This checklist is a resource for survivors of violence and advocates working with survivors. The checklist is based on the context in the United States and provides an overview of the documents, financial, medical and other logistics required to safely leave an abusive relationships. Available in English.

➢ *Safety Plan* (North Carolina Coalition Against Domestic Violence). This form is a template for domestic violence survivors and those working with them. The safety plan provides a sample framework for survivors to identify short and long-term steps to leave an abusive situation. Based on the context in the United States, the plan includes sections addressing physical safety, financial security, and the well-being of children of violence survivors, and may be modified as relevant for other settings. Available in English.

➢ *Safety Planning for Domestic Violence Victims with Disabilities* (Cathy Hoog, Abused Deaf Women's Advocacy Services for the Washington State Coalition Against Domestic Violence, 2010) provides a model protocol for safety planning with women with disabilities who are victims of domestic violence. Available in English.

➢ *Technology Safety Planning with Survivors* (National Network to End Domestic Violence Safety Net Project, 2008). This handout, for advocates and women at risk of domestic violence, provides 12 simple but critical tips about phone, computer, email, instant messaging and other technology use. Available in: English; French, Mandarin; Korean; Russian; Somali; Spanish; and Vietnamese.

➢ *Safety Plans and Checklists* (Arizona Coalition against Domestic Violence). This site provides a number of safety planning materials, including for preschool age (3-5 years) and older children, when preparing to leave, when an abuser has moved out of the house and when at work. Available in English.

➢ **The Survivor's Handbook** (Women's Aid UK, 2005). The handbook provides practical information for women experiencing domestic violence, with simple guidance on every aspect of seeking support. Available in English.

➢ [Family Violence Outreach Counsellor Manual](#) (Dozois, 2007). This resource provides a Sample Safety Planning Template (pages 46 – 51).

➢ ***Safety Planning Pocketcard*** (Centre for Research on Women with Disabilities at Baylor College of Medicine). Available in [English](#).

➢ ***Additional Safety Planning Tools*** (VAWNet). Available in [English](#).

➢ ***Create a Teen Safety Plan*** (Futures without Violence). Available in [English](#).

➢ **Safety Plan for Children**. Available in [English](#).


➢ For additional and updated resources on safety planning, search the [tools database](#).

## Counseling and support services

**Overview**
Beyond physical protection and security, shelters provide various emotional and psychosocial services, which are critical in supporting women to regain control over their lives. These emergency and short-term supports are central to the longer-term process of recovery and can contribute to assisting survivors remain free of violence and those at-risk avoid abuse altogether.

Shelters empower women and girls by:
- Providing counseling (face-to-face or online) and responding to trauma to help women manage the impacts of violence in their lives.
- Facilitating support groups to strengthen women's access to peer-based encouragement and problem-solving.
- Supporting the development women's knowledge and skills through the creation of case plans to increase their choices and opportunities (e.g. legal, social and economic) which assist them to escape the patterns of control in their lives and may enable them to achieve their personal goals.

Women's empowerment is further supported when shelters maintain an environment which encourages women to make decisions for themselves, set and achieve their own personal goals, and ensures women's participation and inputs are integrated into all aspects of the shelter's operation. This includes employing approaches which demonstrate teamwork and balance of power between shelter staff and women seeking support (Women Against Violence Europe, 2004a).

**Individual Counseling**

*General Guidance*
Different forms of counseling may be provided in shelters (e.g. psycho-educational supportive counseling; therapeutic counseling - such as cognitive behavioural therapy; and trauma-informed counseling), based on the identified needs of women, the form(s) of violence they have experienced and resources available. Counseling may also be used in crisis intervention or for longer-term responses to trauma, but requires specialized skills and knowledge. Shelter counselors should have training in delivering the specific form(s) of counseling they provide (UN Secretary-General, 2006b).

Counseling is important to help survivors:
- Improve self-esteem
- Increase coping mechanisms
- Understand what they have experienced
- Overcome guilt
- Express their anger
- Realize they are not responsible for the violence they have experienced.
- Know that they are not alone
- Access support networks and services

Approaches used should be empowering and supportive, respecting the woman's autonomy and encouraging her independent decision-making, rather than being instructive and telling her what to do (Benett, et al, 2004; UNFPA, 1999).

Counseling should enable women to:
- Learn that they are experts about their own lives and strengths.
- Internalize a sense of individual and collective power.
- Understand their experience as politically oppressive rather than as self-caused.
- Learn to stand together as a community.
- Use tools to better control their lives.
- Employ strategies to create safety and independence.
- Participate fully in decision-making, record-keeping, and setting rules affecting their lives.
- Become leaders and advocates against gender-based violence.


*Techniques*
This section focuses primarily on the provision of supportive counseling. It is based on work with domestic violence survivors, though it may have components relevant to other forms of violence (Grealy, C., et. al., 2008).

Although methods may vary, supportive counseling involves:
- Validating a woman's experiences and helping her to recognize her strengths and survival skills.
- Advocating for a woman's needs, ensuring access to resources, protection and services.
- Assisting women to understand the dynamics of gender-based violence (e.g. relationship and power dynamics) and the reality of their rights (Iowa Coalition Against Domestic Violence, 2010).

Shelter staff should adhere to guiding principles and counseling techniques which demonstrate:
- *Attentiveness and seeking to understand*, through active listening techniques which communicate their understanding by carefully watching and listening to the woman, clarifying her feelings, and responding verbally.
- *Acceptance* and showing respect for the opinions and feelings of the woman. This refers to demonstrating a non-judgmental attitude, either through culturally-appropriate physical actions (e.g. nodding, maintaining a neutral facial expression); verbal responses (e.g. restating what the woman has said; encouraging her to express her feelings) or other means (e.g. listening attentively; allowing the woman to take her time) (Office for the Victims of Crime, 2007).
- *Empowerment* of the survivor, which includes promoting women's sense of self-worth; choices and ability to make her own decisions about those choices; access to opportunities and resources; power to control her own life, both within and outside the home; and ability to influence the direction of social change (including to create a more just social and economic order) (United Nations Population Information Network).

- *Awareness,* which involves attention to both the verbal (what is said or stated) and non -verbal parts of communication (how things are said and other behaviours).

> **Being Aware, Means Paying Attention to...**
>
> ✓ Word choices may give clues about the values and feelings of the woman.
> ✓ Silences may indicate that the woman is thinking, uncomfortable with the situation or what has been said, or too upset to speak.
> ✓ Facial expressions may suggest what is felt or differences between the stated words and what is felt.
> ✓ Eye contact may indicate how comfortable the woman is with a topic or the person they are talking to.
> ✓ Body position and gestures may indicate feelings, value or comfort level.

- *Making observations*, related to the information the woman is sharing or feelings being expressed.
- *Clarifying and summarizing,* which involves asking what was meant by a particular statement or term, in order to ensure the counselor understands the woman's message. This prevents assumptions which can lead to misinterpretation of information and interests.
- *Accepting feedback*, by listening what the woman has to say in a non-defensive manner.
- *Freedom from roles*, by relating to the woman as a peer and avoiding the use of titles and power-based descriptions that put the counselor in the role of "expert" or "judge".
- *Exploring and supporting mobilization* of resources (e.g. referral services) as needed.
- *Using silences*, by recognizing when it is helpful to sit quietly and give the woman time to collect her thoughts, process what was said, cry, breathe deeply, etc.
- *Speaking a common language*, by adapting the language used in the session to reflect the age, education, background, and personal style of the woman to promote her comfort.
- *Empathy* involves being able to see the world from the woman's frame of reference and to communicate and clarify concerns from that perspective. This involves:
  o Listening to what the person is saying and how she is saying it.
  o Processing what has been heard.
  o Observing how the woman is feeling.
  o Seeking to understand what make this event, issue or story important.
  o Responding to what was said using brief statements that reflect understanding of the relevant feeling and situation (e.g. "I understand"; "That must be difficult for you").
- *Communicating support*, with encouraging messages.
  o Positively reinforce the woman's efforts (e.g. "That's good"; "Congratulations").
  o Seek to identify the woman's need and concerns (e.g. "What would you like to see happen?").
  o Reassure the woman or girl that change is possible.

      o  Look for opportunities to affirm her strengths, achievements and efforts (Iowa Coalition Against Domestic Violence, 2010).

*Processes*

Prior to all sessions, counselors should become familiar with the history of the woman seeking support (e.g. circumstances, needs, resources, strengths) and other information learned during her time in the shelter. It may also be helpful to consult with other service providers or shelter staff working with the woman regarding her progress and any emerging concerns or special assistance required.

Sufficient time should be allowed for counseling sessions (e.g. a minimum of one hour for initial session) to ensure that the woman is able to freely discuss concerns, and that there is time to assess any progress made, discuss solutions and plan the next steps.

Staff should try to establish rapport with each woman, by:
• Extending a friendly and accepting greeting
• Recognizing and responding to the woman's feelings
• Conveying care and concern through words, tone of voice, facial expressions and body language
• Seeking to build trust and comfort
• Facilitating the flow of conversation

During each session, staff should support the woman to clarify the problem by seeking to understand and explore the woman's:
• Priority concerns and her feelings about those concerns
• Previous help-seeking efforts
• Support system
• Goals in addressing the problem

Counselors should also assist the woman to explore alternatives, identify and mobilize the types of assistance and resources she needs to achieve her goals. Through discussion of available options, they can help ascertain the woman's interest in accessing recommended services.

Counseling sessions may contribute to the case planning process, which supports women to access identified services and other resources needed to achieve her goals. Some counseling processes may develop a plan with activities and supports to be provided by shelter staff (e.g. scheduling an appointment with a legal advisor) as well as the survivor (e.g. to review the information provided regarding legal consultation, identify questions, attend the consultation and follow up on plans or activities developed during the consultation). Such plans are specific to each woman and vary depending on the woman's condition (e.g. level of distress and related effects) circumstances and aims (International Organization for Migration, 2007).

**Tools**

➢ ***Practice guidelines: Women and Children's Family Violence Counselling and Support Program, Department of Human Service [Australia]*** *(*Grealy, C., Humphreys, C., Milward, K., and Power, J., 2008). Available in <u>English</u>.

➢ ***The Best Practices Manual for BC's StoppingThe Violence Counseling Programs [Canada]*** (BCASVACP, 2006). Available in <u>English</u>. See the other <u>resources</u> of the Ending Violence Association of British Columbia.

➢ ***Interventions with Children Exposed to Domestic Violence*** (British Columbia's Children's Hospital, 2005). Available in <u>English</u>.

➢ ***Family Violence Outreach Counsellor Manual [Canada]*** (Dozois, 2007). Available in <u>English</u>.

➢ ***Helping an Abused Woman: 101 Things to Know, Say and Do*** I **[Canada]** (Alison Cunningham and Linda Baker, 2008). Available in <u>English</u> by purchase.

➢ ***Helping Abused Women in Shelters 101 Things to Know, Say and Do II*** **[Canada]** (Alison Cunningham and Linda Baker, 2008). Available in <u>English</u> by purchase.

➢ ***Communication Skills in Working with Survivors of Gender-based Violence: A Five-Day Training Curriculum*** **[USA]** (Family Health International, 2000). Available in <u>English</u>.

**Online counseling**

*Background*
Online or internet-based counseling and services may be used to reach women who want to remain anonymous and might not otherwise seek counseling. Counseling through this medium might also make professional services more accessible to women living in remote areas, or with medical or physical conditions that make face-to-face contact with a counselor difficult.

While online service may not be suited for, available, or preferred by everyone, this form of service provision can provide several specific benefits, including:
• An increased sense of control by the woman or girl.
• Reduced barriers, including reducing the amount of time and distance required to access services.
• In certain contexts, a woman or girl can access online counseling services 24 hours a day.
• Facilitating communication, for those that prefer to write rather than face-to face meetings.
• Providing more time for both the woman or girl and the counselor to reflect and respond thoughtfully to what the other has communicated.

There are a variety of safety, ethical and operational challenges to providing online services. Primarily, there is a lack of empirical research on effective online service delivery models, particularly in cases where the methods do not provide for visual or

auditory cues. This is not an indication that they are not effective, but rather that further research is needed. Other common challenges in the model might include:

- Inability of organizations to ensure that online services they provide will be safe, confidential and secure for survivors with risks of unauthorized access to online communications from web monitoring software. Security or safety of the survivor's computer or other electronic device cannot be checked and managed remotely. For example, a perpetrator can install SpyWare on the survivor's computer, allowing them to see communications made on that computer.
- Responding to threats and personal safety issues faced by the woman or girl.
- Limitations in access to appropriate technology due to barriers related to online connections, illiteracy, and motor control.
- Assessment of the woman's or girl's readiness to use online services (e.g. difficulties in verifying the identity of the woman/girl and the counsellor in the session, and challenges with reaching women who are a danger to themselves or others).
- Conducting effective risk and safety assessment with women and girls who only access online services.
- Liability to the service provider (e.g. if a woman is harmed or harms others following a counseling session).
- Maintaining confidentiality, dealing with confidentiality breaches, and record keeping practices.
- Technical problems that interrupt or terminate service.
- Limitations to services (e.g. the counselor and woman are not able to see each other, and must communicate through short remarks which must be generated quickly in order to maintain the flow of the conversation). Communicating online requires time and patience (Heinlen, 2003:81 and Preece & Ghozati, 2001 *as cited in* Shelternet, 2009a; Kranz, 2002:2; and Preece, 2001:8 *as cited in* Shelternet, 2009).

*Organizational readiness*

Women's shelters must consider and address safety, confidentiality and capacity issues when planning to provide online services. The requirements to assess and prepare the organization for online counseling involve detailed analysis of organizational resources and safety factors. Consulting women's shelter organizations that have successfully established these services is important in addressing the full range of issues and needs in this area.

Organizations should be able to provide women clear and complete information about safety, confidentiality and capacity issues so they are equipped to make realistic and informed choices about use of online services. A pre-drafted message that can be quickly sent to women at the beginning of a session can assist women in making informed decisions, including on whether they want to proceed in this manner or pursue other available options.

At a minimum, organizations should evaluate and address the:

- Technological competence (e.g. knowledge, skills) of staff, volunteers, and survivors with online counseling approaches and tools, and provide ongoing training for those who will be providing these services. The time and ability of organizations to develop new modes of service provision without negatively impacting comfort levels or core services should also be considered.

- Time and knowledge required to incorporate survivor-centered standards and ethics for online communication and services into existing organizational practices and policies. For example, many policies and practices, such as those related to liability may not cover the issues associated with providing online services.

- Potential demand for online services by girls, which should include plans for how the organization will screen and implement protocols and policies for working with minors.

---

**Case Study: Young Women's Empowerment Centres and Online Gateway (Sweden)**

The Swedish Association of Women's Shelters and Young Women's Empowerment Centres and the National Organization of Women's and Young Women's Shelters established volunteer-based Young Women's Empowerment Centres to support women and girls aged between 12 and 20 years. The first centre started in 1995, and as of 2011, there were 60 such Centres in different cities across Sweden, all started by young women who collaborate to support and empower teenage girls and young women. The initiative utilizes technology to provide information, opportunities for peer dialogue, and support services to young women, as well as to promote knowledge sharing of promising practices among service providers.

In particular, it has developed a national empowerment website for all young women: (Tjejjouren.se); created user-friendly websites for local Centres and tailor-made web tools to facilitate safe Centre staff communication with young women; and established a national intranet where all Centres can exchange ideas. The Tjejjouren.se website has been a critical resource for reaching young women who might not otherwise access support services. It features information on topics such as bodily ideals, violence, friendship and drug abuse; articles on current events of interest to young women; monthly polls; a blog for young women to contribute text or photos; and a mailbox feature for visitors to post questions anonymously.

See the full Case Study on the initiative.

Source: Carin Göranson, Kvinnojourer. Stockholm.

---

**Tool:**

- ***Assessing Organizational Readiness to Provide Advocacy & Services Online***. (Safety Net: the National Safe & Strategic Technology Project, National Network to End Domestic Violence, 2005).

Online communications must be planned and implemented with careful consideration and attention to maximizing safety to the extent possible. As with face-to-face counseling, online support should follow core guiding principles, which can be maintained by:

- Providing information about the online process, the counsellor (including name, position, qualifications, and approach), the potential risks (e.g. potential miscommunications when using text-based forms of communication), benefits, safeguards, and alternatives (e.g. telephone counseling).

- Conducting a risk assessment and reviewing a woman's comfort using technology prior to providing online counseling.

- Facilitating safety planning, involving the survivor's own assessment of her risks.

- Avoiding the use of online counseling in crisis situations, referring women to immediate and local face-to-face services in such cases.

- Establishing practices for maintaining confidentiality, including agreement not to save, print, or forward verbatim communications.

- Communicating the process and guidelines for online counseling in clear and simple terms.

- Providing services using a feminist-based, non-judgmental and non-medical approach, building on the strengths and specific needs of the woman.

- Ensuring that alternative options to online services (e.g. face to face counseling) are made available, should they be needed at any time during the provision of online counseling.

- Establishing pre-scheduled times for online appointments (Shelternet, 2009a).

Toward this end, organizations must train service providers in the use of specific structured assessment approaches that address the range of safety factors for online services.

Organizations planning to provide online support should consider all means to increase the confidentiality of online communications through: encryption; authenticated passwords; and other security steps that assist them to respond to varied safety risks of survivors. For example, a special computer server may be used that protects against unauthorized access to information and deletes any traces of communication on the survivor's computer (Fraser & Fribley, 2005).

➢ **Website Safety: Tips for Advocacy Organizations** (National Network to End Domestic Violence Safetynet Project, 2009). This resource describes steps that can be taken by shelters and advocacy organizations to inform survivors about online safety risks such as computer monitoring and spyware. Based on the context in the United States, three basic steps are identified that organizations can take when

*Shelter Module March 2013*

working with survivors of sexual assault, domestic violence and stalking. Available in English.

Organizations should gather information and develop a clear understanding of all government regulations and rules related to electronic communications between a counsellor or advocate and survivor. Advocates should also be aware of confidentiality risks inherent in the use of the relevant technologies so they can inform survivors about the risks, and change the mode of communication to other forms (e.g. help-line, face to face) if needed to manage these risks.

---

**Example: Safety Net (United States)**

The Safety Net Technology Project was founded in 2000 and implemented by the U.S. National Network to End Domestic Violence (NNEDV) in 2002 to change the face of advocacy by expanding the number of shelter advocates who can harness the power of modern technology to increase survivor safety and improving women's knowledge of technology and its potential use by perpetrators. The overarching goals of the Project are to help those working to end violence against women safely use technology and hold offenders accountable for technology misuse. The project achieves these goals through training practitioners, shaping public policy, raising awareness, building the capacity of shelter staff and law enforcement, and advising technology developers and companies.

Training practitioners
Since 2000, the Safety Net Team has presented over 800 trainings to a wide range of audiences, reaching more than 52,000 advocates, law enforcement (including Federal Bureau of Investigation), university staff, and family court judges, youth, counselors, and others on high-technology stalking, data and Internet privacy, and using social media safely. Although primarily implemented in the United States, over 40 trainings have been conducted in other countries, such as Austria, Australia, Canada, England, Mexico, and Portugal, among others.

The project reaches thousands of people through an organized network of local shelters, state level experts, national and international networks. Through an annual training of trainers conference, education materials, and ongoing support throughout the year, the project builds the capacity of state and U.S. territory domestic violence coalitions and international shelter networks. Trained advocates use their newly-acquired technology knowledge to train service providers in their countries and communities. Member coalitions across the United States replicate the national Safety Net Project on a smaller scale in their local communities. Internationally, Canada and Australia are working closely with the NNEDV Safety Project to replicate and adapt this model.

---

Public policy advocacy
The Safety Net Project advocates for strong local, state, national, and international policies that ensure the safety, privacy and civil rights of all victims and survivors and to ensure perpetrators are held fully accountable for misusing technology to stalk and abuse. The project has shaped public policy in local communities, at the state and provincial level, and nationally. Through the work, survivors in the United States now have increased privacy protections in federal law, including the right to keep their personally identifying information from being shared with an abuser, law enforcement, the government, and anyone outside of the shelter. Federal and state laws addressing location privacy and GPS tracking, telephone "spoofing", SpyWare, and other cyber stalking strategies have been shaped by the project's testimony and guidance.

In response to the government's interest in accessing more accurate numbers of women served by shelters, the Safety Net Project developed *Domestic Violence Counts: the National Census of Domestic Violence Shelters and Services* in 2006*. This annual initiative works with the 56 state and territory coalitions in the United States to reach over 2,000 shelters and local service providers in order to count the number of adult and child victims served in one 24-hour period. For example, in 2011, the report noted that shelters and programmes helped more than 65,000 adults and children in just one day, and were unable to meet over 10,000 requests for help on that day due to lack of resources, staff, and bed space. The findings in the annual report have been used by Members of Congress to increase funding, by media outlets, and included in university text books.

Raising awareness
The initiative raises technology and privacy awareness by creating interactive educational materials to be shared in shelters, posted on online resources and regularly works with print journalists and television media (e.g. CNN) to educate victims who may be experiencing technology stalking. Social media is used to reach thousands and share activism strategies with the general public. The Project has successfully contributed to improving the way websites provide information to the public and survivors, with more than 38,000 websites implementing robust website safety notices using NNEDV's template, language that warns about the dangers of computer monitoring, and encourages victims to use a safer computer or contact the police.

Building capacity
The Project works with communities and agencies to address how emerging technology issues impact the safety, privacy and accessibility rights of domestic violence, sexual violence and stalking survivors. Through phone, email, and in-person consultations, the project helps police and advocates on a range of issues including responding to complex technology stalking cases; developing internal databases that protect victim privacy, safety, and confidentiality; and implementing new technologies to safely reach survivors and educate the public such as smart phone applications and developing secure online chat systems. Since 2002, the Project has responded to over 13,500 unique requests for assistance, consultation, and resources, averaging over 100 requests each month.

Technology innovation

With broad international connections and unique technology expertise, the Safety Net Project is often asked to collaborate with technology innovators to ensure that privacy protections and security features are incorporated into the development of new technology products. The project joined the Facebook Safety Advisory Board in 2010, contributing regular guidance on privacy features and law enforcement response. The team has also provided consultation and assistance to various technology companies including Apple, Google, Microsoft, and Twitter.

*"The Safety Net Project's pattern of identifying technology issues at a national level and passing information and training on to state coalitions to implement at the local level has been immeasurably helpful to our work and to victims. Its director helped us to identify programme practices using electronic communication that could inadvertently compromise the safety of individual battered women. The project provided us with training that we could bring back to Illinois and pass on to every hotline/shelter programme. The project also identified the U.S. Federal Homeless Management Information System as a potentially good idea, but the implementation could jeopardize the safety of victims and their children. Once again, Southworth provided information, talking points, strategies, technical assistance, and useful handouts that will allow each state to address these issues on a state and regional basis."* – Anonymous project user

See technology safety resources developed by the initiative.

**Source:** Cindy Southworth, Founder Safety Net. NNEDV. Washington, D.C.

*Techniques*

Steps to effectively engage and communicate with women when providing online counseling include:

- Assessing readiness and safety of women and girls for use of online counseling.

  o Implement assessments to ensure that online services are appropriate for the woman seeking assistance prior to engaging in counseling.

  o Prior to each online counseling session and every time they log on, complete an online safety assessment with the woman to clarify her immediate circumstances and assist her to determine if it is safe to proceed with the session.

- Sending a welcoming and friendly greeting when first connecting with the woman, which is quickly followed by introducing the purpose and subject area intended for the session, along with information related to the confidentiality, safety and capacity issues related to this method of communication.

- Managing the pace of the session.

  o If time is needed to formulate thoughts, send a partial message, indicating "more to come" to let the woman know to wait for another message.

  o Ensure that each person has a chance to communicate in order and avoid interrupting a woman if she is in the process of sending a mesage. Once a message has been sent, wait for the woman to respond before sending another message or question. If she does not respond within the expected

time, send a message to determine whether she is still engaged in the session.

- o Encourage the woman to take time to consider each comment or question. Ask for input from her regarding whether the pace of the session is too fast or too slow, and adjust the pace according to her input.

- Employing specific communication strategies and drawing upon face-to-face counseling techniques throughout the session.

  - o Let the woman know that she is being listened to carefully by demonstrating empathy and support (e.g. express words of support that send a warm and caring message; describe images which suggest warmth and caring; and invite the woman to share a story to make sense of events or patterns in her experience, understand the effects of her experience, and the relationships, culture and other factors that influence her).

  - o Avoid problematic online communication issues, such as:
    - Sarcasm, as it is easily misinterpreted
    - Offering too many option or suggestions, as this can get overwhelming and confusing
    - Casual conversations, as this can distract from the main purpose of the conversation and can also make it hard to maintain emotional distance between the counselor and survivor
    - "Net language" (i.e. using acronyms and shortcuts such as "FYI", instead of spelling out "for your information")
    - Exclamation marks, which can be easily misinterpreted as condescending or disrespectful

  - o Use emotional bracketing, which is intended to compensate for the lack of nonverbal communication inherent in online counseling. This technique involves putting descriptions of emotions in brackets following the relevant statement. This provides more information to the other person about the emotional experience and encourages emotional awareness. For example, "I saw my daughter yesterday (I was so sad). I haven't seen her for two weeks"

  - o Provide descriptions of emotional responses that might have been seen if the woman and counsellor were face to face. It can be used in the introduction to or closing of a session. For example, "If you were here with me, you would have seen me fall back against my chair with a big smile and congratulating you on what you have accomplished" (Mitchell and Murphy, 1998 as cited in Shelternet, 2009).

- Maintaining the focus of the session, while addressing all issues identified by the woman. Focus the communication by asking direct questions regarding one issue at a time. Ask direct questions and respond using clear and focused statements.

- Transitioning from one subject area to another, by providing a clear statement to warn the woman when changing the topic. For example, "Okay, now let's talk about...".

- Moving gradually toward closing each session, indicating the process in advance and offering alternative options for support (e.g. telephone counseling, face-to-face services) if the process is difficult for the woman. The closing should also involve developing a clear plan regarding any actions to be completed by the woman, including scheduling of another appointment if needed, reminding the woman of alternative methods of contact in the interim.

**Tools**:

➢ ***Making the Links: A Guide to Providing E-Services*** (Shelternet, 2009a). Appendix A, page 25. - provides a tool for assessing Counsellor readiness to provide online services. Available in English.

➢ ***Handbook for implementing online counselling: Setting up a child helpline via the internet*** (Child Helpline, 2008). Available in English.

**Trauma response and support**

*Background*

Women and girls may experience the effects of trauma in response to witnessing or experiencing events that threaten or which they perceive to be a threat of serious injury or death to themselves (e.g. an event involving death, or serious injury to another person, learning of an unexpected or violent death, threat of death or serious harm to a significant person in their lives). Trauma effects, similar to crisis, are generated by experiencing intense fear, helplessness or horror in response to any of these types of events. Though this can result directly following an incident and can be considered during crisis intervention, it can also be triggered by different events and occur at any time during the process of overcoming the abuse.

The physical manifestation of trauma develops when an event or experience overwhelms an individual's normal coping mechanisms. In these situations, the brain sends a signal to the body to be on alert, and in response, various physiological changes occur in the body (e.g. increased heart rate or blood pressure, dilation of the eyes, shallow breathing, muscle tension, flushed skin, adrenaline rush, etc.).

The combined psychological and physiological changes result in hyper-arousal, changes in the brain, numbing and an altered state of mind. The nervous system becomes sensitized, increasing vulnerability to future stressors. Women may experience various painful emotional states, nightmares, etc.

Common consequences of trauma on women who have been abused include physical responses: depression, memory problems, nightmares, difficulties sleeping, anxiety, panic attacks; cognitive responses: low self-esteem, overwhelming fear, feelings of self-loathing, being out of control, numb or hyper-vigilant. Trauma can also affect a woman's

emotions and behaviours, influencing her relationships with others. Among other reactions, women may respond to trauma by:

- Retreating (e.g. isolating themselves from others, dissociation (disconnecting from their bodies), depression and/or anxiety).

- Using self-destructive behaviours (e.g. substance abuse, eating disorders, self-harm and suicidal ideation or behaviours).

- Using destructive behaviours (e.g. aggression, violence and rages).

*Staff knowledge and skills*

Shelter counselors play an important role in assisting women to recover from trauma by helping them to understand the effects of trauma; supporting them to achieve safety in their lives; and referring them to appropriate trauma services.

Trauma-informed counseling and therapy require specialized education, training and supervision beyond what is provide by other forms of counseling. Shelters can however, implement various practices to provide services which are sensitive to women's potential trauma and can help them understand and manage their reactions to past trauma. At a minimum, shelters should ensure staff are trained to understand and respond appropriately to women who have experienced trauma until further specialized support can be obtained. This may involve using techniques such as Psychological First Aid.

Where possible, shelter staff should have the knowledge and skills to facilitate grounding, containment, safe place, journaling and self-soothing exercises, to help equip women with tools to manage their reactions to trauma. All trauma-related services should be provided with supervision and support from professionals specialized in trauma response (Covington, 2003; Matsakis, 1996; Herman, 1997; Haskell, 1997, *cited in* Alberta Council of Women's Shelters).

Training should enable staff to:

- Address basic safety issues in women's lives, by: recognizing and understanding the impacts of social inequity on women; assisting them to obtain basic needs such as housing and food; supporting them to develop a safety plan specific to their individual situations; and maintaining a sense of safety within the shelter environment.

- Understand trauma reactions.

- Appropriately communicate with women who have experienced trauma. For example:
  - Learn to recognize and identify trauma reactions (physical, emotional, cognitive, behavioural and interpersonal).
  - Do not probe into women's trauma memories or explore them any further than is required to screen for a history of trauma.
  - Allow women who disclose details of their abuse to talk and validate their experiences.

- Support women to understand and manage their trauma reactions, specifically:

- o Explain trauma as a normal response to an abnormal event and re-frame "symptoms" as "coping strategies" in order to de-stigmatize their experiences. Support women to understand that their responses are attempts to cope with the impacts of the trauma they experienced.
- o Help women recognize that their lives are profoundly shaped by the contexts within which they live. This includes an understanding of the effects of violence, prejudices based on gender, race, class, ethnicity, sexual identity, age, and disabilities, which can contribute to the difficulties women experience.
- o Increase women's sense of control over their lives by familiarizing them with post-traumatic responses and the reasons for these adaptations.
- o Educate women about triggers (cues that activate or retrieve traumatic memory) and support women to identify their own triggers. Triggers may be associated with the original memory and can be experienced as intrusive thoughts, flashbacks, anxiety, or overwhelming rage. When women do not have an understanding of what triggers their trauma memories, they can become hyper-aroused, numb, or afraid. When these triggers interfere with everyday life, women may begin to organize their lives by avoiding anything that they believe will result in uncomfortable feelings.
- o Be knowledgeable of resources in the community that provide therapy for women experiencing trauma.
- o Teach women strategies to manage their trauma reactions (e.g. grounding activities, containment, safe place, journaling and self-soothing exercises).

(Adapted from Haskell, 1997, *cited in* Alberta Council of Women's Shelters)

*Techniques*

Grounding activities
Grounding activities assist women to focus on their present experience and detach from their emotional pain. These activities are intended to help women regain control over their emotions, as well as to connect them to the present and to reality.

Women can learn to do grounding exercises on their own. These exercises can be done at anytime and in any place, including in any circumstance in which women experience a trigger, a flashback, a substance craving, emotional distress, or dissociation.

The following strategies are important when completing any grounding exercise:
- Suggest that she rate her mood before and after all grounding exercises in order to monitor how well the exercise worked for her (e.g. invite her to give a number from 1 to 10 to indicate her current mood, with 10 representing extreme pain).
- Leave the lights on, ask her to keep her eyes open and to scan the room throughout the exercise.
- Avoid talk of negative feelings or journal writing.
- Avoid making judgments.
- Focus on the present.

Forms of grounding may be organized into mental, physical and soothing exercises.

*Shelter Module March 2013*

Mental grounding refers to focusing one's mind and exercises can be used when working with a woman in person or on the telephone. Examples of such exercises include:

- Ask the woman to describe her current physical surroundings, including how it looks, sounds, feels and smells.
- Ask the woman to count backwards from 10.
- Invite a woman to recite a statement that represents safety (e.g. "My name is _____; I am safe right now; I am in the present and not the past").
- Ask the woman to read something positive (e.g. affirmations).

Physical grounding focuses on the woman's senses (e.g. touch, sound and smell). Examples of such exercises include:

- Invite the woman to remove her shoes and tap her feet together, or dig her heels into the ground, while asking her to focus on the feeling of becoming grounded.
- Provide the woman a glass of water to drink.
- Have objects in the counseling space for women to hold (e.g. rocks, soft stress balls, beads, pieces of cloth and so on) and invite her to hold any objects that help her to feel grounded;
- Ask the woman to focus on her breathing. Invite her to breathe together and count aloud, while encouraging her to breathe deeply.

Soothing grounding exercises involve talking to one's self in a kind and gentle manner. For example:

- Ask the woman to repeat positive statements.
- Ask her to think of her favourite color, animal, food, book, song, TV show, etc.
- Ask her to repeat a statement that represents coping (e.g. "I can deal with this; I know that this feeling will pass") (Najivits, 2002 *as cited in* Alberta Council of Women's Shelters, 2009).

Containment exercises

Containment exercises are intended to "contain" painful emotions, allowing the woman to manage overwhelming feelings. These exercises provide a way for women to take action and assist them to be in control over their own healing process. Containment is not about denying or repressing emotions, but consciously choosing to put intrusive, painful or disruptive emotions aside for a temporary period of time. For example:

- Invite the woman to imagine a container or holding vessel of some sort.
- Ask her to visualize putting into the container any painful thoughts and/or emotions that she chooses to deal with at a later time.
- Have a container in the counseling office and invite women to write down thoughts and emotions that they choose to deal with at a later time and place them in the container.
- Let her know she is in control of these emotions and thoughts, and that she can choose when to take them out of the container and have a look at them.
- Writing in a journal can also be used as a temporary container for emotions.

Self-soothing strategies
Counsellors can help women to learn about self-soothing, which can provide alternatives to any unhealthy self-soothing activities women may be using such as consuming alcohol and drugs. Encouraging women to identify and use new self-soothing techniques can be promoted by equipping the counseling space with activities that may bring comfort, such as:

- Play relaxing music prior to a counseling session.
- Make drawing materials available and invite the woman to use them when beneficial.
- Keep a basket of cards with statements of affirmation written on them (e.g. I am a strong person, I am a good person, I am a good mother, daughter, etc.).
- Ensure that pictures or posters on the walls provide comforting images.
- Have a variety of stuffed animals in the room.
- Keep a basket of self-care items in the room (i.e. blanket, pillow, shawl) and invite the woman to choose an item at the end of a session; and
- Keep fresh drinking water in the room at all times.

Journaling
Counsellors should give women a notebook or pen and paper to enable them to confidentially and safely express their thoughts and feelings through writing or drawing. Journaling provides women with a way to consider and clarify evolving and emerging thoughts and emotions (Vermilyea, 2002).

Women can be invited to keep a journal with suggestions for using it, such as:
  o Find a quiet place to write in the journal
  o Get started by writing any words that come to mind
  o Focus on feelings, considering what is felt in the moment, where it is felt it in the body, etc.
  o Draw pictures (including visual expressions of feelings).
  o Write a letter to someone that has supported her; a higher power or spiritual figure.
  o Write about a dream vacation; her accomplishments; strengths.
  o Drawing/writing about a safe place, and/or her safe place.
  o Writing a letter to herself affirming who she is.
  o Making a list of things that bring her joy or the things that she accomplished each day.

(Alberta Council of Women's Shelters, 2009. *Sheltering Practices*)

Audio-visual and other methods using creative expression
In addition to individual and group counselling support, many shelters across regions have integrated audio, visual and other forms of expression (e.g. theatre, performance, yoga, etc.) as part of their psychosocial support to survivors. Both the creative process and products resulting from it have been noted by survivors and advocates as beneficial in the process of overcoming abuse.

**Illustrative Examples:**

**Viet Nam:** Since 2004, the Center for Studies and Applied Sciences in Gender – Family - Women and Adolescents (CSAGA) has integrated theatre and performance art as part of its work with domestic violence and trafficking survivor self-help groups. CSAGA has engaged professional directors and artists in the process, with the material led by survivors and based on their experiences. The drama aims to not only empower survivors, but raise awareness of domestic violence in the community. See a video on the experience here.

**Scotland:** The Glasgow Women's Aid  shelter supported the creation of a book 'A Way With Words' based on six storytelling, creative writing and art sessions. Emerging from the idea of survivors who wished to hear from others with similar experiences, they knew that reading these stories would inspire their own journey of recovery. In the safe and comforting surroundings of the Sensory room, traditional Aboriginal, Bedouin and English tales were told by a professional Storyteller as a springboard for discussion, creative writing and art work, led by a Community Artist. The poems, stories and art produced form a moving portrayal of life before, during, and after refuge. The book is offered free to women using the shelter's drop-in service.  In addition to the product made available to survivors, the process of making the book was very positive, with women reporting many benefits, including a better understanding of themselves; an increased sense of confidence and healing; an increased focus on plans for the future; and feelings of achievement.  The project was displayed and made available for sale in Glasgow's Kelvingrove Art Gallery until October 2011.  Music was created to accompany two of the poems from the book by workers, with discussion of creating a CD to raise funds and awareness of domestic abuse. The book is available for purchase in English.

**United States:** In 2003, The Trauma Center at the Justice Resource Institute in Massachusetts developed a specialized trauma-sensitive yoga practice supported by trauma therapists, which has been used in shelters and community-based programmes for survivors of violence across the country. The yoga environment, exercises, instructors and their methods of assisting and communicating with students is tailored to survivors of trauma, including service providers who may experience vicarious trauma. The practice incorporates components of trauma response techniques, providing an opportunity for women to practice: being in the present moment; making choices/ being in control; taking effective action, feeling strong and competent; and moving/ being connected to others. Benefits of the approach include: immediate physical contributions (relaxation, lower body tension, ability to sleep); creation of a predictable ritual; supporting body awareness; sense of accomplishment; focus on the survivor rather than the abuse; building community; promoting a sense of strength thorough the poses; and strengthening individual ability to self-regulate over the long-term. Read more about the method and findings from pilot interventions (Adapted from Grube, Laura [Child and Family Services Haven House, Buffalo New York]. "Trauma-Sensitive Yoga for Survivors of Domestic Violence". Presentation at the Second World Conference of Women's Shelters and Transition Houses. February 2012).

**Tools:**
- *International Society for Traumatic Stress Studies*
- *Webinar: Developing Trauma-Informed Practices and Environments: First Steps for Programs* (Terri Pease for the National Center on Domestic Violence, Trauma & Mental Health, 2012)
- *National Center on Domestic Violence, Trauma and Mental Health*
- *Photovoice methodological resources and training materials*

**Support groups**

*Background*
Support groups have evolved from an understanding of the benefits of peer group support for abused women in shelters and other community settings. They are based on the principles of building self-esteem, self-determination and empowerment.

Shelters may provide support groups for women residing in the shelter only, for women living in the community only, or for both shelter residents and women residing in the surrounding community. There are benefits to having support groups in all settings, though they may be especially relevant in settings where there are few counselors or limited capacities.

Among other benefits, support groups:
• Provide a safe space for interpersonal relating that enables women to talk openly about issues and topics that tend to be considered unspeakable experiences in most other environments.
• Employ a social approach to dealing with the social issues surrounding the abuse to enable women to perceive the public and political factors influencing their experience.
• Promote social bonds which can counteract the isolation and shame that is created by incidents of violence or ongoing abuse. Sharing life stories with other women who have had similar experiences can reduce feelings of shame and guilt, helping women to learn coping strategies to address their sense of inadequacy.
• Can be particularly beneficial in low-resource settings, where there may be limited access to individual counseling and other services.

Key steps for establishing support groups include:
• Planning for the group (including goals and objectives)
• Ensuring facilitators have clear roles and responsibilities and appropriate competencies
• Developing group policies and protocols
• Implementing group sessions

*Planning*

Prior to initiating the group, organizations should decide:
• The **profile of women** participating in the group, which will inform its content and activities. For example, groups for women residing in short-term emergency shelters may focus more on understanding violence and dealing with crisis than groups implemented in transitional or longer-term housing. Shelters may also establish groups for specific sub-groups of women (e.g. minority women; women of a certain faith; lesbians; women with disabilities; women with mental health issues; women with drug or alcohol dependency; older or younger women; refugees, asylum-seekers; etc). Decisions regarding the profile of participants may depend on resources available, including staff knowledge and experience, and the ability to manage risks.

- The **primary goal** for the group, which provides a focus for facilitators and participants, and a means to guide the direction of the group. The goal should be developed early to promote the group and engage potential participants. It should be stated at the outset, discussed and (if necessary) revised with participants.
- The **objectives** that are needed to achieve the primary goal, with some objectives determined when planning the group, and additional objectives established with participants once sessions begin.
- For example, if the primary goal is, "To create an environment of mutual support that will enable participants to address their experiences as survivors of violence", objectives may include:
  - o Create a space where each group member feels safe to talk about her personal experiences; and
  - o Women's experiences are shared confidentially within the group.
- The key **learning points** that the group will focus on, which can be identified by considering the specific information or knowledge that participants should obtain; attitudes the group is trying to promote or change; and skills members should acquire in order to achieve the objectives. For example, a domestic violence support group might have the following objectives and learning points.

| Domestic Violence Support Group Objectives and Learnign Points | |
| --- | --- |
| **Objectives** | **Learning Points** |
| Realizing that abuse is not the woman's fault and understanding how abuse is about power and control | **Information:** the [Power and Control wheel](); the anatomy of abusive relationships; relationship between gender socialization and abuse in relationships.<br><br>**Attitudes:** a change from justifying/ tolerating abuse to holding the perpetrator responsible; acknowledging the influence of social expectations and socialization on the choices women make when it comes to intimate relationships.<br><br>**Skills:** recognizing patterns of power and control in one's own and other group members' lives (primarily in intimate relationships, but also with others such as parents, bosses, etc.) |
| Supporting self-esteem | **Information:** the positive effects of a better self-esteem on the individual's mental health, psychosocial situation and parenting skills.<br><br>**Attitudes:** understanding self-esteem as an expression of human dignity.<br><br>**Skills:** methods to discover one's potential and abilities; acknowledge one's achievements; and present one's competencies in an appreciative way to others. |
| Understanding domestic | **Information:** introduction to human rights values (e.g. |

| violence as a form of human rights violation against women and children. | Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination against Women). |
| --- | --- |
| | **Attitudes:** understanding human rights as universal values extended to all human beings regardless of gender, race, age, ability, sexual orientation, citizenship, etc. |
| | **Skills:** analyzing domestic violence situations from the point of view of human rights. |

**Excerpt:** [slightly adapted] Martins, et. al., 2009. "The power to change: How to set up and run support groups for victims and survivors of domestic violence". NANE Women's Rights Association, Associazione Artemisia, AMCV, NGO Women's Shelter, and Women's Aid Federation of England. UK

While the specific context and needs of each group may vary, general considerations for planning the size, frequency and duration of groups include:

- The optimal size for support groups is between 8 and 12 people, although as few as 6 and as many as 14 are acceptable.
- Weekly meetings may help increase trust and familiarity among members. Holding meetings too frequently can encourage dependency or require too great a commitment, making sessions less constructive.
- An adequate duration for support groups is approximately 3 months (or 14 weekly sessions), which provides sufficient time for personal development without requiring excessive commitment.
- Groups may offer a fixed programme with a pre-determined number of sessions, or may be open, offering a non-fixed programme and allowing women who enter the shelter to join the group at any time.

Prior to the first session of the support group, a number of important steps should be followed:

- Conduct an individual session with each participant prior to the initial group session. This will allow staff to review a survivor's circumstances, share information about the group, and discuss the woman's expectations. It can also be helpful at the initial meeting to prepare a support plan for the woman. This may help to identify any individual needs or opportunities to reduce barriers to participation (e.g. by providing an interpreter).
- Discuss childcare arrangements with women (where relevant), as they may have sole responsibility for children. Providing childcare or supporting access to other childcare services during the group can help to reduce or eliminate possible barriers to participation. Staff may inquire whether a woman has childcare supports in place and if childcare would be needed for every group or only on occasion; the ages and gender of the children; and whether the children have any special needs that should be considered.
- Complete a risk assessment with each woman prior to, during and at the end of women's participation in support groups. Particular attention should be given to the need for risk assessment following group sessions that deal with dangerous subject

matter, as this can be a high risk time for women. If the woman is not residing in the shelter, or other protected environment, the risk assessment process may indicate that she is not safe to participate in the group. Depending on the organization's ability to respond to risk situations, the shelter may not be able to provide support groups for women who are already at significant risk for further violence. Safety planning should be done along with the risk assessment where indicated.

*Facilitating and managing the group*

When engaging the group, women should be made aware of key components of the support group at the beginning, so that they are able to make informed choices about their participation and actions within it. A group contract may or may not be used to formalize women's agreement related to these issues, as some women may be uncomfortable with signing a contract. Regardless of whether a contract is used, the group (facilitators and participants) must be informed of and agree to:

- Confidentiality of the meeting location and the personal information of group members, including their names, and any other personal information disclosed during the sessions. This is critical to the safety of members and building trust within the group. Some groups use code names instead of their real names.
- Legal issues related to disclosure, with members informed of any legal requirements related to disclosure of women's personal information (e.g. that child protection laws require facilitators to notify authorities in cases where there is serious risk of harm to the life or wellbeing of a child or other vulnerable person).
- Restrictions on behaviour that will not be accepted in the group (e.g. attending under the influence of substances or using violence).
- Group rules and norms, which may be provided to members for review or included as part of a written contract.

Certain group protocols and processes must be in place for effective group work, such as:
- Establishing group norms and rules which may create an environment in which participants can achieve goals that they would not achieve individually. Rules can also:
  o Encourage predictable group interaction.
  o Create stability and support the development of trust, acceptance, and respect through effective group communication.
  o Describe patterns of communication and coordination.
  o Inform a guide to agreed behaviour (written agreement may be established, and may be particularly important if some participants violate agreed rules).

- Explaining to participants at the start of the group that rules and guidelines are used to facilitate group discussions. Group members should also be involved in developing these guidelines as a positive and empowering exercise. Through their participation, members may be more invested in following the rules. Possible questions for facilitating discussion of rules are:
  o "What might help you to participate fully in this group?"
  o "What might make it easier for you to talk about your personal experiences?"
  o "What might prevent you from sharing your thoughts and feelings?"

- o "What do you think encourages open communication?"
- o "What do you think discourages open communication?"

- Informing any new group member (if groups are open for women to join at any time) of the norms and rules in place, and give them an opportunity to add or suggest modifications to the rules.

- Ensuring there is an explicit and standard rule stating that belittling, abusive language or attitudes will not be tolerated (given the focus on changing abusive patterns), and inviting members to determine how such behaviour will be prevented and challenged.

- Writing and presenting the rules on a flipchart or large paper, and as a symbol of each member's commitment, inviting women to sign the page to indicate that they are satisfied with the rules. The paper can be displayed at every session as an easy reference.

- Allowing each group to identify their own rules, considering important guidelines for group process:
  - o Give everyone an opportunity to speak. Each person should avoid dominating the discussion (including the facilitator/s).
  - o Good listening is important. Hear what a person is saying before speaking. Don't interrupt others.
  - o Speak from one's own experience.
  - o Be honest.
  - o Value and validate others' differences and experiences.
  - o Confidentiality. All discussion and contributions are confidential – no personal information ever leaves the room without express consent.
  - o Arrive on time.
  - o Attend regularly and contact the facilitator if unable to attend a meeting or if deciding to leave the group to explain their reasons (Martins, et. al., 2009).

Specific considerations should also be made during certain periods of the group sessions:
- During the early phase of the group, it is important to create a sense of group belonging and mutual trust in order for members to feel comfortable talking about their personal experiences with abuse. This requires allowing time for information communication and enabling positive personal contact between group members, such as a coffee/tea/snack break and short team and relationship-building activities at the beginning, end or in the middle of long sessions, to help members become familiar with one another.
- As the group sessions are underway, it is important for the group to assess its health. A healthy group is able to carry on stimulating and productive discussions and members are motivated, cooperative and interested in group activities. It can be a useful to engage an outsider to evaluate the health of the group.
- As the group nears the conclusion of the sessions (the last month or so), it is important to remind group members that the group will be coming to an end to help

them prepare for closure of the group. Members can be assisted to prepare for and have a positive experience toward the end of the group by:

- o Asking members to share what they have gained from their experience in the group.
- o Providing time for informal social interaction.
- o Describing the positive aspects of concluding the group (e.g. the opportunity for a new beginning).
- o Providing a certificate of participation indicating members' achievement.
- o Asking participants to complete an feedback form – this can be useful in helping women to see their progress during the time in the group.
- o Incorporating risk assessment and safety planning into the closure process, either during the final session of the group or in individual sessions with members.
- o Being aware that group members may need time to adjust to coping without the group and informing women of options for support if the need arises. This may include encouraging women to continue friendships with each other after the group concludes.

<u>Ensuring facilitator roles and responsibilities are clear and competencies are in place</u>
Shelter support groups should be facilitated by staff or trained volunteers who have experience working with survivors, whose role is critical to the success of the group.

The primary role of the facilitators is to create safe, supportive and inclusive group sessions. They should promote an environment of cohesion, respect and stability that is safe and supportive, while encouraging constructive and interactive debate between the participants through activities that build and sustain an atmosphere of empowerment and self-help within the group.

Facilitators help to manage the discussion by providing members with ample opportunity to share and discuss ideas while gently guiding the group to maintain a productive discussion if the conversation strays from relevant topics or fails to follow group rules.

Drawing upon their skills, experience and knowledge of gender-based violence, shelter guiding principles and the dynamics of self-help groups, facilitators should:

- Promote warmth and acceptance among group participants.
- Involve all participants in the group process, supporting inclusion and equal participation.
- Assist participants to understand the dynamics and processes of the group.
- Assist women to be aware of what they are feeling, and why.
- Encourage participants to share their experiences, express ideas, and discuss various aspects of issues that emerge from this discussion, such as basic rights, self-esteem, assertiveness and boundaries.
- Encourage awareness of individual and group growth and change.
- Assist participants to understand the meanings behind behaviours and issues pertaining to domestic abuse.
- Provide information for group members on violence and specific forms of abuse.

- Promote understanding that violence against women is unacceptable and a violation of human rights.
- Provide information and referral to other services as needed.
- Encourage participants to take an active role in the discussion and empower them to lead the work.
- Provide one-to-one support for group members if needed.

It is preferable to have two people facilitate support groups, a lead facilitator that plays a central role, and a co-facilitator that supports throughout group activities. This can be particularly helpful when a participant needs individual support during a group session. In such cases, the co-facilitator can provide one-on-one support to the woman while the lead facilitator remains with the group. This approach can also support co-facilitators to learn and the process for self-help groups.  It can prevent the need to cancel a group should the facilitator need to be absent for unexpected reasons.

The lead and co-facilitator should have similar knowledge and training to shelter staff, as well as skills in management of group process. This includes the ability to:

- Plan and facilitate group sessions effectively.
- Communicate clearly (both verbally and using positive body language), effectively listening and respond empathetically to group members.
- Challenge participants, where relevant and necessary, in a non-confrontational but assertive manner.
- Identify and respond effectively to group dynamics and processes, both negative and positive, to manage the group effectively, and equip participants with the awareness to use the group resources to achieve their personal goals. This may include anger and conflict in the group setting.

Key responsibilities of facilitators include:

- Organizing the group, by setting up the sessions, taking into account any access, mobility or other participation needs, and preparing proper materials for each meeting.
- Running the programme, explaining the necessary group rules and ensuring they are followed, encouraging participants to take responsibility for their own behaviour, and challenging myths or stereotypes about gender-based violence that arise within the group.
- Promoting Safety, by informing group members about available risk assessment and safety planning processes; identifying and responding to any safety issues that emerge during group discussions; and maintaining the confidentiality of personal information.
- Supporting participants, ensuring diversity and fair access, by:
  - o Respecting the diversity of all women.
  - o Engaging in anti-discriminatory practice, and dealing with each group member equitably.
  - o Recognizing their individual needs and experiences.
  - o Creating a welcoming atmosphere listening to and not judging group members.
  - o Promoting diversity of literature, approaches and tools; avoiding the use of jargon.

- o      Monitoring access to the support group to determine whether participation reflects the demographics of the local community.
- o      Recognizing the additional barriers that some women may face when attempting to access the group (e.g. related to language, class, mental health issues, etc.).
- o      Taking action to reduce identified barriers to the support group.
- o      Supporting members to make informed choices and decisions in relation to the options available to them.
- o      Providing information regarding resources and supports in the community that may be available to assist them.

*Addressing challenges*

A variety of challenges may be encountered which reduce the effectiveness of support groups, such as:

- Facilitation challenges
  - o      The facilitator dominates the group sessions and may attempt to resolve problems personally rather than engaging the group in the problem-solving process. This can impede effective group process and development, causing participants to view the facilitator in a position of power. Such power dynamics can hinder group empowerment and cohesion and reinforce participants' feelings of helplessness and inadequacy.
  - o      The facilitator has fixed preconceived and stereotypical expectations regarding how survivors will behave, which can result in overlooking or ignoring emotions such as anger or depression. This may disempower participants.
  - o      A facilitator presents herself as the expert, rather than supporting and reinforcing to survivors that they are the experts in their own lives.
  - o      The facilitator tries to avoid silence. Feeling pressured for time or experiencing discomfort with silence can lead some facilitators to talk whenever there is silence. This interrupts the natural flow of the discussion and group process. Silence is a necessary aspect of group work. It allows time for participants to think and reflect, and may create tension that forces group members to seek solutions.

Shelters should develop practices which can prevent and address these common challenges, such as:

- Provide sufficient training and regular supervision for support group facilitators.
- Invite participant feedback on group sessions to highlight impending difficulties and respond to concerns expressed by participants.
- Establish and inform participants of the shelter's complaints procedure at the beginning of the group.
- Create opportunities for the facilitator and co-facilitator check on each other and provide feedback.
- Ensure facilitators maintain ongoing records or reflective journals regarding the group in order to evaluate their experience and support themselves with any issues that emerge.

- Consider creating a network of facilitators in the community as a means of support and opportunity for development relevant to the unique aspects of facilitating groups.

Violations of the rules, which may be managed by clearly indicating to the group that the violation was noticed, and using effective techniques to address them.
  - Repeated violations of the norms should be addressed in a one-to-one session with the woman to discuss and understand the behaviour, and try to develop agreement on how it can be resolved.
  - Excluding a member under certain circumstances when necessary, for example, if a member's behaviour prevents the group from functioning and they:
    - Jeopardize the safety of the group
    - Disclose personal information about group member to persons outside the group
    - Attend the group while severely influenced by alcohol or other substances
    - Repeatedly break the rules or written contract of the group
    - Behave abusively toward other group members
  - Using appropriate strategies to exclude a group member, including:
    - The exclusion should not be discussed in front of other group members
    - The member should be told in an individual session, providing opportunity to discuss the issue and explain in a caring but firm manner the reasons she is not invited to continue in the group
    - Where appropriate, reference should be made to the original rules and agreement that were violated
    - Provide the individual with support for accessing other more suitable services that are not group oriented (e.g. individual counseling sessions)
    - Work with the woman to complete a risk assessment and safety plan.

Dealing with repeated conflict in the group, which may result from women who bring dominating or submissive patterns of behaviour to the group, based on their experiences with abuse. This may present tension between group members and the facilitator (for example, perceptions of the facilitator as overly demanding or demanding too much independence from group members). When such patterns of repeated conflict occur, it is important to discuss the reasons for the conflict as soon as possible and try to resolve the conflict.

Generally the process of conflict management involves:
- Defining the problem, by identifying the different issues and needs of individuals concerned
- Considering alternative solutions to the problem
- Choosing which solution(s) to implement
- Taking action to implement the solution

Specific conflict management strategies that can be used include:

- Constructive decision-making. If a conflict issue is of concern to the entire group, involving the group in the decision-making process can empower members. Using this strategy, group members are involved in a discussion of the problem that results in a consensus about the action to be taken. It is important that all group members feel that their voice is considered important and respected during such processes.
- Focusing on the problem, and not on the person. In conflict situations, people tend to choose sides. It is important that facilitators take a non-blaming approach, using language that separates the person from the problem.
- Using "I"-messages, which allow a person affected by the behaviour of another person to describe how they are personally affected by the behaviour, and keep the focus of responsibility for change on the person demonstrating the behaviour. This technique is useful in developing relationships between group members.
- Reflective feedback, which involves one person repeating what they have understood the other person to say. For example, "I am hearing that you would prefer _____" or "I understand that when the group discusses __, it makes you feel pressured to make a commitment/ decision about ___".

It is important to keep in mind that the resolution of conflict can be a positive experience. Positive aspects of conflict resolution can include:

- Improving women's self-awareness of their own needs in a situation (e.g. the need to feel safe, be heard, supported, etc.) and their ability to communicate those needs (for example, through participation in group discussions and joint problem-solving; etc.) .
- Resolving conflict involves listening to and thinking about the opinions of others, which can help women to experience peaceful ways of resolving conflict.
- Survivors may be used to fearing conflict due to experiences with conflict resulting in violence. Creating experiences in which conflict is resolved constructively and non-violently can show women that conflict does not always cause violence.

*(based primarily on guidance in The Power to Change (Martins, et. al., 2008))*


**Tools**

- ➤ ***Pattern Changing for Abused Women: An Educational Program.*** (Fallon and Goodman, 1995). This resource provides a detailed description of a support group program for women who have moved past the initial stages of crisis and are ready to consider ways to make change in their lives. Topics covered in this book include boundary setting through assertiveness, rights and the effects of violence, and dealing with feelings such as grief, fear, guilt and anger. Available in English.

- ➤ ***The Freedom Programme.*** (Craven). This resource provides a description of a support group program that is directed at assisting women to: Understand the beliefs held by abusive men and Recognize those beliefs they have shared; Understand the effects of domestic violence on children; Recognize potential future abusers; Gain self-esteem and confidence; and Be aware of community resources. This program may also be adapted for use with girls. Available in English.

➢ ***The Power to Change: How to Set Up and Run Support Groups for Victims and Survivors of Domestic Violence***. (Martins, et. al., 2009). This resource provides detailed guidance on setting up and running support groups for women survivors of domestic violence. The Power to Change Programme Model and content of support groups are also provided.  Available in English.

➢ ***Conflict Resolution Tools for Domestic Violence Shelter Staff*** (National Online Resource Center on Violence Against Women, 2009). This collection of tools, by VAWnet, is aimed for staff working in domestic violence shelters. The website includes materials and resources to equip advocates with a contextual framework and practical skills to resolve conflicts among survivors that may occur in shelters. Available in English.

## Case planning

*Background*
Through case planning, shelters have an early opportunity to assist women to make a plan for taking positive steps forward.

The practice provides a collaborative approach to assessing women's needs, identifying services and resources required to meet those needs, alongside determining specific goals and planning actions to assist them in the process. Case planning can complement advocacy efforts to empower and support women to access relevant services and resources, and can also contribute to coordination of services.

Case planning is designed to help determine the preferred course of action in addressing women's needs and to connect them with appropriate justice, housing, health, social welfare and other services. The case plan is a tool to empower and support women to address the often multiple resource and service needs that result from their experiences with violence, and where relevant, leaving the abuse. Case plans can be used to empower women by enabling them to see and pursue opportunities that help them to achieve their goals. The process of reviewing progress on case plans with a shelter worker can also help women to see the progress they have made and modify the plan to reflect changing needs.

While there are somewhat different approaches to case planning, it is generally a collaborative process between the woman and the shelter worker that involves:
- Assessing the woman's current situation, needs and goals.
- Exploring available options and determining the services and resources that will be accessed to assist the woman to meet these needs and to achieve her desired goals.
- Identifying the benefits, alternatives, and consequences of the various service and resource options.
- Documenting the options through an individualized case plan.
- Assisting the woman to implement the plan, including advocating for access to resources and services as appropriate (British Columbia Housing, 2010).

Case planning should adhere to the guiding principles of shelter services, specifically:
- Reflecting an understanding of the woman's individual situation, needs and goals.
- Focusing on the individual woman's strengths and skills.
- Employing a team-based approach that coordinates and integrates service providers involved in supporting/assisting the woman.
- Engaging safe members of the woman's social support network, where appropriate.
- Promoting the woman's overall safety, health and well-being and capacity for self-care.
- Building respectful and collaborative relationships.
- Promoting accountability to the woman.
- Being informed by ethical principles.
- Advocating for the needs of the woman (British Columbia Housing, 2010).

*Practices*

Build upon the information gathered from the woman during the arrival process regarding her needs, by working with the woman to understand:
- Her current resources, including existing connections or contacts made with service providers.
- Services that the woman has found useful in the past and what was useful about them.
- The issues and needs that are most important to her at the current time.
- Her goals and priorities related to the identified issues and needs, which can be discussed using a list of goal areas and examples of specific goals common for women escaping violence. For example, obtaining employment and if necessary educational support or skills training; finding housing separate from the perpetrator and securing child custody, among others.

Employ problem-solving methods to reflect on and generate alternative options to the situation, and assist women to choose the most appropriate of the alternatives, using the following steps:
- Identify an issue or situation that needs resolution and make a commitment to take action to address it.
- Define the problem in clear and specific terms, by identifying the people involved and the needs of each person, which is important to develop and implement effective solutions.
- Gather information needed to understand the problem, including facts and feelings.
- Brainstorm potential solutions to the problem, making effort to identify new and creative ideas.
- Evaluate the potential solutions by discussing each idea with the woman to see how well it is likely to meet the needs of those involved (e.g. her and her children).
- Select the best solution, being clear about who will do what, when and how.
- Implement the solution.
- Monitor implementation of the plan and make adjustments along the way when something is not working.
- Evaluate the impact, by exploring the overall situation after it has been implemented to see if a problem still exists. If there is still a problem, the process is repeated.

Develop an individualized plan to address her goals and aspirations, which:

- Identifies the woman's goals.
- Describes the services needed by the woman to achieve her goals.
- Identifies the specific organizations, individuals, and resources that may be best suited to the woman's specific needs.
- Describes the actions to be taken by the survivor, different service providers and organizations (including their timeframe) in order to achieve the identified goals.

Assist, encourage and support the woman to take the actions described in the plan, and/or advocate with her or on her behalf (as needed).

Record the case plan, engage the woman to monitor her activities, progress and achievements, and revise the plan as needed. This can help evaluate the plan's effectiveness, modify it when needed, and provide any necessary assistance required to move it forward. This stage involves:

- Recording progress made toward completing actions and achieving goals.
- Reviewing the woman's situation with her and ensure that the plan includes appropriate actions, which can be expected to meet the woman's needs and goals.
- Assisting the woman to follow through on action items or advocate on her behalf.
- Adjusting the plan as necessary (British Columbia Housing, 2010).

Tools:

➢ BC Housing (2010). Case planning guide for homelessness services providers. British Columbia Housing Management Commission.

**Advocacy and role within coordinated community responses**

**Overview**
Advocacy services provided by shelters enable women to leave their abusers and avoid future violence. Advocacy efforts can be undertaken with individual survivors and through engaging the broader coordinated response systems to ensure the individual is receiving all supports necessary from relevant sectors and departments (e.g. health, justice, security, social welfare). By supporting women to navigate and access various legal, economic, health, and housing services that are critical for living independently and protecting themselves from further abuse, and linking with service providers to address their needs and the needs of their children, shelter advocacy can assist women to move forward in achieving their goals.

The use of systems and individual advocacy, alongside coordinated community responses to violence against women is widely accepted as promising practice. The model brings together individuals and agencies from various sectors (e.g. health, police, judicial, shelters and protection services, schools and other education institutions, and religious or cultural groups, among others) to plan and develop local approaches that promote timely and sensitive responses for victims of violence. In order to meet the range of needs that typically exist for survivors of violence, engagement, information sharing and collaboration between a number of professionals and agencies is often needed (OSCE Secretariat, 2009; Seftaoui J. (Ed.), 2009).

Models of coordinated responses are similar across many forms of violence, and involve various actors (usually at the local and at times, national level) in establishing processes and protocols to promote the safety of women and girls in the community and support access to the services needed by those escaping violence.

Women's shelters can contribute to this model by ensuring the system uses a gender-responsive analysis in reviewing cases; dispelling myths and educating the other partners to promote a survivor-centred approach; and by helping to build a shared commitment to prioritizing women's safety and perpetrator accountability.  For example, shelter workers are often the first point of service contact for a woman leaving an abuse situation. In this context, shelter workers are acutely aware of the increased risks of continued or escalating violence faced by survivors during the early period of relationship separation. Shelter advocates can bring understanding of the issues surrounding this period of risk to police and criminal justice personnel who often have a role in enforcing safety measures such as no contact or orders of protection during this period.

Through their participation in Coordinated Community Responses and Referral Mechanisms, shelters can advocate within various systems for changes in access and/or quality of services (e.g. health, justice and social service responses and procedures) provided to survivors as part of the process of empowering women to access their rights and resources. This advocacy can help to inform institutional service providers who frequently come into contact with survivors, of the indicators of abuse and how to recognize violence against women, supporting them to develop the skills to assess the situation and offer appropriate services or referrals.  Shelter advocates can also support planning and implementation of inter-agency protocols that ensure women

have access to supports and processes that promote her safety when criminal justice agencies are involved (Thelen, 2000).

➢ See more about coordinated responses in <u>Main Strategies to End Violence Against Women</u>, including a summary of key strategies and elements of these models, lessons learned and resources with a link to the full programming module.

Both systems advocacy and individual advocacy are integral to the development and ongoing implementation of coordinated community responses. Shelter providers play an important role in coordinated community responses   by providing information that supports understanding of abused women's needs by various institutional representatives; by advocating for and supporting responses that meet those needs; and by keeping the focus on the woman's safety and perpetrator accountability.

Shelters can work with other systems and agencies to ensure that strategies and protocols are in place for women to receive support and assistance from an advocate as soon as they are identified as a victim of violence. This generally involves the development of agency protocols (e.g. established between law enforcement and NGOs) that promote victim identification, and support immediate referrals to an advocate.

**Systems Advocacy**
The systems advocacy provided by shelters responds to the many institutional obstacles faced by women, including in religious, welfare, medical, mental health, income support, child protection, child education, and civil and criminal justice systems. Such efforts also contribute to influencing social changes that reduce the discrimination and service barriers which many women and girls experience when seeking assistance. For example:
- They may not meet established criteria for access to specific services (e.g. housing, social welfare, health care, etc).
- Their immigration status or understanding of their residency-related rights may not be clear.
- They may be ineligible for free or subsidized services (due to records of family income being higher than the maximum amount), but unable to pay directly for services on their own.
- They may have had a negative relationship with the service provider due to previous interactions.
- They may be afraid to make the call to seek help (Dozois, 2007; Bennett, et. al., 2004; Thelen, 2000).

Through participation in coordinated community responses, shelters can inform and advocate with systems representatives for responses that address the needs of victims. Shelters play an important, even central role in systems coordination for women escaping situations of violence. Effectively supporting and advocating for women within the shelter context involves assisting them to access their rights and receive appropriate services from various institutions. Shelters typically engage the full spectrum of related

systems for women including health, legal, financial, housing, education, child-related and social services.

Systems advocacy evolved out of individual advocacy practices in which advocates supported women to manoeuvre various social, community, legal policing, judicial and health services. Over time, individual advocacy efforts have drawn attention to the systemic obstacles for women victims of violence, which has resulted in the increased attention to coordinating community responses and systems advocacy (Thelen, 2000).

Systems advocacy has contributed in some settings, to significant improvements in women's access to rights and protection, including:
- Exemptions and waivers to work requirements for abused women, when applying for social assistance programmes.
- Collaboration and development of protocols between advocates and child welfare agencies to prevent abusers from using children to punish or coerce their partner.
- Fast tracking to services in crisis situations.
- One-off crisis payments from social services or other state programmes to help with clothes and personal items.
- Reduction of relationship counseling or mediation in cases of domestic abuse.
- Routine screening for domestic violence in emergency medical centres and hospitals.
- Implementation of laws that:
  - Make it illegal to commit violence against one's partner.
  - Empower police to arrest abusers based on probable cause, rather than requiring that police witness the violence.
  - Allow for the use of civil orders of protection to provide immediate protection from abuse.
  - Facilitate mandatory arrest of the primary abuser, which takes the burden of arrest off of the victim (Thelen, 2000).

Shelter involvement in coordinated community responses can contribute to:
- The development of sensitive, informed and improved system responses to violence (National Advisory Council on Violence Against Women, et. al., 2009). For example, in response to information discussed at inter-agency meetings, such as the results of institutional tracking of calls to police, shelters may provide inputs and leadership to develop, evaluate and revise policies and protocols for responding to these calls.
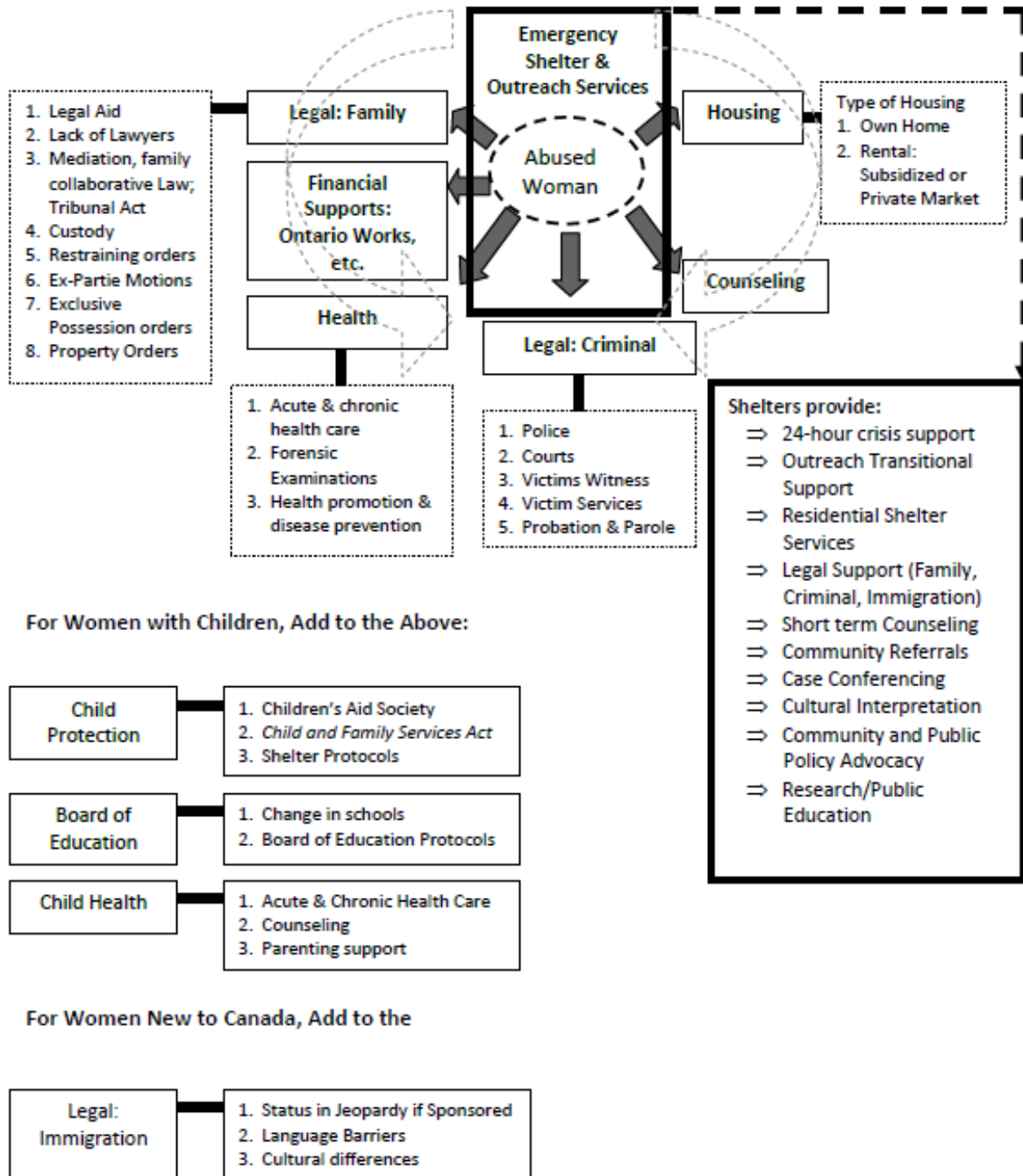
For example, Mandatory or pro-arrest practices prevent the need for victims to take action to have a violent partner arrested. At the same time, challenges in implementing these laws can result in women being charged due to inaccurate assessment of her involvement (i.e. when acting in self-defence or resisting the abuse). Confusion and resulting arrest of women in these circumstances can place her at greater risk as she will be less able to protect herself and less likely to report violence again. Shelter advocacy with criminal justice system representatives through a coordinated community response can be used to bring these issues and challenges to the surface and plan for improved accuracy of assessments.

- Standards of individual support and assistance, such as processes and protocols that ensure access to individual advocates for women when they first come into contact with the legal system or other systems (i.e. health). Shelter representatives may educate other service providers and advocate for mandatory referrals to shelter outreach and/or residential services (Thelen, 2000).
- Increased responsiveness by various institutionalized services, including expanding the availability and accessibility of services in the areas of social welfare, housing, education, employment, medical and legal advocacy, services for non-sheltered women, transitional housing, and follow-up services to sheltered women and their children.
- Enhanced collaborative relationships and services provided by other direct service providers in the community.
- Opportunities for cross training among the various sectors involved, which may improve the sensitivity and effectiveness of all providers.
- Improved services informed by monitoring and tracking responses by shelters, criminal and civil justice, health care, welfare, and other systems, which can be used to report both positive and negative results to the community and other stakeholders (National Advisory Council on Violence Against Women, et. al., 2009).

## Canadian Conceptual Model Demonstrating the Systems with which Abused Women Interact and the Central Role of Shelter Services

This illustration shows the systems and services with which abused women interact, including how shelter services playing a central role.

**Figure 1: Conceptual Model: Systems with Which Abused Women Interact & Central Role of Shelter Services**



© Clare Freeman, 2004

*Trafficking*

Trafficking victims face special circumstances. For example, unlike domestic violence victims who may be escaping a single perpetrator, trafficking victims may be escaping an entire network of organized crime. They may be particularly vulnerable due displacement and a lack of resources needed to implement solutions and escape their situation; limited knowledge of the criminal justice system; extreme isolation; and intense trauma and mental health needs. International trafficking victims may not have citizenship in the country they are residing in, creating additional challenges in assisting them (Clawson, et. al., 2003).

Shelter services for women and girls who have been trafficked must work closely with multiple systems (e.g. government departments and institutional services related to counter-trafficking, victim assistance and protection frameworks) at the local, national and in some cases, international level to address their complex needs (International Organization for Migration, 2007).

Within these systems, shelters can contribute to the identification of survivors and enable women seeking assistance through the coordinated referral systems to understand their rights and support them to make decisions throughout the process.

Considerations in providing advocacy and improving coordinated responses for trafficking survivors, include:
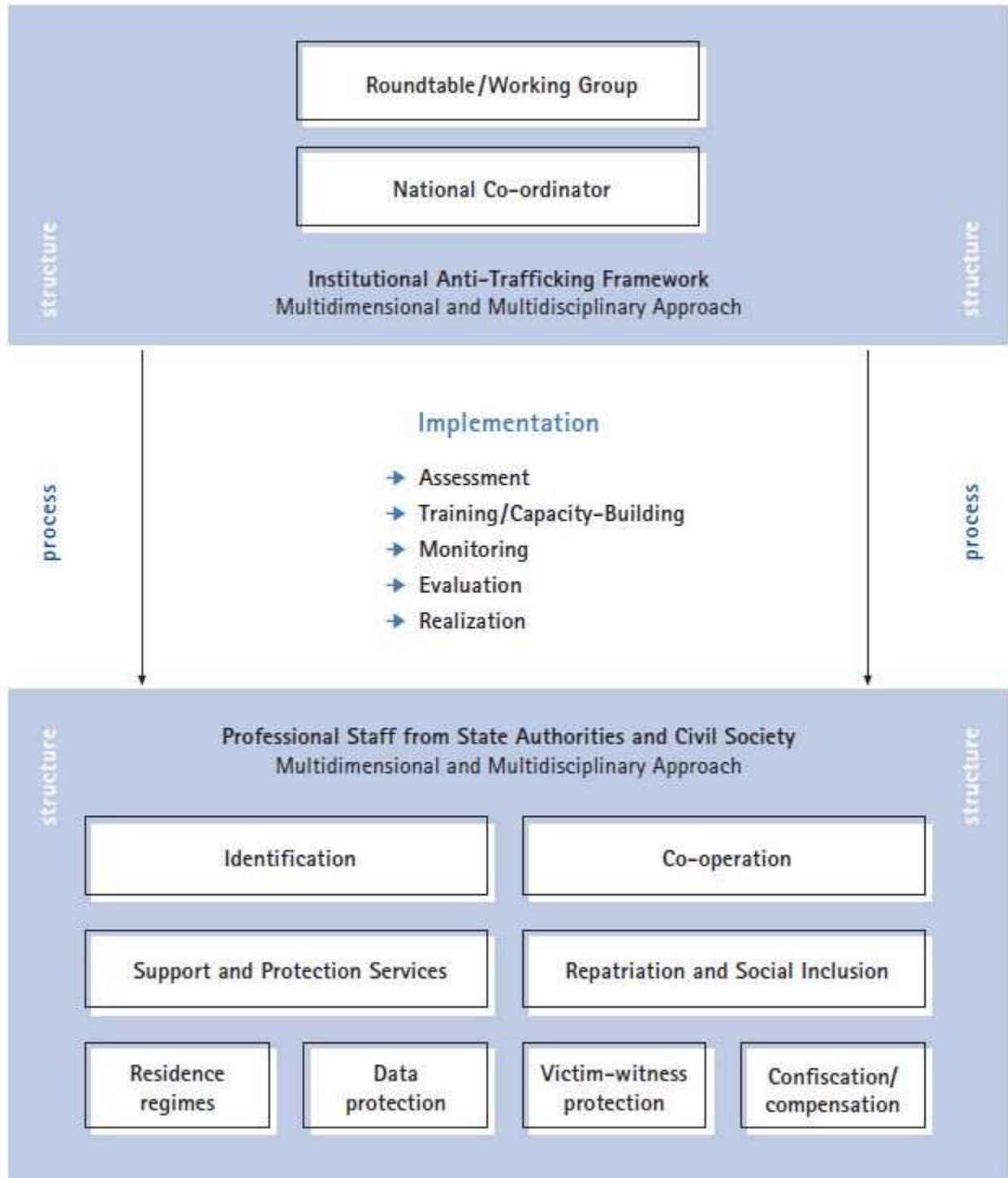
- Reliable victim identification requires institutionalized cooperation between social services, NGOs including shelters and law enforcement agencies. Given the severe consequences of retaliation by traffickers, among other barriers, women may often be reluctant to disclose information or talk about their experiences with abuse and trafficking, making it difficult to identify their needs. The woman-centered principles and practices of women's organizations and shelters helps to identify women through building trust and credibility with victims, while the involvement of institutional and government services is important at this early stage for victim identification, and in providing information regarding residency options to them.
- The identification process can take time. As women are supported and begin to feel safe, the details of her story are often shared increasingly.
- Women may often be trafficked out of their communities and in many cases, across national borders. Shelters should plan for women who may require assistance with returning to their country of origin, reintegrating in their country or origin, or integrating into a destination country. The identification process should involve providing options to women, including the possibility of remaining in a host country, where she has been trafficked. For women trafficked across national borders, a reflection period is provided for in law. A reflection period gives victims of trafficking time for reflection and recovery during which they are eligible to receive services and benefits regardless of their immigration or other status, or their ability or willingness to cooperate with law enforcement and prosecutors. See "Reflection Period" in the Legislation module for more.
- Women should be provided with access to a range of services during the reflection period, including secure shelter or housing, clothing, health care and psychological support, professional advice, including legal advice, provided in a language that she understands and is comfortable with.

- Shelters should communicate and advocate within systems for responses that effectively address the overall residency and reflection needs of women victims of trafficking. For example:
  - o Ensuring an adequate reflection period for women victims of trafficking is needed (a minimum of 3 months and preferably 6 months) given the effects of control and abuse inherent in forced sex environments. During the reflection period, women should be entitled to access training and education, and uphold a legal work permit.
  - o Shelters should provide women with predictable information, making sure that she knows what will happen to her next, and including the possibility to return and remain in the host country/ community. This information should be provided and repeated continuously to support women to be clear about their options. Residence permits and assurances about the future is often important for legal cases to be successful.

In addition to coordinated responses, shelters may participate in a national referral mechanism, which is a co-operative framework through which state actors fulfil their obligations to protect and promote the human rights of trafficked persons, co-ordinating their efforts in a strategic partnership with civil society (OSCE, 2004). While the structure of national referral mechanisms vary across countries and regions, an NRM should incorporate:

- Guidance on how to identify and respond to trafficked persons while respecting their rights and giving them power over decisions that affect their lives.
- A system to refer trafficked persons to specialized services such as shelters for protection from physical and psychological harm, as well as support services including medical, social, and psychological support; legal services; and assistance in acquiring identification documents, as well as the facilitation of voluntary repatriation or resettlement.
- Establishing appropriate, officially binding mechanisms that harmonize victim assistance services and processes with criminal investigation and prosecution efforts.
- A framework of multi-system participation that promotes an appropriate response to the complex issues surrounding trafficking and facilitates monitoring and evaluation.

## Overview of a National Referral Mechanism



NRM's are founded on ten principles of practice, in which shelters are part of a protection mechanism among a range of different specialized services, addressing the specific needs of each individual (OSCE, 2004). Considerations for shelters contributing within these mechanisms include:

- Acknowledging that women who are trafficked are victims rather than criminals in a basic element of respect for human dignity that can be afforded to them through providing access to accommodation and specialized services;

- Recognizing their role as the single centralized shelter within the NRM, allowing for the accommodation and support of presumed trafficked persons as well as providing a location for police to carry out their questioning. Medical and psychological care may also be provided in this location, which means that women may not be able to retreat into a private sphere and are not able to leave the protected accommodation due to security concerns or restrictions on their movement related to their status in the destination country.

- Understanding that trafficked women and girls have differing experiences and needs, based on their unique backgrounds and which influences their security and support needs (e.g. counseling and services). For example, some women and girls may not require protected accommodation since they already have a residence. Psychological and medical services should be provided in a flexible manner that allows victims to access them on a voluntary basis whether they reside in shelter or other accommodation in the community.

- Three components of specialized services are provided for within the NRM framework. These components are shelter, financial assistance and specialized services (including counseling, health care, psychological assistance, legal assistance, education or vocational training, employment assistance and support in dealing with authorities). Financial assistance and specialized services may be provided by shelter services as well as by other community-based services.

### EXAMPLE: WOMEN'S SAFETY AND SECURITY INITIATIVE (KOSOVO)

Through the *Women's Safety and Security Initiative* (WSSI) in Kosovo, the United Nations Development Programme (UNDP) has worked to increase the capacity of public institutions to address trafficking and other forms of violence, and strengthen civil society capacity to monitor and advocate for accountability. The initiative aims to support the development of effective judicial and policing institutions; mechanisms for the implementation of government objectives related to trafficking; civil society engagement, assessment and monitoring capacities; and improved assistance to survivors of violence, specifically through its support to shelters.

### *Background*

Violence against women is one of the most widespread human rights abuses in Kosovo, and continues to be regarded as a private matter, with women who report violence at risk of being displaced from their homes, losing custody of their children, and facing retaliation from perpetrators. While awareness of domestic violence issues has increased in recent years, underreporting continues. A recent survey conducted in Kosovo noted that 46.4% of women respondents experienced violence in their own homes, and more than half of survivors interviewed for a 2007 report did not inform police about their most recent incident (Farnsworth & UNFPA, 2008). Similarly, trafficking in Kosovo is recognized as a growing problem (particularly affecting ethnic Albanian women and girls from rural areas), although the extent of the issue is difficult to determine. For example, the International Organization for Migration reported 64% of victims assisted in 2005 were internally trafficked, with a third trafficked across borders into Macedonia, Albania and Italy. Poor investigation processes, including lack of adequate witness protection, are coupled with weak prosecution for traffickers due to misconceptions, lack of training (where prosecutors request victims testify in the presence of their traffickers, despite legal regulations against this); and collusion with traffickers.

Within this context, services for survivors are very limited and particularly difficult for women from minority communities to access (e.g. Roma, Ashkhali, or Egyptians). Lack of long-term assistance for survivors of all forms of violence is a key obstacle, forcing many domestic violence survivors to return to violent homes. According to a 2006 study of Kosovo Gender Studies Centre, 60-70% of safe house residents return to their spouses due to a lack of financial independence, and 90% of residents are unable to secure employment after leaving the safe houses. Trafficking survivors face equally limited support, with services often short-term and shelters challenged by the rise of internal trafficking and increasing demand for accommodation.

***Approach of the Initiative***

Recognizing the importance of multi-sectoral actors in prevention and response services, the iniatitive works in direct cooperation with a variety of partners across the justice, security, social welfare, and health sectors, such as:

- The Agency for Gender Equality (Office of Prime-Minister)
Public institutions and line ministries with relevant responsibilities including: the Ministries of Justice and Health; the Kosovo Police (Domestic Violence Unit and Trafficking in Human Beings Investigations Section); and the Department for Social Welfare, which has established minimum professional standards.
- Civil society, including non-governmental shelters; organizations which provide free psychological and gynecological, legal assistance and representation to women; and advocacy groups such as the Council for Defence of Human Rights and Freedoms and Kosovo Women's Network
- International counterparts

Among activities related to establishing a strong legal and policy framework and strengthening institutional capacities, the initiative has invested in shelters, rehabilitation and access to justice for survivors. Specifically, five shelters for women and girls in the Prishtina/Pristina, Mitrovica, Peja/Pec, Prizren, Gjakova/Gjakovica and Gjilan/Gnjilane municipalities received grants to support year-long programming, which included medical, psychosocial—counseling, psycho-drama, education, daily vocational trainings and occupational therapies, in addition to infrastructure/equipment (e.g. security systems, beds, blankets, wardrobes, generators, computers, and printers). Forty staff from four shelters also received intense training on professional development, organizational and emotional management, and conflict resolution. Community members and local authorities were also engaged through the process, contributing to women's economic empowerment. For example, 11 women were assisted to secure employment and post-shelter transition from the Gjilan shelter.

**Results and lessons learned**

An estimated 441 women were supported by the shelters between July 2009 and July 2010.

Other outcomes of the initiative included:

- Positioning violence and trafficking at the centre of the security sector reform agenda with ongoing advocacy and training of civil society and awareness-raising within society to change public perception of the issues (Muca, 2008).
- Successfully lobbying for the creation of a financial code for shelters through relevant line ministries (e.g ministries of health and justice) contributing to annual shelter budgets.
- Establishing a legal and policy framework for addressing the issues (e.g. development of the Anti-Trafficking Secretariat within the Ministry of Internal Affairs) and strengthened political will within key institutions (e.g. National Anti-Trafficking Coordinator and municipality engagement).

- Increasing the capacity and sustainability of shelters and other service providers to include efforts to ensure long-term post-shelter support for trafficking survivors (e.g. Rehabilitation Centre), and increase the capacity of safe houses for multi-ethnic survivors (providing staff trainings on cultural competency, standard operating procedures and related issues).

***Lessons learned***
- Inititves must be able to adapt their deliverable schedules to respond to changing political contexts and the non-linear dynamics of institutional change and priorities.  This can ensure local ownership of interventions and increase the likelihood that practices and services will be institutionalized beyond the project timeframe.

- Coordination and efforts to address violence must be responsive to to local needs, priorities, and knowledge. Institutionalizing mechanisms for addressing gender inequality and violence against women within state institutions is a long-term process that requires sustainable programming.  Cross-border issues (i.e. trafficking) require an additional level of cooperation with regional actors. Increasing women's access to justice and security through strengthening state capacities must be complemented by efforts to empower grassroots actors to hold to account public institutions (e.g. by supporting civil society to monitor and report on the results of the judiciary, courts and prosecutors). This may involve building the monitoring capacities of local women's and human rights groups and journalists.  Issuing gender equality guidelines and training media to raise awareness of their responsibilities in promoting non-stereotypical images and educating people more broadly about the causes and effects of violence against women are also important.
- Training municipal offices responsible for gender issues in lobbying/advocacy, fundraising and networking with other local actors can improve coordination as well as institutional capacities.

Future efforts will expand existing supports and further engage the Ministry of Economy and Finance to ensure the economic sustainability of institutional capacities in certain aspects of the project.

**Sources:** Farnsworth, N. for Kosovo Women's Network & UNFPA. 2008. *Exploratory* Research on the Extent of *Gender-Based Violence in Kosova and Impact on Women's Reproductive Health*; Farnsworth for Women's Network. 2008. *Security Begins At Home: Research to Inform the First National Strategy and Action Plan on Domestic Violence*; Muca, M. (NACSS), WSSI Mid-Term Evaluation 2008; UNDP Kosovo, Justice and Security Programme 2009-11.

**Individual Advocacy**

Empowerment through individual advocacy requires responding to a woman's individual needs and situation by informing her of her rights and supporting her to access available resources and services, while upholding her right to self-determination and decision-making in all areas of her life. Skilled staff providing individual advocacy in shelters empower women through a combination of information, accompaniment and guidance (Kelly, 2008).

Individual advocacy practices commonly implemented by women's shelters assist women and girls to access services by:

- Communicating and working with, or, if necessary, going around, the gatekeepers of public services and with others responsible for offering and arranging services for women.
- Making telephone calls with the woman.
- Attending visits to offices where services are arranged or accessed.
- Role playing with the woman or girl to support her in advocating for access to services.
- Helping to repair relationships with service providers or gatekeepers of services in order to increase her ability to access services.
- Advocating on her behalf for access to services.
- Checking with the woman or girl to see whether she is following up on referrals made and services scheduled, and if not, discussing the barriers to follow up and supporting her to address these barriers (Dozois, 2007).

| Illustrative example: Council of Europe Minimum and Aspirational Standards – Advocacy | |
|---|---|
| **Minimum Standards** | **Aspirational Standards** |
| <ul><li>Advocates should have sufficient knowledge of available services and should be able to provide information, advice and referrals on the following:</li><li>Support and health services</li><li>Law enforcement</li><li>Legal rights and remedies</li><li>Welfare rights, education, job training</li><li>Safe short-term, transitional and/or permanent housing</li><li>Child care services and parenting education;</li><li>Child protection</li><li>Alcohol and drug services</li><li>Services for persons with disabilities</li><li>Translation services and/or immigration assistance</li><li>Asylum/immigration status"</li></ul> | <ul><li>Service providers should strive to maintain a current list of contacts that include:</li><li>Criminal justice</li><li>Local, state and national resources for resources in addressing complex legal issues including immigration</li><li>Lawyers, including those providing services on a pro bono basis, and those knowledgeable in violence against women</li></ul> |
| <ul><li>Advocates should be able to clearly explain:</li><li>Criminal and civil justice processes</li><li>Reporting options</li><li>Women's rights</li></ul> | <ul><li>Advocates should have working knowledge of the local court rules, and justice responses.</li></ul> |
| <ul><li>Funding for advocacy services should not be provided in a way that compromises their independence.</li></ul> | |
| | <ul><li>In response to a crisis (particularly with sexual violence), every women should have access to an advocate prior to evidence collection or a law enforcement interview.</li><li>Advocates should be able to respond to police and victim requests for assistance.</li><li>Advocacy should include accompanying women to meetings with other professionals.</li><li>Advocates should assist women in creating, reviewing and updating a safety plan.</li><li>Holistic services should include a helpline, drop-in sessions,</li></ul> |

| | support groups, casework and long-term support. |
|---|---|
| • Advocates should receive a minimum of 40 hours of training in topics that include:<br>• Gender analysis of violence against women<br>• Crisis intervention techniques<br>• Maintaining confidentiality<br>• Communication skills and intervention techniques<br>• How to make appropriate referrals<br>• Trauma, coping and survival<br>• Criminal and civil justice systems<br>• Updated relevant state laws<br>• State and community resources available<br>• Non-discrimination and diversity<br>• Empowerment | • See also Providing Staff Training |
| Excerpt from Kelly & Dubois. 2008. "Combating violence against women: Minimum standards for support services". Council of Europe. Strasbourg. | |

Shelter representatives can play a key role in providing individual advocacy for women through coordinated community responses. Two forms of individual advocacy are commonly provided within these models:

- Advocacy immediately following police involvement in the home in response to violence. This involves:
  - o Developing and implementing protocols to ensure that an advocate is contacted immediately following police involvement in domestic violence situations. The advocate is provided with basic information regarding the situation including the name, address of the offender and the victim, the charges filed, and the length of time the offender will be held.
  - o Meeting the woman at her home or elsewhere (e.g. emergency accommodation), if the abuser is arrested. The on-call advocate provides the woman with various forms of information and support which may include:
    - Information regarding domestic violence and patterns of power and control.
    - Support to explore her feelings, develop a safety plan and access community and agency resources.
    - Support to access funds (where available) to change her locks and install security doors and windows.
    - Provides support and information regarding available community resources (i.e. support groups and professional resources).
    - Legal proceedings and the woman's options and role in regard to legal proceedings, including the legal processes that will occur during the next few days, what is expected to happen and when.

- The advocate assists the woman to review the civil court options available to her and apply for a civil protection order in a timely manner, if she wishes to do so.
- Informing the woman that her wishes will be considered in legal proceedings and relays her wishes to a legal advocate, who takes them forward to court representatives, if the woman wishes and consents (i.e. the probation officer, the individual responsible for making recommendations to the court regarding conditions of release).
- Informing the woman of her other rights, which may include her right to attend any court hearings, and transportation and accompaniment by her advocate to court hearings.
  - If the perpetrator is not arrested, the on-call advocate calls the woman and arranges to meet with her in a public or safe place to provide these services and supports.

**Domestic Abuse Intervention Project (Minnesota)**
The Duluth Model was the first model used to coordinate all criminal justice agencies in one location to respond to domestic violence cases. The Model brings justice and human service agencies (i.e. area shelters and women's coalition groups) and interventions together into a process of creating specific and organized public responses to protect victims of domestic violence from ongoing abuse. This model has been evaluated, developed and expanded to a growing number of communities over time. It is considered a good practice in coordinating community responses to domestic violence, particularly in medium to small-scale communities (PAHO). This model has been adapted for various contexts, including developing countries. Read the Case Study on the Duluth Model.

**SAFE House On-Call Services (Michigan)**
The Domestic Violence Project provides services to victims of intimate partner violence and their children, including emergency shelters, non-residential counselling, support groups, home-based services, prevention, social supports, and 24-hour on-call response by advocacy teams available in law enforcement jurisdictions and emergency rooms.

Advocacy services are provided for women in three ways:
- On-call advocacy provided in the home or community immediately following police involvement in a domestic violence call.
- Advocacy for women who are arrested in a domestic violence situation.
- Legal advocacy to support women through legal proceedings (Thelen, 2000).

**Domestic Violence Emergency Response Teams for Zero Tolerance**
Domestic Violence Emergency Response Teams for Zero Tolerance (Santa Barbara, California). This program of shelter services for women works in cooperation with the police department and Sheriff's department. Shelter advocates provide counselling and follow up advocacy services for women in situations of domestic violence. Program partners work collaboratively to promote education and awareness in the community and by institutions and government.

*Legal advocacy*
Once a woman enters a shelter, she may have several needs for legal information, advice or representation in court such as in relation to protection orders, understanding legal rights, legal proceedings related to marital separation, immigration or asylum (e.g. in cases of trafficking) and custody and access (sometimes called contact and residency) disputes. The many legal issues that can arise at one time during the woman's early time in the shelter create a compelling need for access to legal resources.

267

Supporting access to an advocate is important in helping women to navigate and assess the multiple decisions she may be facing and legal processes that may start following an initial report of violence. The involvement of the legal system in a woman's case, including the various authorities who may or may not be sensitive to the dynamics of gender-based violence, can create a disempowering situation for women, who may be faced with a number of unanticipated decisions and problems. For example, in cases of domestic violence, this may include what to do when the offender is released, where to go, what to tell the children, how to access financial resources, and what to tell authorities if she doesn't wish to leave the home.

When combined with the emotions that result from the violent experience, these decisions are even more difficult. An advocate can be essential in:

- Providing the understanding and assistance needed to for women cope through the crisis and immediate decisions required.
- Supporting access to resources needed to address her specific situation.
- Providing the level of support needed to prevent women from feeling overwhelmed, unsupported, and unable to follow through with legal processes, (which can result in women's decision to drop restraining orders, not follow through with prosecution, and be reluctant to contact the legal system in future).
- Attending all court proceedings; accompanying the survivor upon request when she attends the proceedings; and facilitating contact with court personnel. When the woman does not attend, the advocate reports the outcome of court proceedings to the woman.
- Maintaining contact with the woman throughout the period of court proceedings to keep her informed about case developments and outcomes, and to support her wishes regarding case disposition through communication with court personnel.

Having advocates make the initial contact with women who become involved in the criminal justice system following a violent incident helps to ensure that the woman is given an opportunity to receive support and information that may be useful in navigating her legal options. Relying on women to make the first contact fails to effectively support access to the services needed to promote her safety, and at a critical time when she may be even more vulnerable to her abuser's influence and further violence.

Women are often unable or unwilling to make the first contact with legal advocates for reasons that include:

- Negative experiences with previous help-seeking, which reduces likelihood of requesting assistance again.
- Fear of blame and accusations, or concerns that the perpetrator will convince authorities that the woman is at fault or has committed a crime.
- Fear of retaliation by the abuser.
- Feeling overwhelmed and overwrought.

Shelters can play a role in legal advocacy through:

- Receiving referrals from law enforcement agencies who come into contact with survivors, and providing outreach supports to assist them through their involvement with the justice system.

- Providing legal consultation services on site at the shelter.
- Facilitating access to consultation with legal counsellors who have special knowledge of issues facing women who have experienced or are at-risk of specific forms of violence (Thelen, 2000).

---

**Example: Bringing Justice Home, Colorado, United States**

For six years a domestic violence resource vehicle (DV/RV) has been covering over 18,000 square-miles of the Rocky Mountains in the State of Colorado to provide free legal representation to victims of domestic violence, dating violence, stalking and sexual assault. A state grant and foundation funds support this traveling law office and rescue programme, which provided life-saving legal redress for intimate partner abuse to over 1,500 individuals during that timeframe. The legal programme called "The Bringing Justice Home Project" was an initiative of Crossroads Safehouse a domestic violence shelter and services organization.

---

**Resources:**

- ➢ ***Bridging gaps – From good intentions to good cooperation: manual for effective multi-agency cooperation in tackling domestic violence*** (WAVE-Women Against Violence Europe, 2004) This is a tool for women's advocates who work with other community agencies in a coordinated community response to domestic violence against women. The manual provides background, guidance and recommendations on community collaboration. Available in English.

- ➢ ***Toolkit to End Violence Against Women*** **(**US National Advisory Council on Violence Against Women, 2009) This tool provides recommendations and strategies for engaging a range of stakeholders within various settings. Each chapter of this toolkit outlines an approach to working with various groups including community-based services, healthcare professionals, criminal justice, media, faith-based groups, sports figures, colleges and universities, military and the workplace. Recommendations are made for ways to improve prevention efforts, services and advocacy for victims. Available in English here.

**Social and economic supports**

**Overview**
Assisting women and girls in ways that promote well-being and security is needed to effectively help them overcome the effects of violence and achieve their goals for a life free of violence (United Nations Secretary General, 2006a.b). This includes a continuum of services to support abused women to leave violent relationships and circumstances; overcome the physical, emotional and social effects of violence (e.g. distress, trauma, impact on family and social relationships, grief, loss); deal with the practical consequences (e.g. economic challenges, custody of children, legal issues); and transition to a new home and/or community (e.g. access to affordable and safe housing, establishing employment and income).

Research suggests the importance of social support and access to community resources in assisting women to successfully leave situations of intimate partner violence. Women often report returning to abusive relationships because of lack of employment (Hofeller, 1982; Strube & Barbour, 1983) and economic dependence on their partner (Aguirre, 1985; Johnson, 1988; Rumptz & Sullivan, 1996).

Building upon emerging and medium-term shelter-based supports which empower them to address their various needs and achieve their personal goals, economic development, housing assistance and outreach services are commonly provided by shelters. Shelters assist women specifically in preparing to live safely, independently and in a sustained manner in the community. Through such supports, women are better equipped to safely and successfully return to life in the community.

**Economic development and opportunities**
Anecdotal evidence and research demonstrate that economic dependency is the strongest predictor of a survivor's decision to remain, leave or return to an abusive relationship. Given the various economic factors that contribute to women's vulnerability to violence and prevent them from seeking help, it is essential for shelters to provide economic assistance for women as they return to their home community or transition to a new community.

By assisting women to secure immediate financial supports and promote their opportunities to achieve and sustain income, shelters remove one of the greatest barriers to leaving abusive situations that exist for women.

Shelters may provide several areas of support to empower women economically, depending on the context of funding and available resources. These supports may include:
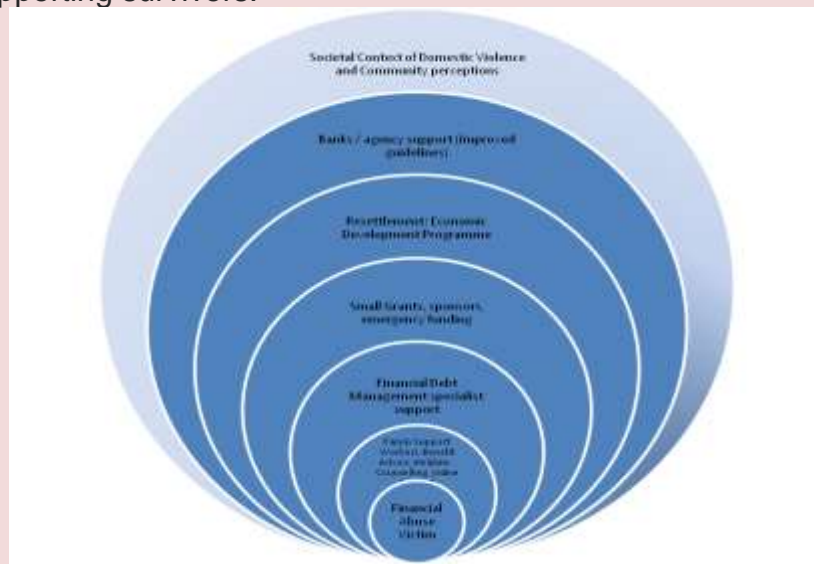- Job skills training and career guidance
- Financial skills training
- Support for access to assistance (e.g. social-welfare benefits that might be available)
- Programmes (including through reintegration) that provide opportunities for income generation

Due to the extent of need and limitations in resources, shelters commonly develop or participate in collaborative projects that draw upon a wider range of resources to effectively support women in this area, including partnerships with private sector.

---

**Examples:**

The private sector telecommunications company Verizon Wireless in the United States launched a Verizon Domestic Violence Entrepreneurship Grant Program in July 2010 to provide funding to domestic violence survivors to help them start or expand a small or home-based business. The company is awarding $100,000 to workforce development organizations across New York, who will work in partnership with local domestic violence advocacy agencies to develop training programs which help educate and mentor survivors to start or expand their own small or home-based businesses and develop a viable business plan for their venture. This can provide women with greater financial stability and independence, and enable them greater options for leaving a situation of abuse. Women who complete the entrepreneurship training are eligible to apply for a Grant up to $5,000. Over 14 grants totaling $57,500 were awarded in 2011, and the programme has expanded to six more states (Verizon Wireless). See a brief video about the initiative.

The Haven Wolverhampton Financial Inclusion Project in the United Kingdom began in 2009 with support from the private Nationwide Foundation Investors Programme. The initiative provides financial support to women affected by domestic violence and delivers training to help women make informed choices when dealing with financial institutions. The project also offers advice and guidance on budgeting, money management, support and signposting. Women have the opportunity to access small grants and volunteer to promote their independence. The Project also provides training to financial sector professionals to improve their knowledge and understanding of financial abuse toward developing best practice guidelines for effectively supporting survivors.



Sources: Rees & Wilson. 2010; The Haven Wolverhampton. 2011.
➢ The Haven Wolverhampton. 2011. ***Surviving Financial Abuse: A Guide to Achieving Financial Independence.*** Available in English.

**Safe House and Skills Development Training, Association for Women's Sanctuary and Development, Ethiopia**
The Association for Women's Sanctuary and Development is an Ethiopian civil society organization that has established the first safe house/shelter for survivors of violence. At the safe house, up to 50 survivors are provided with shelter, food, medical treatment, counselling, and self defence training. In addition, women are enrolled in a number of professional skills development training courses (such as childcare, embroidery/sewing and cooking) to facilitate economic self-sufficiency. After completion of the courses, the organization links trainees with employers. Training on supporting survivors is also provided to the police and other service providers. In 2011, building on the successful model, an additional safe house was established in the Adama town, Oromya region, where there are reportedly high domestic violence and HIV infection rates.

**Sheltering Rural Women, Morocco**
The Association Nour pour la Solidarité avec la Femme Rural (ANSFR) was created in 2003 as a national non-profit organization. Located in Ouarzazate, Morocco, it operates in the southern rural regions of the country. Its goals are: promoting and protecting women's rights, eradicating poverty and illiteracy, integrating rural women in development, and combating violence and discrimination against women and girls, specifically rural women and girls. ANSFR has set up 15 income generating projects, all small enterprises targeting 670 rural women. It has led awareness-raising campaigns on environment, health issues such as HIV, sexually-transmitted infections, etc., female education, and women's rights in the family code and in the Convention on the Elimination of Discrimination Against Women provisions.

**Batha Centre, Morocco**
The Batha Center for the Empowerment of Women is a project of the joint United Nations Programme in Morocco (the Multisectoral Program to Fight Against Gender-based Violence through the Empowerment of Women and Girls – TAMKINE) funded through the Millennium Development Goal Fund of the Spanish Government from 2008-2011. The shelter and related services is managed by an NGO with support from the government. The multifunctional shelter model for domestic violence survivors in the Fez region provides a holistic approach where women receive shelter, health services, legal and psychological support and economic empowerment training (MDG-F Gender Window Knowledge Sharing Workshop UNDP, 2011).
  ➢ See the Video.

**Sisters Incorporated—Skills Development, South Africa**
Sisters Incorporated runs a jewellery making business whereby residents are taught by a Skills Trainer to make jewellery. They are paid for the jewellery and it is exported to the UK. The jewellery is in turn sold through the Trent Vineyard Church and the profit is sent to the account of Sisters Incorporated. This helps them with their sustainability plan. Sisters Incorporated also trains other shelters in the Western Cape and other Provinces on how to start their own jewellery business. They have written and published a manual and offer this service free as well as provide a start up pack valued at R1500.00 free to assist them.

**Economic Empowerment Program, Florida, USA**
The Allstate Economic Empowerment program in Naples, Florida has been developed to ensure victims develop financial freedom and become self-sufficient, so that they do not feel compelled to stay with/return to their abusers. The program features four primary components:
1. Financial literacy - "Moving Ahead through Money Management" curriculum
2. Job readiness - addressing survivors ability to secure and retain living wage jobs
3. Individual development accounts - a matched savings program
4. Micro loans - for starting a business, securing a car, or home. Repayment is required within 2 years of issue.

**Tools**

> *Moving Ahead Through Financial Management* (National Network to End Domestic Violence, 2010). This training manual is designed to assist women escaping violence to develop financial understanding and empower them economically. Short term financial planning tools are also provided. This tool includes training for women, providing: resources to strengthen confidence in financial management and strategies to address the financial and safety challenges of leaving situations of violence;  information needed to better understand the various financial concepts, and products; information needed to understand one's personal financial circumstances and options (i.e. loans, housing); and strategies for taking basic steps to build financial strength i.e. budgeting, saving, establishing credit and managing debt. Available in English and Spanish here.

> The Haven Wolverhampton. 2011. *Surviving Financial Abuse: A Guide to Achieving Financial Independence.* Available in English.

> **Annotated Bibliography: Community Economic Development. (**Ghorayshi, Dr. Parvin; Barrette-Molgat, Marie-Claude; Graydon, Heather; and Amyot, Sarah; for the Manitoba Research Alliance on CED in the New Economy. (2005). This annotated bibliography provides a range of research and resources on Community Economic Development for women. Available in English.

**Safe and affordable housing**

For many survivors of violence, and particularly in cases of domestic violence, "*housing is not a peripheral issue, or an issue that can be postponed for resolution later on. Rather, for women who fear for their safety and for their lives, housing is an immediate and pivotal issue on which the question of escape itself rests*" (Centre on Housing Rights and Evictions, 2006).

Access to longer-term housing that is safe and affordable for women and their children is a critical part of empowering survivors to recover from their experiences with violence. When women are ready to leave the shelter, support for quick access to safe and affordable medium-to long-term housing can help to:

- Decrease the burden of economic hardship, housing instability, and uncertainty as they focus on safety for themselves and any children or other dependents accompanying them, as well as other essential needs (i.e. employment, health, legal issues).

- Create alternatives to remaining in abusive homes.

- Reduce the risks of being re-victimised by abusers (National Alliance to End Homelessness, 2011).

Supporting women to find and access new housing in a timely manner may involve:

- Facilitating women to assess the risks associated and if safe, remain or return to their own home.

- Accessing transitional forms of shelter that offer extended timeframes for services and protection while women address longer-term issues and prepare to live independently in the community.

- Providing information about available safe and affordable housing options, and supporting women to access those most appropriate for her circumstances. This might involve:

    o Assistance in securing financial supports or housing subsidies (public or private) in circumstances where a woman can safely relocate to a new home without the need for reinforced security infrastructure or services. Such funds may be critical to pay affordable rental rates or provide required security deposits, etc., as women find/return to their employment, identify a roommate, and if they are not working, or do not have extra savings to which may be needed.

    o Liaising with relevant brokers or authorities to quickly identify rapid re-housing schemes

- housing options when they are ready to leave shelter and live in the community.

Considerations for establishing a housing programme for survivors include:

- Women and girls should have access to protection and services in shelter facilities for the length of time needed. In many communities, emergency shelters are only available, offering accommodation for a short period of time (i.e. a few weeks to a few months). Such timeframes are inadequate for many women, who require a longer stay in shelter than is available through emergency facilities. Shelters can assist women to access safe shelter options for the longer period needed to address the various issues resulting from the abuse (e.g. legal and health issues) and establish employment or other economic means to sustain independent housing.

- Shelter advocates should be familiar with the local government subsidies and mechanisms available for accessing affordable housing, which many women leaving situations of abuse will require. Government subsidies and assistance available to survivors varies greatly. Shelters can support women by being aware of the requirements and criteria for these initiatives and help women identify relevant options to meet their housing and security needs.

---

**What is Adequate Housing?**

Adequate housing requires the availability of services, materials, facilities and infrastructure, including access to water and sanitation; heating, cooling, and lighting; energy; washing facilities; food storage and refuse disposal; as well as emergency services.

Adequate housing requires thoughtful location to allow access to employment options, health-care services, schools, childcare centres and other social facilities.

Adequate housing must be affordable. Since affordability will differ for women and men in many contexts, it is important to take into account the gender disparity in income and access to financial resources, and to prioritize the allocation of social or public housing to those who are unable to meet the cost of housing.

Adequate housing requires accessibility to all groups of women. Housing law, policy and programmes must reflect the needs of women who may be especially disadvantaged and who encounter intersectional discrimination, including widows, elderly women, lesbians, homeless women, migrant women, women with disabilities, women who may be single mothers or single heads of households, women living with or otherwise affected by chronic illnesses such as HIV/AIDS and mental health disorders, women belonging to racial/ethnic/linguistic minorities, domestic workers, sex workers, illiterate women and women who have been displaced.

Adequate housing requires that women have security of tenure through legal protection against forced eviction, harassment or threats.

Source: extracted and slightly adapted from United Nations General Assembly (A/HR/C/19/53). 2011. *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*.

---

*Rapid Re-housing Programmes*

Women may be able to avoid staying in shelters where there are rapid re-housing programmes which locate housing in the community for individuals or families at-risk of homelessness and assist in the negotiation with landlords, in order to promote housing retention and link individuals and families with needed services in their community. Rapid re-housing strategies have been used in rural, suburban and urban communities, and in areas with limited shelter resources, but are only suitable where there is low risk for perpetrators to retaliate or commit further abuse.

Important elements of practice in such programmes are:
- Assisting with the search for housing.
- Reaching out to landlords to facilitate the availability and maintenance of affordable housing options for women through:
  o Strategies that educate and inform landlords in the community about the services available to families.
  o Dispel myths about the abused women and homelessness.
  o Provide support to the family and the landlord in order to encourage successful tenancy.

- o Build and maintain the trust of landlords through support and outreach services to the individual or family living in their property.
- Depending on the availability of funding, rapid re-housing programmes may offer some financial assistance to help families pay for housing. Housing assistance varies across communities and may include paying for the security deposit and first month's rent; providing a two year rent subsidy; providing a subsidy up to a maximum amount; or providing varying levels and types of subsidy tailored to meet the needs of families.

Women's shelters may work with rapid re-housing programmes in the community to advocate for women's access to housing, support women in communicating their housing needs and making application for housing, and providing outreach services to support women exiting the shelter, in a manner that is informed by the issues surrounding violence, as well as the woman's specific needs (National Alliance to End Homelessness, 2008).

---

**EXAMPLES:**

IN 2008, New Destiny Housing, launched Project Safe Home in New York City to match domestic violence survivors with re-rental housing before they left the shelter. In partnership with domestic violence shelters, property managers, and the Human Resources Administration (HRA), the initiative placed 122 families in permanent housing reserved for homeless families over a 3 year period. The initiative addressed common challenged faced by survivors in accessing housing following a stay in a shelter and conducted individual counseling for survivors alongside group workshops to help them understand their options to access available apartments and prepare for the application process. (New Destiny Housing, 2011).

➢ See the full evaluation report

In the State of Oregon, the Volunteers of America Home Free SHARE project, funded by the United States Centers for Disease Control and Prevention, provided rapid-re-housing support (using both emergency hotel vouchers and subsidized housing assistance) to women and their children, alongside employment assistance and other protection measures, as an alternative to emergency shelter. The programme resulted in a high-rate of housing stability for domestic violence survivors 18-months after receiving services and has demonstrated outcomes related to well-being similar to those experienced by women who received shelter services (Niolon et al., 2009).

➢ Watch a webinar on the programme

---

**Tools**
➢ ***For Landlords, Under Your Roof: What to Do about Domestic Violence.*** (Washington State Coalition Against Domestic Violence). This 2-page brochure provides an example of information provided for landlords to understand their rights and responsibilities and how to access support when renting to women victims of domestic violence, sexual assault or stalking. Available in English.

> ***Housing Help: Protections Available for Survivors of Domestic Violence.*** (Washington State Coalition Against Domestic Violence. n.d.). This 2-page brochure provides an example of information helpful for survivors wishing to terminate a lease, changing locks and get legal help. Available in English.

> ***Domestic Violence and Housing: A Manual for California Advocates***. (National Housing Law Project, 2009). This resource provides examples of homelessness prevention assistance, victim relocation assistance options, and affordable housing subsidies provided in California, United States. Available in English.

**Community outreach and awareness**

*Outreach to raise awareness*
It is important for shelters to raise awareness of their services among the diverse groups of women and girls in the community to increase identification of women in need of support as well as to increase the demand for services. Awareness of the seriousness of violence against women together with knowledge that assistance is available increases willingness of survivors to disclose abuse and seek help.

Though there are many barriers preventing women and girls from seeking assistance, the decision to receive shelter, protection, medical, legal and psycho-social supports may also depend on her first experience disclosing the abuse or acessing related services. It is critical that shelter or hotline service providers, among others, are able to effectively engage and offer appropriate support in their interactions with women and girls, which may be the only opportunity to engage with a particular survivor and offer life-saving information and referrals (Multi-Agency Practice Guidelines, 2009).

Outreach is a proactive approach, often provided by shelters to identify victims in various community settings. Shelters provide outreach to women who have not yet accessed formal professional supports, which may be used to encourage women to seek assistance, and or to support safety planning with women who remain in a situation of violence (e.g. with an abusive intimate partner) (Organization for Security and Co-operation in Europe (OSCE) Secretariat, 2009; UN Habitat, 2010).

Effective community outreach should particularly engage groups of women who are 'hard to reach', such as adolescents, migrants, women with disabilities, those living in rural areas, sex workers, those in prison and others known in the specific context.

Outreach practices may include:
- Providing help-lines to engage both abused women and those at-risk.
- Establishing awareness-raising opportunities for survivors or women at risk in the community to meet with trained staff, either in group settings or on an individual basis (i.e. the woman's home if the perpetrator does not live there, or other safe public space where they can talk privately).

- Engaging settings were young women and girls can be reached, such as through dissemination of literature and presentations at schools, youth clubs and other relevant venues.
- Disseminating written or audio-visual materials with resource information which can assist abused women understand and feel encouraged to access the support services available to them, (Kelly, 2008).
- Providing systems advocacy (i.e. strengthening Coordinated Community Responses to improve survivor services provided by other sectors (e.g. health, security, justice, housing, etc.), which can assist in reducing barriers to victim identification;
- Supporting women in their transition into the community after staying in a shelter or transitional housing.

---

**Example: The Stop Violence against Women! Project (Kazakhstan)**

The Stop Violence Against Women! project implemented by Sana Sezim (Legal Center for Women's Initiatives) in Kazakhstan from May 2004 through May 2005 aimed to increase public awareness of domestic violence using psychological, legal, and educational programmes. It sought to decrease the number of assaults and prevent suicide, alcohol addiction, crime, and other negative behavior, and decrease familial psychological discomfort, while improving the quality of psychological and legal assistance for domestic violence survivors. The project resulted in the development of a more effective institutional base for domestic violence; a more informed community; increased awareness among women and the increased use of organizational mechanisms (including legal).  Psychological aid was provided to approximately 1,000 women via the confidential telephone hotline with an additional 300 psychological consultations in person.

---

Information provided should help increase women's and girl's awareness of their rights and how to access resources available to them. This may cover:
- What constitutes abuse and different forms of violence, as well as related issues such as the prevalence of violence in the community and effects of violence.
- Women's and girl's rights, by improving 'legal literacy' on local laws, ways to access the legal system and protect one's rights (OSCE, 2009).

Social isolation and ineffective community responses to domestic violence contribute to women's risk of abuse by partners and ex-partners (Aguirre, 1985; Barnett & LaViolette, 1993; Corwell & Burgess, 1996; Greaves, Heapy, & Wylie, 1988).

*Outreach during transition from shelter*

Outreach advocates both, work to identify women who have experienced abuse or at risk and also work with women after they leave the shelter.  Advocates who meet with women after their shelter stay, normally visit the woman or girl in the community on a regular basis for a period of time, intervening to assist them to address needs that enhance safety and quality of life factors, including access to needed services.

They are focused on activities that reduce women's isolation and facilitate helpful responses by community services for women leaving shelters. Access to community resources is essential (next to support from family and friends) in facilitating women's ability to leave their abuser or reintegrate into a community after experiencing violence (Bowker, 1984; Donato & Bowker, 1984).

The length of service and frequency of contact between advocates and women may vary. In one example of an outreach intervention, advocates meet with women for 4 to 6 hours per week, over a period of 10 weeks following the time the woman leaves the shelter. Similarly, based on her identified needs, outreach staff may refer to various services to assist women, such as:

- Education
- Legal assistance
- Employment
- Services for their children
- Housing
- Child care
- Transportation
- Financial assistance
- Health care
- Social support

The process of providing outreach intervention involves:
- Assessment:
  - Getting to know the woman and significant family members and friends in her life.
  - Gathering information regarding her needs and goals.
  - Developing understanding of what she would like to accomplish through the outreach process.

- An initial meeting may take approximately 2 hours, which will allow time to begin to develop a working relationship and to complete the following activities (where relevant):
  - Ask her about her situation
  - Conduct an initial needs assessment
  - Assess the family's level of risk
  - Explain the services being offered to her
  - Develop a preliminary service plan
  - Complete a safety plan
  - Fill out relevant forms for screening and intake (Dozois, 2007)

- Implementation – which includes working with the woman to seek out and mobilise community resources that are able to address each of the unmet needs identified during the assessment phase. This is done by:
  - Brainstorming regarding the possible resources;
  - Identifying individuals to contact who can mobilise those resources; and

- o Developing strategies for access to resources. A range of strategies may be employed to mobilise access such as making phone calls, obtaining written documentation or forms, and making face to face contact.
- Monitoring – which includes working with women to assess whether the resource was successfully obtained; and met the identified need.

- Secondary implementation – If it is assessed that all needed resources were not obtained or did not meet the need, other strategies are identified and implemented.

- Termination – during which the advocate begins to remove herself increasingly from the process; and focuses on transferring skills and knowledge in identifying and mobilizing resources to the woman, so that she is able to continue the process on her own.

These stages often overlap in timing, for example:
- Assessment is a part of the process that should be done continuously, as emerging areas of unmet need become evident.
- Interventions also may occur at all phases of the process – so that the advocate and the woman may be monitoring the implementation of one strategy while implementing another.

Where a woman has not been supported by the shelter or its services, the initial assessment may involve gathering some or all of the following information. It is unlikely that all of the information will be gathered during the first visit. When determining the specific areas of information to gather, workers should consider the woman's level of openness and comfort with sharing information, and which questions might be most important within the context of her situation.
- Contact information
- Woman's name and date of birth
- Children's name(s) and date of birth
- Address, telephone number (clarify whether the number is safe to call and whether it is safe to leave a message)
- Alternative and/or emergency contact number
- Employment status
- Marital status
- Ethnic background
- Preferred language (clarify whether translation services are required)
- Name and description of the abuser
- Referral source
- Presenting situation/issues
- What made her seek out this service?
- Did she or her children sustain any physical injuries as a result of the abuse?
- Has there been recent police intervention? If yes, have charges been laid? Is there a restraining order or a peace bond?
- What is the current status of the relationship? (i.e. separated, living together)

- Does she feel safe? Why or why not? What would she need in order to feel safe?
- Does she have children? If yes, what have they witnessed or experienced? Are they safe?
- Has there ever been destruction of pets or property?

History

- What kinds of abuse has she experienced (physical, emotional, financial, sexual, spiritual) in this relationship? In past relationships?
- When did the abuse begin?
- How frequent is the abuse?
- Were weapons involved?
- Were charges laid?
- Has the abuser threatened to kill the client or anyone else?

Support

- Who currently offers support? How do they help?
- Are there other friends or family who could offer her support? What type(s) of support c could they offer? How can she let them know she needs this kind of help?
- Has she sought out help from any other agencies or professionals?
- What kind of information would be helpful? (Legal, financial, safety, community resources, family violence dynamics and impact)
- What kind of support would be helpful? (Basic needs, legal referral, shelter, health, mental health, parenting, coping)
- What options does she feel she has to protect her own safety?
- What strengths does she have to help you get through the difficult times? (coping strategies)

Advocates should record the woman's responses to these questions in the case file, along with any observations made, any goals established and any actions taken or to be taken.

(Based on Sullivan and Bybee, 1999)

**Tools**

➢ ***Family Violence Outreach Counsellor Manual*** (Dozois, 2007). This resource provides guidance on outreach services, based on the context in Canada. It includes sections on the core functions and competencies of outreach counselors, how to work with women living in the community, and maintaining files and records. Materials for supporting women to understand family violence and its effects, sample tools and forms are also provided. Available in English.

## Monitoring and Evaluation

### <u>Why monitoring and evaluation are important</u>
At the national level, the State can identify potential demand and geographic distribution for shelter services by referring to prevalence surveys that are undertaken. These surveys often provide information on incidence, severity and consequences of abuse, and help-seeking behaviour. This information, together with a mapping of existing services, aids in identifying service needs and gaps to inform future planning and budgeting for roll-out of additional services to meet demand. Changes in service availability, access and demand can then be tracked over time.

**Illustrative National Level Indicators to Track Social Welfare Services**

- Number of organizations that provide any social-welfare services directed at the prevention of and response to VAW/G in a specified geographic area (community, province, region).
- Proportion of women who demonstrate knowledge of available social welfare-based VAW/G services.
- Number of women and children who used VAW/G social welfare-based services during a specified time period.
- Number of hotlines serving VAW/G survivors in a specified geographic area of interest.
- Number of calls per hotline serving VAW/G survivors in a specified geographic area of interest.

Source: MEASURE Evaluation, 2008.

**Example: A Multi-state Study of Domestic Violence Shelter Experiences (USA)**

A study funded by the national government surveyed close to 3,500 women in shelters across eight states over a six-month period, between 2007 and 2008. Shelter residents were asked to complete a written survey at or near entrance, and again at or near exit. The results from each shelter and state were then aggregated to assess the demand for shelter and related services, the population served by shelters and the efficacy of services provided by the shelter community.

The study revealed that three-quarters of domestic violence survivors rated the assistance they received at a shelter as "very helpful" with another 18 percent that rated it as "helpful." The majority of survivors accessing shelter facilities were found to be 18 to 34 years in age with children under 18. It was also revealed that approximately one-quarter had a repeated stay at the shelter.

Almost all the shelters in the study had the capacity to accommodate survivors living with disabilities and 82 percent had staff who speak English and at least one other language.

The study confirmed the important role that shelters play and the positive outcomes for survivors.  These included:

- Increased knowledge on ways to plan for safety (92%)
- Increased knowledge about community resources (85%)
- Acknowledgement that their children feel greater support (84%)

Other findings of respondents included:

- Nearly all (99 percent) reported they got the help they wanted with their own safety and safety planning (95 percent).
- Four out of five people who needed affordable housing received it.
- Three out of four received assistance with job training or placement.
- Nearly all received support to ensure children's safety (98 percent) and schooling (92 percent).
- Ninety-one percent received assistance with protective or restraining orders
- Four out of five received assistance with divorce issues, immigration issues and custody/visitation issues.

The study also revealed challenges, with around one-quarter of residents facing transportation barriers and 32 percent facing conflicts with other residents.  Meeting the medium-to-longer-term housing, education, finance, emotional, mental and physical health needs of some residents also proved challenging.

Source: Lyon, E., Lane, S. & Menard, A. 2008. "*Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*.

At the shelter level, effective monitoring and evaluation contributes to ongoing refinements in practice to ensure the best possible services are being provided. Of particular importance, is assessing practices around women's safety, due to the grave implications that can result from women who may face continued risks or threats of violence. In addition to safety, monitoring and evaluation can help a shelter to:

- Understand the impact of its programmes on the physical, emotional and psych-social well-being of women, girls and children seeking support and adapt or revise programming as needed.
- Strengthen local knowledge about the frequency of violence in the lives of women and girls and the many forms violence can take.
- Contribute to the local and global evidence base by assessing its programmes and practices and identifying those which show promise in a) reducing the frequency and severity of violence and its impact on women, girls and communities and b) effectively assisting survivors and their children to recover from trauma.
- Help staff and community members, including key stakeholders such as police, health service providers and state decision makers form clear and accurate understandings of women's and girls' experience of violence and estimate the need for additional shelter capacity by monitoring turnaways, crisis calls and other indicators of unmet need.
- Describe the women and children who access shelters to foster understanding about who the shelter serves and develop service plans that fit the needs of these women and children. Monitoring this information over the long term also informs how the characteristics of shelter clients change over time, which can aid in shelter advocacy efforts.
- Promote the development of future programmes informed by evidenced-based practices.
- Document the types and duration of services the shelter provides (e.g. assistance provided to meet basic needs such as food, safety, childcare and physical/mental health concerns), which may be used to demonstrate a need for related services in the community (e.g. food bank, mental health programming). In the longer-term, documenting assistance provided in the housing, employment and education/training opportunities and other supports for independence provides a basis for estimating future needs and informing state policy.
- Maintain accountability to the women it serves, to communities and funders by demonstrating and communicating the positive impacts of its work through evidence-based information.
- Strengthen the rationale and evidence for funding applications for projects that would address shelter resource needs and new initiatives.

**General considerations for shelters**

Shelters should plan for monitoring and evaluation throughout all stages of their programming, covering the scope of activities and intended results as well as the various approaches that will be used to assess the services provided. This may include:

- Baseline assessments in the planning phase.
- Process evaluations, which monitor the implementation of services and describe the process of developing and implementing a particular initiative.

- Outcome or (*less frequently*) impact evaluations, which help determine whether or not the intended benefits of a programme are actually achieved by the end of or in reviewing an intervention.

Challenges to effective monitoring and evaluation of shelter services are similar to the general issues of monitoring violence against women programmes, which relate to collection of sensitive information from women and girls. Specific challenges unique to shelter initiatives include:

- Multiple demands on survivors. Since women access shelters at a time of crisis, much of the shelter's work is focused on supporting them to address the crisis and meet their basic physical, emotional and practical needs before they leave the shelter (e.g. security, housing, employment and other family supports). Given their multiple priorities, it is difficult and at times, inapporpriate to ask women to complete specific monitoring and evaluative questionnaires or feedback forms.
- Information sharing. There are a number of challenges, barriers and professional practice issues associated with ensuring that women's privacy is respected and that professional ethics and legal requirements for the protection of personal information are followed. Examples include:
  - Women may worry about the implications and possible consequences of sharing information about themselves; may be reluctant to talk about details of the abuse they or their children have experienced; mental health concerns, or substance abuse history, since these disclosures may affect their custody rights or expose them to possible intervention from child welfare or other authorities.
  - In cases of domestic violence, information disclosed to shelter staff may be summoned for use in legal proceedings and may be used against the survivor's case.
  - In some locations, there are limits on what information can be provided to shelters from other services such as police or social service agencies, which may limit the ability of shelters to access information related to women's circumstances and well-being.
  - Certain professional organizations require staff to follow strict confidentiality and privacy codes that limit information which can be requested or provided by shelters.
- Length of stay in shelters. Many women and children remain in shelter for very brief periods (often less than a week in emergency shelters), which prevents their full participation in shelter programmes and limits the feasibility of engaging them in medium and long-term evaluations assessing shelter outcomes. Many shelters provide outreach programming (staff offering programmes to women in their homes or clients attending programmes at the shelter after their departure), which can improve the likelihood of useful evaluations being completed, but often require additional resources and may present unique challenges related to the length of sustainable follow-up, staff attrition and participant attrition.
  - Multiple shelter episodes. Women may use shelters and related services multiple times before making changes in their lives or achieving the goals they have set for themselves. It is not always possible, due to confidentiality and information sharing limitations, to track women's use of

services from one shelter to another, or even from one programme to another within a shelter. As a result, there may be information for single interventions, but little or no data on the cumulative impact of the overall shelter stay for the woman.

o <u>Culturally-sensitive services and staff cultural competence</u>. Women using shelter services come from many diverse backgrounds and cultures, but there are few assessment instruments which incorporate cultural considerations. This is linked to broader issues related to enuring services meet the diversity and accessibility needs of all women and girls.

Because the safety and empowerment of women in shelter is of paramount importance, the amount, timing and method of information collection should follow ethical guidelines and prioritize, respect and be sensitive to the needs of women and children in the shelter.

➢ See general guidance in the module on Monitoring and Evaluation for violence against women programmes.

<u>Engaging relevant stakeholders</u>
Stakeholder involvement is a key component in getting started and shelters should ensure that the planning process for the development and introduction of monitoring and/or evaluation is well-organized, transparent and effective in engaging shelter staff, women using services and other programming partners, such as representatives of other shelters, funders, other services (e.g. police, other civil society groups, state agencies), among others. The monitoring and evaluation processes depend on the willingness of staff to undertake any new process in a committed and consistent way and on the willingness of the community and related agencies to affirm the project is a worthwhile use of community resources. Failure to invest in the engagement process is likely to result in weak or ineffective monitoring systems or evaluation processes.

Different approaches can be used with different groups and should be tailored to their specific role within the initiative.

For example, an advisory board of former residents can serve as a liaison between residents and staff and participate in the evaluation of existing policies. Feedback from current and former residents should be incorporated into shelter protocols; some feedback can be acquired in exit interviews. Dwa Fanm, a programme for Haitian women in Brooklyn, New York, has a Survivor Advisory Board (SAB) designed to develop the leadership capabilities of survivors. Their programmes are built with direct input from the SAB.

Shelters should seek staff input throughout the process, beginning with the definition and development of the framework and preparation of funding applications, if required. This ensures that staff are invested in the success of a monitoring system or evaluation and understand its eventual benefits to themselves and the women they are dedicated to helping. Specifically, such commitment is critical to the completion of tasks such as

data collection and data entry, which may be perceived as an additional burden to already overworked shelter staff.

The establishment of a small steering or advisory committee can be helpful to oversee project implementation, assist in the resolution of difficulties, advocate for additional programme support and resources and assist with the dissemination of results to externally promote the programme. These committees may be led by the organization's administrator responsible for implementing the project, with members selected on the basis of expertise or influence they can contribute. For example, if a shelter does not have staff with expertise in project design or data analysis, community experts may be invited by senior project staff to participate. They may also provide specific assistance as needed, such as with ethics and information sharing issues. Committees are usually comprised of six to eight members and generally receive quarterly progress reports from staff, with meetings are held at least quarterly, either in-person, or through teleconferencing or web-based tools.

Among staff implementing the programme, it is helpful to have a small internal design and implementation committee assigned to lead the project and report to the Advisory or Steering Committee and to internal management. Such a team may be responsible for creating initial drafts of revised or new documents, drafting the initial project design framework, undertaking literature searches or research as relevant and completing other required tasks to move the project forward (including those related to staff training or additional needs identified by the Advisory or Steering Committee).

**Monitoring and evaluation framework**

**Background**
A monitoring and evaluation framework is an important tool to set up a programme in a way that it can be more easily monitored and evaluated. This framework, should be accompanied by a plan that articulates the actual monitoring and evaluation processes that will be undertaken throughout the programming cycle. The plan should be developed during the planning and design phase of an initiative and provide an overview of what will be monitored (based on the programme framework); when monitoring will take place; the tools and resources that will be used in the process and the baseline data that will be collected against which the outcomes and impact of interventions can be measured.

The monitoring and evaluation framework is important to illustrate the linkages between programme inputs, outputs and outcomes and may be structured in different ways to reflect the individual shelter characteristics. Importantly, the framework should include a theory of change.

A theory of change for shelter programmes explains the logic of how specific activities or the approach is envisioned to contribute to the particular outcome or result the organization seeks to achieve. This theory of change accompanies a logical framework which articulates the pathways to this change and how they will be measured.
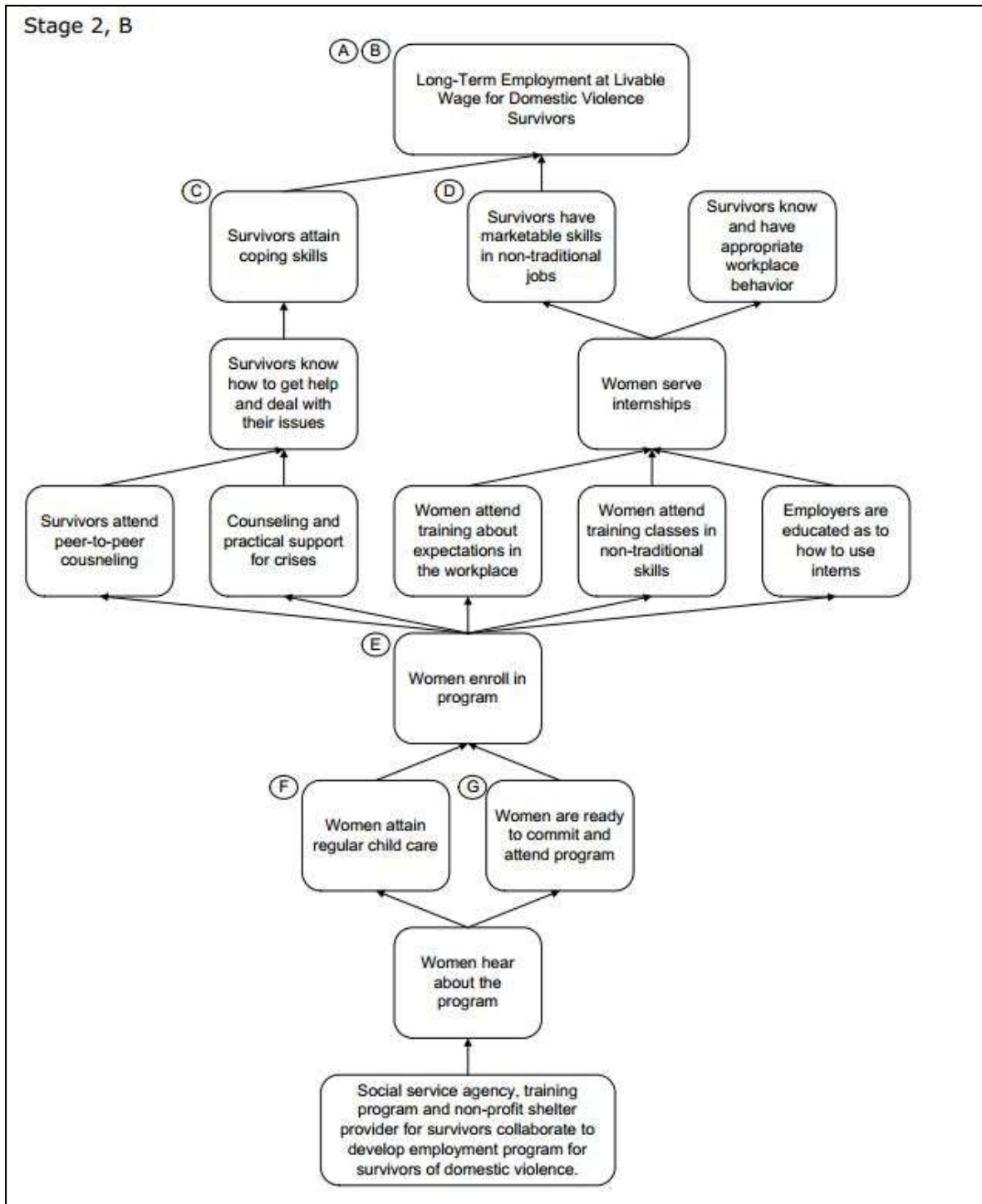
**Developing a Theory of Change for Project Super Woman, New York (USA)**

Project Superwomen was a collaborative initiative between a social service provider, a non-profit employment training center and a shelter provider in New York City. The project was established to assist women survivors of domestic violence in obtaining the type of employment that would keep them out of poverty and off public assistance, while providing them with stability and upward mobility. The initiative engaged evaluators, ActKnowledge and the Aspen Institute Roundtable on Community Change, to assist with the development of a theory of change.

The process involved several steps, including:
1. Identifying goals and assumptions
2. Backwards mapping and connecting outcomes
3. Developing indicators
4. Identifying interventions
5. Writing a narrative

In following this process, the team was able to construct a diagram demonstrating the logic behind how change would occur. The diagram below illustrates the resulting pathways to ensuring women survivors achieve long-term employment at a livable wage.

Stage 2, B

- Long-Term Employment at Livable Wage for Domestic Violence Survivors (A)(B)
  - Survivors attain coping skills (C)
    - Survivors know how to get help and deal with their issues
      - Survivors attend peer-to-peer counseling
      - Counseling and practical support for crises
  - Survivors have marketable skills in non-traditional jobs (D)
  - Survivors know and have appropriate workplace behavior
    - Women serve internships
      - Women attend training about expectations in the workplace
      - Women attend training classes in non-traditional skills
      - Employers are educated as to how to use interns
- Women enroll in program (E)
  - Women attain regular child care (F)
  - Women are ready to commit and attend program (G)
    - Women hear about the program
      - Social service agency, training program and non-profit shelter provider for survivors collaborate to develop employment program for survivors of domestic violence.

➢ To read more about the process, access the full document in English.

In order to adequately monitor and evaluate shelter and related services, programme documents should clearly describe the theory of change and articulate additional information, including:

- Descriptions of programme recipients or beneficiaries, which might include women and their children or girls who are fleeing violence and who:
  - o Are seeking short-term safe housing and supports (i.e. emergency shelter)
  - o Have previously stayed in an emergency shelter but require longer-term safe housing and supports to reach their goals (i.e. transitional shelter/ accommodation)
  - o Are not currently choosing to access shelters and require safety and goal achievement supports (outreach services/ alternative accommodation)
- Definitions of programme inputs, which are financial and other resources required by shelters and related programming to deliver services. For example:
  - o Funding–provided by local governments, community foundations, federal organizations or private donors.
  - o Staff –including shelter reception or front-line staff, relief staff, volunteer coordinators or supervisors, administrators and managers.
  - o Volunteers – including those who engaged in various boards and committees and those who support services through donation management or transportation.
  - o Facilities – including the physical shelter infrastructure, office space and equipment.
- Definition of activities, which include all services and supports that a programme or shelter provides in order to achieve the desired outcomes, and may include:
  - o Arrival and assessment activities
  - o Safety planning
  - o Basic needs support and donations or other resources
  - o Individual counseling and support
  - o Women's support groups
  - o Advocacy and referrals
  - o Child care and/or child support
  - o Follow-up services and outreach

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

**Output and Outcome Indicators**

Outputs should be captured in the monitoring and evaluation framework. Outputs generally include the numbers of support or service interactions that women and children will receive while they are in a shelter or are participating in a particular programme.

Documenting outputs consists of counting the number and types of services each programme participant receives; the length of time each participant remains in the

programme (e.g. number of days in the shelter); and the frequency with which the participant uses particular services (e.g. number of group sessions attended).

Illustrative output indicators include:
- the number of women and children admitted to shelters (often on a monthly basis)
- the number of women and children who could not be admitted/were turned away, including the reasons for turnaways
- occupancy rates in shelters (usually the percentage of beds or bedrooms occupied on a particular night or over a period of a month)
- the number of women informed about their legal rights and options
- the number of women attending counseling sessions
- the number of women attending support groups
- the number of women completing a safety plan
- the number of women accessing child care and support

Outcomes or the change that is expected as a result of the shelter stay or participation in the programme should also be captured in the framework. The outcome statements must be developed carefully so that they clearly identify the type of change that will be measured and ensure that proposed outcomes are achievable. Outcomes should make sense in the context of the needs of women served by the programme, and although these can be challenging to measure in a short-stay shelter, there are a number of standard outcomes most shelters seek to accomplish.

Illustrative indicators to track outcomes include:
- Proportion of women and children accessing shelter services that are safer
- Women have increased awareness of the impact violence has on them and their children and knowledge of available services (i.e. awareness of community resources/supports)
- Women are satisfied with the services they received while in shelter
- Women are better able to access community resources in order to receive support for themselves and for their children
- Women feel less isolated

For shelters with longer-term programmes (six months or longer) or outreach services, additional outcomes may include:
  o Women and children remain safe over a long period of time
  o Women and children are connected with resources and supports they need to achieve their goals
  o Women have access to a reliable source of income.
  o Upon programme completion, women have stable, affordable and safe housing
  o Women achieve the goals they have set for themselves

While there are many benefits to measuring long-term outcomes, it can be costly and labour-intensive to follow women over the length of time required to obtain the

necessary information. The resources and capacity of the programme should be carefully considered when planning to measure long-term outcomes.

For each intended outcome (or possibly for outputs), a monitoring framework should include indicators or statements that help define the desired change and describe how that change will be measured.

The following is a hypothetical logical framework example constructed by the National Center on Domestic and Sexual Violence (USA)

## Example Logic Model for Five Components within a Fictional Domestic Violence Program
### *(1) Residential Services*

| Inputs | Activities | Outputs | Short-term Outcomes | Longer-term Outcomes |
|---|---|---|---|---|
| ▪ Agency provides four full-time and five part-time staff within a 20 bed shelter to meet residents' needs<br>▪ Security and surveillance equipment are in place<br>▪ Rules and regulations are written, distributed, and posted regarding house and safety rules<br>▪ Program provides necessary facility, furnishings, and food. | ▪ Staff monitor the security of the shelter program, and educate residents about safety and security while in the shelter.<br>▪ Staff discuss causes and consequences of domestic violence with residents as needed, and stress they are not to blame for the abuse.<br>▪ Staff provide referrals and information regarding any community resources needed by residents.<br>▪ Food and clothing are provided to residents, as well as access to laundry and telephone. | ▪ Up to 20 women and their children are housed at any one time. | ▪ Residents are safe from emotional and physical abuse while in shelter.<br>▪ Residents gain knowledge of domestic abuse and its effects.<br>▪ Residents gain knowledge about resources and how to obtain them.<br>▪ Survivors have strategies for enhancing their safety. | ▪ Decreased social isolation.<br>▪ Women are able to obtain the resources they need to minimize risk of further abuse.<br>▪ Women and their children are safe.<br>▪ Women have higher quality of life. |

294

## Example Logic Model for Five Components within a Fictional Domestic Violence Program
### (2) Legal Advocacy

| Inputs | Activities | Outputs | Short-term Outcomes | Longer-term Outcomes |
|---|---|---|---|---|
| ▪ Program provides two part-time legal advocates with training in current domestic violence laws and policies.<br>▪ Legal advocacy office within the shelter has up-to-date law books as well as paperwork needed to file for divorce, obtain a protective order, and to file for custody or visitation of minor children.<br>▪ A volunteer attorney is on hand 5 hours per week to answer questions and to assist with legal matters. | ▪ Program provides legal information regarding protection orders, divorce, custody, and child visitation.<br>▪ Program staff assist women in completing necessary paperwork.<br>▪ Program staff discuss the process involved if assailant has been arrested. Women are informed of their rights, responsibilities and options, and are told what to expect from the criminal justice system, based on prior similar situations.<br>▪ Advocates discuss individualized safety planning with women. | ▪ Women are informed about their legal rights and options. | ▪ Women gain the legal knowledge needed to make informed decisions.<br>▪ Survivors have strategies for enhancing their safety.<br>▪ Survivors have knowledge of available community resources. | ▪ Women receive justice and protection from the criminal and civil legal justice systems.<br>▪ Women and their children are safe.<br>▪ Women have higher quality of life. |

295

| Example Logic Model for Five Components within a Fictional Domestic Violence Program | | | | |
|---|---|---|---|---|
| (3) Individual Counseling Services | | | | |
| **Inputs** | **Activities** | **Outputs** | **Short-term Outcomes** | **Longer-term Outcomes** |
| ▪ Program provides eight part-time counselors with experience working with survivors of domestic abuse.<br>▪ Program provides three on-site private office space for counseling sessions. | ▪ Within weekly 50 minute sessions, counselors provide emotional support, practical information, and referrals to survivors.<br>▪ Counselors discuss individualized safety planning with survivors.<br>▪ Counselors discuss the causes and consequences of domestic abuse, stressing the survivor is not to blame for the abuse.<br>▪ Counselors share information about community resources that might be useful to survivors, as needed. | ▪ Women attend weekly individual counseling sessions. | ▪ Survivors feel supported and understood.<br>▪ Survivors do not blame themselves for the abuse.<br>▪ Survivors feel more positive about their lives.<br>▪ Survivors feel less isolated.<br>▪ Survivors are aware of the many effects of domestic abuse.<br>▪ Survivors feel better able to handle everyday situations.<br>▪ Survivors have strategies for enhancing their safety.<br>▪ Survivors will have knowledge of available community resources. | ▪ Short-term outcomes persist.<br>▪ Women and their children are safe.<br>▪ Women have higher quality of life. |

296

| Example Logic Model for Five Components within a Fictional Domestic Violence Program |||||
|---|---|---|---|---|
| *(4) 24-Hour Hotline/Crisis Line* |||||
| **Inputs** | **Activities** | **Outputs** | **Short-term Outcomes** | **Longer-term Outcomes** |
| ▪ Program provides trained volunteers to answer phones 24 hours a day, 7 days a week.<br>▪ Referral information and numbers are updated and available by the telephone. | ▪ Volunteers provide emotional support, practical information, and referrals to callers 24 hours a day. | ▪ Individuals needing practical or emotional assistance receive empathic and accurate responses by phone. | ▪ Callers requesting or implying a need for crisis support receive such support.<br>▪ Callers requesting information about services or options for survivors of domestic abuse receive that information.<br>▪ Callers requesting information about programs for batterers receive that information.<br>▪ Callers requesting assistance in finding a safe place to go receive such assistance. | ▪ Callers know crisis support is available in their community 24 hours a day.<br>▪ Callers are more aware of services and options that may decrease risk of further abuse.<br>▪ Callers are more aware of programs for batterers.<br>▪ Callers receive immediate reprieve from violence. |

## Example Logic Model for Five Components within a Fictional Domestic Violence Program
### (5) Support Groups for Survivors

| Inputs | Activities | Outputs | Short-term Outcomes | Longer-term Outcomes |
|---|---|---|---|---|
| ▪ Program provides two trained individuals to facilitate weekly two-hour support groups on-site.<br>▪ Program provides a private room with comfortable chairs and refreshments for group.<br>▪ Childcare is provided on site for those participating in group. | ▪ Facilitators lead group discussion based on the needs presented by each group. Topics include but are not limited to: who's to blame for domestic abuse, moving on from here, coping with a stalker, helping children cope, getting ongoing support, creating safety plans, and breaking the silence. | ▪ Up to 12 women at a time attend weekly groups as needed. | ▪ Survivors feel supported and understood.<br>▪ Survivors do not blame themselves for the abuse.<br>▪ Survivors feel more positive about their lives.<br>▪ Survivors feel less isolated.<br>▪ Survivors are aware of the many effects of domestic abuse.<br>▪ Survivors feel better able to handle everyday situations.<br>▪ Survivors have strategies for enhancing their safety.<br>▪ Survivors will have knowledge of available community resources. | ▪ Short-term outcomes persist.<br>▪ Women and their children are safe.<br>▪ Women have higher quality of life. |

298

**Identifying data analysis requirements**
Once the components of the framework have been established, staff can review the data that will need to be collected in order to measure the programme indicators. This should also involve listing where data to be collected is being recorded and the questions which they hope the project will respond to. As each question is reviewed, consider what data will address it. Questions may be listed in a table format alongside the specific variables being monitored to ensure there are no gaps in the data. Once all questions and indicators have been linked in this way, staff and/or advisory or steering committee members can determine what specific analysis processes will be appropriate for measuring each indicator.

Practices for monitoring shelter services generally involve documenting:
- The services the shelter is providing, by tracking shelter occupancy rates, numbers and types of shelter programmes accessed, etc.
- Staff and other resources required to provide the services, with details on budget, funding, facilities, materials, partnerships, etc.
- The groups of women using these services, with basic demographic information, history, exposure to violence, mental health and addiction issues, etc.
- The outcomes of services provided (women's satisfaction with services and reported changes in their circumstances).

For some organizations, it is useful to review existing data collection processes and systems, and, if necessary, revise the tracking procedures and agency forms to ensure they adequately support the programme needs. Considerations in this review process include:
- Whether programme forms (intake/arrival forms or exit surveys) need to be revised or the new items added related to specific programme indicators.
- Many monitoring and evaluation resources can be saved if the organization adopts a uniform, well-organized file format for its written records as well as for its computer-managed database and ensures staff are trained/ able to correctly use these materials.
- Review the database used to aggregate programme information to identify whether it:
  - allows the amount and type of data collected in the programme to be entered
  - supports data analysis
  - has a clearly identified person responsible for entering data into the system and whether the arrangement is practical for the new initiative
  - requires any revisions to accommodate the new programme or to correct old problems
  - will require staff to be trained in the use of the system
- If there are other organizations providing shelter or similar services for survivors in the area, it might be helpful for the shelter to engage the organizations through an inter-agency committee to select or develop a single data tracking system that can be applied across the community. This may facilitate information sharing while avoiding duplication (see guidance on maintaining survivor identity confidentiality), streamline staff training and support funders and others whose

reporting requirements can be simplified and standardized under these conditions.

- If the organization is using specific assessment tools as part of its programming, it is important to ensure the tools are the most appropriate for the new initiative. Do they measure the outcomes of interest? Do they have adequate reliability and validity? Are they easy for staff to use with minimal training? Is the reading level appropriate? Caution should be used when employing tools that have not been tested.

As part of the planning process, shelters should identify the specific tools that will be used to appropriately monitor the activities and measure the anticipated outputs and outcomes according to the indicators selected. These tools may include a combination of:

- Paper tracking forms (e.g. arrival forms, referral forms, facility registration forms, and measurement tools such as rating scales). Individual paper files are usually kept for residents, with information entered in written form to meet important service needs such as goal setting, reporting on counseling sessions and maintaining essential contact information.

- Standardized or purpose-made assessment instruments (e.g. measure of trauma exposure, stress or mental health issues, a rating scale developed for observational activities) Assessment tools help staff better understand women and children's situations, needs and service requirements. In most cases, with the exception of shelter-specific forms such as the intake/arrival form, monitoring and evaluation tools should be standardized; they should be scientifically tested, reliable and a valid means of effectively assessing the identified indicators. They should have a positive track record of use with the relevant population and include:
  - o standardized response scales
  - o a relatively low reading level requirement
  - o an established set of instructions
  - o clear information on administration, scoring and interpretation

- Computer-based systems such as Excel, Outcome Tracker or similar products that can be custom built for tracking data related to services used or results. Computer-managed formats facilitate the analysis of combined information across service users, allowing reports to be generated for funders or for other purposes. Computer-managed files should not be used for reporting identifiable information about specific individuals unless the files can be adequately password protected. See more on securing records.

- Both monitoring and evaluation projects may use these tools, although monitoring will tend to use data tracking systems and programme forms (e.g. intake form data, exit survey data) more than standardized instruments. Monitoring projects are generally undertaken to provide a detailed description of the population served by the shelter and the services provided to them. Where

exposure to violence is an issue, monitoring may also require the use of standardized tools such as risk assessments for safety planning and/or various mental health measures (i.e. level of trauma, depression, anxiety) to provide a basis for the provision of specific services or to inform referrals.

- Standardized tools are often available in multiple languages and come with manuals and training requirements. Some such tools are proprietary (licensed to a particular company that sells them on behalf of the author), while others are available by mail or online from the author without charge. Instruments should be selected based on the specific context and resources available at the shelter (e.g. minimizing cost and training requirements while maximizing ease of use).

- The complexity of data analysis varies with the design of the project and the kinds of questions that are likely to be asked. Most monitoring projects can manage data analysis through procedures built into the database being used. For example, calculation of the overall number of clients seen or variables such as length of stay (range, mean, median, mode) or demographics of womn using services (age, number of children, income, referral sources) can usually be managed in programmes such as Excel or Outcome Tracker.  More sophisticated databases like the Statistical Package for Social Sciences are often used for evaluation projects because they allow for additional testing to determine whether an observed pre- to post-test change is statistically significant or whether pre-existing conditions such as age or income level have an effect on outcomes. If such detailed analysis is required, it is important to use a database programme that allows data to be downloaded into an analysis programme such as the [Statistical Package for Social Sciences](#) and to include the cost of data analysis software and retaining specialized staff (e.g. consulting statistician) into the budget.

## Conducting monitoring and evaluation

**Overview**
Many shelters are able to strike a balance between supporting and empowering women and encouraging them to participate in evaluation and monitoring by developing a culture of accountability and knowledge-based service delivery. This involves ongoing staff training, presentations of evaluation/monitoring information to staff and frequent discussion of what the information means for shelter operations, clients and in general.

**Monitoring and evaluation readiness checklist**

☐ Is there awareness and buy-in from community and staff?

☐ Have staff members who will be maintaining the monitoring programme been included in its development? Trained in the use of the system?

☐ Does the initiative require an Advisory Committee or a Steering Committee? If so, have the Committee's mandate and Terms of Reference been defined? Has membership on the committee been reviewed to ensure that specialized expertise which may be required is available (e.g. funding application expertise, project design, data analysis)?

☐ Is the programme framework complete? Are inputs, outputs and outcomes/indicators clearly defined and measureable? Have staff questions been addressed in the framework? Has the data collection plan been reviewed to ensure that information responsive to each outcome of interest will be collected?

☐ Have existing monitoring and measurement tools been reviewed and revised as necessary (intake and exit forms, database)?

☐ Have any other measures been obtained and reviewed? Has staff received required training in their use?

☐ Are adequate resources in place to enable effective monitoring and evaluation? For example, confirm the presence of:

  a. Staffing resources

  b. Equipment required for the project

  c. Effective safety procedures to secure data and/or to ensure safety of participants

  d. Methods and tools sensitive to residents' different cultural traditions, expectations and language preferences, with adequate staff capacity to use these tools?

☐ Have participant consent forms been developed and reviewed by the Advisory Committee and/or by shelter management to ensure they meet all ethical standards and information management requirements? If individually identifiable data is being collected, it is always necessary to ensure that women understand what their involvement in monitoring and evaluation will mean and what it will require of them. See sample consent forms are available on most national evaluation societies' websites and on government research websites.

  ➤ Canada Evaluation - www.canadaevaluation.ca or www.sshrc-crsh.gc.ca

  ➤ Puttinging Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women (WHO, 2001). Available in English, French and Spanish.

  ➤ Ethical and Safety Recommendations for Interviewing Trafficked Women (WHO, 2003). Available in Armenian, Bosnian, Croatian, English, Japanese, Romanian, Russian, Serbian and Spanish.

  ➤ Researching Violence against Women: A Practical Guide for Researchers and Activists (Path 2005). Available in English and Spanish.

- Once the monitoring system or evaluation of a project is underway, it is essential that supervisors conduct reviews with staff to ensure that the process is operating effectively. This may be started immediately after activities are tracked to provide clarification on the process, identify any problems staff are encountering and to institute necessary revisions. This is critical to prevent data errors from accumulating, such as data entry system may be found to include overlapping variable descriptions that require rewriting to ensure data accuracy or staff questions about the intake or exit interview. Early support is a valuable investment as data problems are easier to correct in the early stages of programming.

- Clear guidelines should be provided so staff members who are responsible for either written or database entries are aware of and comply with timelines for data entry and accuracy requirements. A hard copy data book can be useful and should include specific instructions on data requirements, variable descriptions and definitions and contact information for support with the process.

- Supervisory staff should conduct routine audits of written and computer-managed data at least monthly to ensure that data entry is complete and accurate. Without such processes, it is easy to overlook missing or inaccurate data until analysis is ready to begin. It is much more difficult to correct problems at the analysis stage, particularly if there is high turnover of staff or if it has been some time since the project began. Locating missing data in paper files can be time-consuming and frustrating if files are disorganized and/or incomplete.

- Data entry occurs in three basic phases:
  o When survivors enter the shelter/programme, including through intake information and any pre-tests with standardized tools
  o During the survivors participation, including tracking of services provided, observations of any intervention being evaluated, referrals made, etc.
  o Upon departure of the survivor, including post-test information, exit survey or interview data and data from any follow-up phase

**EXAMPLE:** A non-governmental shelter programme for trafficking victims was evaluated for its ability to reintegrate trafficked girls back into their Nepalese communities. The evaluation was able to show that the organization achieved a significantly high rate of reintegration success despite the stigma the Nepalese community often attached to trafficked girls.

The evaluation first compiled participant characteristics such as the girls' ages and length of time spent in forced prostitution.  It then tracked programme inputs like staff and funding. The evaluation clearly defined the intended beneficiaries and articulated the feasibility of delivering the programme, including by outlining the activities, such as providing girls with training for income-generation initiatives that were relevant to the Nepalese economy and coordinating family visits.

The outcomes or expected changes from these interventions were identified as:
   a) girls are reintegrated into their family after accessing the shelter
   b) girls are employed in income-generating activities
   c) girls are in satisfactory health

The indicators used to determine whether the expected changes occurred included:
   • percentage of girls who reported that their family members are able to accept them back into their family
   • percentage of girls who reported experiencing satisfactory adjustment
   • percentage of girls employed in income-generating activities
   • percentage of girls who reported satisfactory health.

A standardized paper form was created for tracking and follow-up over a three month to five year period. These were used to evaluate the reintegration programme and its outcomes.  The evaluation provided evidence that the re-integration programme of the non-governmental organization shelter was successful in re-integrating girls back into their families and communities.

**Process evaluation**

Process evaluation is particularly useful to monitor new programmes or services and focuses on describing the process of developing and implementing a particular initiative.

The information collected for a process evaluation typically includes:
- interview-based data from staff involved in the project.
- interview data from community members who are aware of or use the programme
- programme materials as these are developed/revised (e.g. intake, consent, observation forms).
- reviews of minutes from meetings pertaining to the programme.
- data on the initial use of the programme. Staff can document outputs by counting the number and types of services each programme participant receives. They will also measure the length of time each participant remains in the programme (i.e. number of days in the shelter) and monitor the frequency with which the participant uses particular services (i.e. number of group sessions attended).

The interview data is systematically reviewed to compile information that is useful for revising the programme, improving staff training, responding to women's feedback and confirming community need for the programme.

For example, a process evaluation of a new counseling programme within a shelter may help determine whether shelter staff are able to accurately assess and identify trauma-related concerns of children receiving services. It might also identify barriers to implementation of the programme as these occur and suggest solutions for eliminating such barriers.

**Outcome evaluation**

Outcome evaluations help determine whether or not the intended benefits of a programme are actually achieved (i.e. whether or not the programme is able to meet its intended purpose). A carefully designed evaluation with a sufficient number of participants may also answer more detailed questions that can assist with refinements of the programme's content and format (e.g. *Who benefits most from the programme? What characteristics of participants are associated with positive outcomes and drop-outs? What did the participants find most and least helpful?*)

Data collected in an outcome evaluation may draw from:
- Observations during programme sessions (usually rating scales)
- Case studies, such as a narrative description of a typical woman seeking assistance upon her arrival, during the programme and after its completion.
- Assessment forms and pre/post measures of the outcome being sought.

**Example**: Dastak, the first private shelter in Pakistan, used semi-structured interviews to evaluate the utility of a human rights model in establishing their shelter's guiding principles and programmes. Open ended questions solicited staff's perceptions regarding the organization, the services provided and their challenges and successes. Interviews were then analysed for key themes, text and concepts using the qualitative methodology of constant comparison.

Dastak incorporated their knowledge of the political, cultural, legal and religious contexts that discriminate against and violate the rights of the women they serve as a basis for their shelter practice and programming using a human rights-based model. The evaluation was focused on determining the effectiveness of using such an approach. Staff were assigned specific roles to manage and deliver the programmes with assistance from the shelter's legal section. In addition to using the legal framework, Dastak identified programme elements that were empowering (i.e. education, employment skills, counseling and therapy, social activism and legal advocacy) and were designed to outline women's rights and capacities. It was believed that women who accessed the shelter and participated in its programmes would have greater awareness of their human rights and capacities. The outcomes being assessed included: women's achievement of their goals (e.g. gaining custody of children); women's sense of their ability to exercise their rights; and the ability for women to protect and act in the best interest of their own and their children's. The evaluation demonstrated that the use of a human rights-based model was effective.

When possible, an outcome evaluation should be carried out by an external evaluator, or someone other than the agency or individual designing or providing the service, to reduce the potential bias in the assessment. It should also aim to meet the standards of national and international research and evaluation associations, including specific ethical considerations (e.g. competence, integrity and accountability) that are an essential component of evaluation.

For example, the desired outcome in a children's programme within a shelter may be to decrease trauma-related stress among children. In this case, a measure of stress appropriate to the child's developmental stage would be selected and completed by a parent or staff member prior to the child's participation in the programme. The same instrument would then be completed again at programme discharge so the two scores can be compared to identify any significant change. If the programme is too brief or the family's stay in the shelter is short, other approaches such as staff use of observational measures of stress in the child's free or structured play may be used.

➢ See a table of mental health and trauma-related instruments, particularly used for the assessment of children and mother-child interaction. If individual data can be protected from legal inquiry and programmes are aimed at altering levels of maternal depression or other mental health conditions, additional measures for women can be selected. Many other instruments are available online or through publishing companies such as Psychological Assessment Resources or the National Child Traumatic Stress Network, which includes a database of searchable measures for use with persons exposed to violence.

**Reporting and applying evaluation results**

- Reporting is an ongoing process in both monitoring and evaluation. Monitoring is generally undertaken to provide evidence about the type and amount of work done in the agency and used to inform decisions about staffing, programming and other resource use. However, it also forms the bulk of information used for accountability purposes in reporting to funders and other groups to whom the agency is accountable. In this case, reporting schedules are often established as part of a funding agreement or a contract with another agency. Interim reports may be required on a quarterly basis, with an annual report to be submitted at the end of the funders' fiscal year.

- Reporting on programme evaluation may follow a similar process if funding is being received from an external source. In any case, interim reports are generally made orally to the steering committee at or in advance of its meetings in order to obtain feedback about progress to date and work through any revisions that may be required to process and any part of the project. Formal, written reports are generally also provided after each phase of the project: preparation, data collection, data analysis and follow-up, if any.

Written project reports generally include: acknowledgements (staff and clients involved in the project, funders, steering committee members); an introduction (study or process background and, if possible, a description of process challenges and successes); the project framework; the data analysis plan and, in later stages, data analysis results; discussion of implications for practice improvement; and recommendations.

Dissemination of monitoring and evaluation results is a critical component of project completion. A plan for dissemination is usually prepared in collaboration with the Advisory or Steering Committee. A partial dissemination plan may also have been developed as part of a funding application and can be reviewed to inform the process. The goals of dissemination include:

- To inform women of the work that has been completed and let them know that their experience in the shelter is helping to build knowledge that can assist other women and children exposed to violence
- To inform changes to the agency's practice for ongoing quality improvement
- To ensure staff members have an opportunity to learn from the project and see their investment come to fruition
- To build knowledge of effective practice
- To be accountable to funders, the community and the general public for funds and support

**Case Study:  Practical Frameworks for Change (Canada)**

The Alberta Council of Women's Shelters in Canada collaborated with eight member organizations in a learning initiative to strengthen shelter practices related to safety, health, cultural competence and legal issues. Inspired by the experiences shared by shelter workers across regions during the 2008 1st World Conference of Women's Shelters, the Practical Frameworks for Change identified and implemented promising shelter practices, which included the training of shelter staff and a collective evaluation of the process.

Implemented from September 2008 through August 2010, the project had a positive impact on shelter staff knowledge and competence related to data collection and its relevance to service quality; improved the quality of service delivery; and helped enhance the safety and well-being of women in Alberta shelters. Using an Outcome Measurement Framework, project results focused on women's satisfaction with their relationship with staff; their safety and their knowledge of various community resources corresponding with the promising practice areas identified (i.e. safety, legal, health and culture). The initiative generated recommendations for further action, enabled participating shelters to integrate new practices into their operations, and promoted upscaling of practices across Alberta Council members.

See full Case Study.

**Sources**: Jan Reimer. Alberta Council of Women's Shelters. 2011; Alberta Council of Women's Shelters. 2011. *Practical Frameworks for Change Evaluation Report.*ACWS. Alberta.

## References

**A.T. v. Hungary. 2005.** http://www.un.org/womenwatch/daw/cedaw/protocol/decisions-views/CEDAW%20Decision%20on%20AT%20vs%20Hungary%20English.pdf

**Abitbol-Devine, S. 2004**. Evaluation of an urban multi-service battered women's shelter (PhD Dissertation). Doctoral Program in Clinical Psychology, West Hartford: University of Hartford.
**African Child Policy Forum. 2006**. Born to high risk, violence against girls in Africa. http://www.crin.org/docs/acpf_eth_born.pdf

**Aguirre, B.E. 1985.** Why do they return: Abused wives in shelters. Social Work, 30.350-354.

**Alberta Council of Women's Shelters. 2009a**. Cultural issues in shelters. http://www.acws.ca/documents/9-CulturalIssuesinShelters.pdf
_____. **2009b.** Danger assessment and safety planning: Module 3. http://www.acws.ca/documents/3-DangerAssessmentandSafetyPlanning.pdf

**Alizadeh,V., Hylander, I., Kocturk, T., & Tornkvist, L. 2010**. Counseling young immigrant women worried about problems related to protection of 'family honour' - from the perspective of midwives and counsellors at youth health clinics. Scandinavian Journal of Caring Studies, 2010, 24; 32-40.

**The Allstate Foundation & National Network to End Domestic Violence, Inc. 2010.** Financial empowerment curriculum: Moving ahead through financial management. The Allstate Foundation. http://www.nnedv.org/docs/EconJust/Curriculum_English_2010/PC_Introduction_June2010_FINAL.pdf
American Bar Association. 2011. "Two Legal Aid Networks Launched in Russia" in the ABA Rule of law Initiative. Accessed on November 2011 at: **http://apps.americanbar.org/rol/news/news_russia_legal_aid_networks_launched_in_russia_0411.shtml**
**Amnesty International Australia. 2008.** Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women. Broadway, NSW: Amnesty International Australia. http://www.amnesty.org.au/images/uploads/svaw/NPOA_report_-_Master_13June_opt_rfs.pdf
**Anderson, D., & Saunders, D. 2003**. Leaving an abusive partner: An empirical review of predictors, the process of leaving and psychological well-being. Trauma, Violence, & Abuse, 4(2), 163-191.
**Anh, N.V. 2008**. CSAGA and supporting activities for shelter and OSCC in Vietnam. Presented at the World Conference of Women's Shelters, Edmonton, AB, September 8-11.
**Antigua and Barbuda.1999.** Domestic Violence (Summary Proceedings) Act. No.3 of 1999. http://webapps01.un.org/vawdatabase/uploads/Antigua%20and%20Barbuda%20-

%20Domestic%20Violence%20-%20Summary%20Proceedings%20-
%20Act%201999.pdf

**Asian Forum of Parliamentarians on Population and Development (AFPPD) & UNFPA Bangladesh and Country Technical Services Team for South and West Asia (UNFPA). 2003.** Violence against women in South Asia – A regional analysis. Kathmandu, Nepal: UNFPA.
http://www.unfpa.org.np/pub/vaw/VAW_REG_Analysis.pdf

**Babcock, J.C., Green, C.E., & Robie, C. 2004**. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Clin Psychol Rev. 23(8), 1023-53.

**Baker, C.K., Billhardt K.A., Warren, J., Rollins, C., & Glass, N.E. 2010.** Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. Aggression and Violent Behavior, 15(6), 430-439.
**Baker, C.K., Niolon, P.H., & Oliphant, H. 2009.** A descriptive analysis of transitional housing programs for survivors of intimate partner violence in the United States. Violence Against Women, 15(4), 460-81.
**Balikungeri for the Rwanda Women's Network. 2008.** Polylinic of hope model. [PowerPoint slide presentation] prepared for the World Conference of Women's Shelters. (unpublished)
**Barrett, B.J., & St. Pierre, M. 2011.** Variations in women's help-seeking in response to intimate partner violence: Findings from a   Canadian population-based study. Violence Against Women, 17(1), 47-70.
**Barile, M. (2002).** "Individual-Systemic Violence: Disabled Women's Standpoint." Journal of International Women's Studies **4**(1): 14

**Barnett, O.W., & LaViolette, A.D. 1993.** It could happen to anyone: Why battered women stay. Sage.

**BC Housing. 2010.** Case planning guide for homelessness services providers. British Columbia Housing Management Commission.
http://www.bchousing.org/resources/Programs/ESP/Case_Planning_Tool/100121_Case_Planning_Guide.pdf

**Bega Valley. 2007.** Bega Valley staying home leaving violence: Pilot executive summary. :
http://www.stayinghomeleavingviolence.org.au/Exec_Summary_Repor_Aug_2007.doc

**Bega Valley Staying Home Leaving Violence Project Website.** 2004-2007.
http://www.stayinghomeleavingviolence.org.au/
**Beijing declaration and platform for action: Fourth World Conference on Women**. 1995. Accessed on February 7, 2011 at:
http://www.unesco.org/education/information/nfsunesco/pdf/BEIJIN_E.PDF

**Bell, M.E., & Goodman, L.A. 2001.** Supporting battered women involved with the court system: an evaluation of a law school-based advocacy intervention. Violence Against Women, 7, 1377-1404.

**Benitez, C.T., McNiel, D.E., & Binder, R.L. 2010.** Do protection orders protect? Journal of the American Academy of Psychiatry and the Law, 38(3), 376-385.

**Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. 2004.** Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. Journal of Interpersonal Violence, 19, 815.

**Bennett, L. & O'Brien, P. 2007.** Effects of coordinated services for drug-abusing women who are victims of intimate partner violence. Violence Against Women. 13,395. http://vaw.sagepub.com/content/13/4/395

**Berk, R. A., Newton, P. J., & Berk, S. F. 1986.** What a difference a day makes: An empirical study of the impact of shelters for battered women. Journal of Marriage and the Family, 48(3), 481-490. http://www.jstor.org/pss/352034

**Bhalia, N., Chakraborty, S., & Duvvury, N., [prepared for the International Centre for Research on Women]. 2006**. Property inheritance and social rights of women for protection: The South Asia experience: Synthesis report of three studies. http://www.icrw.org/files/publications/Property-Ownership-and-Inheritance-Rights-of-Women-for-Social-Protection-The-South-Asia-Experience.pdf

**Blank, L. 2007.** Situational analysis of children and women in the Eastern Caribbean. UNICEF. http://www.unicef.org/sitan/files/cao_unicefeco_sitan.pdf

**Bowker, L.H. 1984.** Coping with wife abuse. Personal and social networks. In A. R. Roberts (Ed.), Battered women and their families: Intervention strategies and treatment programs. (pp. 168-191). New York: Springer.

**Bowker, L.H., & Maurer, L. 1985.** Importance of sheltering the lives of battered women. Response. Winter, 8(1), 2-8. http://www.ncjrs.gov/App/abstractdb/AbstractDBDetails.aspx?id=98165

**Bott, Sarah, Andrew Morrison and Mary Ellsberg. 2005.** "Preventing and Responding to Gender-Based Violence in Middle and Low-Income Countries: a Global Review and Analysis." *World Bank Policy Research Working Paper 3618*. World Bank, Washington, DC.

**Brady, M. 2003.** Safe places for adolescent girls. In Adolescent and youth sexual and reproductive health: Charting directions for a second generation of programming-background documents for the meeting (7), 155-176. http://www.popcouncil.org/pdfs/AYSRH/7.pdf

**Building a safe space for women in Haiti: Haitian women for Haitian refuges**. Accessed on February 7, 2011 at: Building a safe space for women in Haiti « Haitian Women for Haitian Refugees

**Burczycka, M. & Cotter, A. 2010**. Shelters for abused women in Canada, Juristat article. Ottawa: Statistics Canada. http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11495-eng.pdf

**Byrne-MacNamee, E. 2009.** Children as victims, children as clients' towards a framework of best practice in services for children who experience domestic violence. (Dissertation), DIT, Dublin. http://arrow.dit.ie/aaschssldis/13/.

**Bybee, D.I. & Sullivan, C. M. 2002**. The process through which an advocacy intervention resulted in positive change for battered women over time. American Journal of Community Psychology, 30(1), 103-132, DOI: 10.1023/A:1014376202459

**Bybee, D. I., & Sullivan, C. M. 2005.** Predicting re-victimization of battered women three years after exiting a shelter program. American Journal of Community Psychology (Special issue: Theoretical and methodological innovations in research on intimate partner violence), 36(1-2), 85-96.

**Cairns, K. 2010**. Effects of domestic violence on children. For Alberta Council of Women's Shelters.

**Calgary's Emergency Women's Shelter. 2010.** Get help: Safety planning guide. http://www.calgarywomensshelter.com/page/Get%20Help/Safety%20Plans

**Campbell, J.C., et. al. 2003.** Risk factors for femicide in abusive relationship: Results from a multisite case control study. American Journal of Public Health, 93 (7), 1089-1097. http://ajph.aphapublications.org/cgi/reprint/93/7/1089.pdf

**Campbell, J.C., Webster, D.W., & Glass, N. 2009.** The Danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. Journal of Interpersonal Violence, 24(5), 653-674. DOI: 10.1177/0886260508317180. http://www.dangerassessment.org/uploads/DA_Validation_of_a_Lethality_Risk_Assessment_Instrument-Campbell.pdf

**Campbell, R., Sullivan, C.M., & Davidson, W.S. 1995.** Women who use domestic violence shelters: Changes in depression over time. Psychology of Women Quarterly, 19(2), 237-255.

**Canadian Network of Women's Shelters and Transition Homes. 2011.** Scan on funding and policy initiatives to respond to violence against women. Ottawa: Canadian Women's Foundation. http://endvaw.ca/projects/scan-funding-and-policy-initiatives-respond-violence-against-women.

**Cannon, J. B., & Sparks, J. S. 1989.** Shelters—an alternative to violence: A psychosocial case study. Journal of Community Psychology, 17(3), 203-213.

**Cattaneo, L.B., Goodman, L.A., Epstein, D., Kohn, L.S., & Zanville, H.A. 2009.** The victim-informed prosecution project: a quasi-experimental test of a collaborative model for cases of intimate partner violence. Violence Against Women, 15(10), 1227-47.

**Cattaneo, L. B, Goodman, L.A., Stuewig, L., Kaltman, S., & Dutton, M. 2007.** Longitudinal helpseeking patterns among victims of intimate partner violence: The relationship between legal and extralegal services. American Journal of Orthopsychiatry, 77(3), 467-477.
Children as victims, children as clients: Towards a framework of best practice in services for children who experience domestic violence.
http://arrow.dit.ie/aaschssldis/13

**Clawson, H., Small, K., & Myles, B. 2003.** Needs assessment for service providers and trafficking victims. [prepared by Caliber Associates Inc., Fairfax, VA, under contract number OJP-99-C-010 from the National Institute of Justice (NIJ), U.S. Department of Justice].  https://www.ncjrs.gov/pdffiles1/nij/grants/202469.pdf

**Clawson, H.J., Dutch, N., Solomon, A. & Goldblatt Grace, L. 2009.** Human trafficking into and within the United States: A review of the literature.  Washington, DC: U.S. Department of Health and Human Services.
http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/

**Clough, A., Wagman, J., Rollins, C., Barnes, J, Connor-Smith, J., Holditch-Niolon, P, et al. 2011**. The SHARE Project: maximizing participant retention in a longitudinal study with victims of intimate partner violence. Field Methods, 2011, 23, 86-101.
**COHRE (Centre on Housing Rights and Evictions). Women and Housing Rights Initiative 2006**. A place in the world: The right to adequate housing as an essential element of a life free from domestic violence.
http://www.cohre.org/sites/default/files/100708_a_place_in_the_world_eng_summary-_final.pdf

**Coleman, S. 2001.** An evaluation of Minnesota's shelter program for battered women: A report to the Minnesota legislature. St Paul: Center for Applied Research & Policy Analysis.  http://www.mincava.umn.edu/documents/shelter/shelter.html#id433067

**Colombini, M., Ali, S.H., Watts, C., & Mayhew, S.H. 2011.** One stop crisis centres: A policy analysis of the Malaysian response to intimate partner violence. Health Research Policy and Systems, 9(25).
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3141786/pdf/1478-4505-9-25.pdf

**Constantino, R., Kim, Y., & Crane, P.A. 2005.** Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. Issues in Mental Health Nursing, 26, 575-590.

**Cook, D, Burton, M, Robinson, A, & Vallely, C. 2004.** Evaluation of specialist Domestic Violence Courts/Fast Track Systems. Commissioned by the Crown Prosecution Service and the Department for Constitutional Affairs.
http://hdl.handle.net/2436/22612
**Coomaraswamy, R. 2000.** Report of the Special Rapporteur on violence against womem, its causes and consequences on trafficing women, women's migration  and Violence again women, Commission on Human Rights, fifty-sixth session, item 12 of the provisional agenda,E/CN/.4/2000/68, 29 February.

**Crawford, M., & Kaufman, M.R. 2008.** Sex trafficking in Nepal: Survivor characteristics and long-term outcomes. Violence Against Women, 14, 905-916. doi:10.1177/1077807208320906

**Critelli, F.M., & Willett, J. 2010**. Creating a safe haven in Pakistan. International Social Work, 53, 407-422. doi: 10.1177/002083959868

**Crowell, N. A., Burgess, A. W. (Eds.) 1996.** Understanding violence against women. Washington, DC: National Academy Press.

**Covington, S. S. 2003.**  Beyond trauma: A healing journey for women. Hazelden.

**Coy,M., Kelly, L. & Foord, J. 2007.** Map of gaps: the postcode lottery of violence against women support services. London: End Violence Against Women. http://www.endviolenceagainstwomen.org.uk/data/files/map_of_gaps.pdf
**Crawford, M., & Kaufman, M.R. 2008.** Sex trafficking in Nepal: Survivor characteristics and long-term outcomes. Violence Against Women, 14, 905-916. doi:10.1177/1077807208320906

**The Directorate of Gender Affairs, Antigua and Barbuda (2011).** Creating safe spaces for women and girls through community-based partnerships.
Crimes of the Community: Honour-based violence in the UK (2nd. Ed) 2010.UK Center for Social Cohesion: London.
http://www.socialcohesion.co.uk/files/1229624550_1.pdf

**Critelli, F.M., & Willett, J. 2010.** Creating a safe haven in Pakistan. International Social Work, 53, 407-422. doi: 10.1177/002083959868

**Crowell, N.A., and Burgess, A.W. (Eds.). 1996**. Understanding violence against women. National Academy Press. Washington, DC.

**Darcy, J., Hofmann, C-A. & Humanitarian Policy Group at ODI. 2003**. Humanitarian needs assessment and decision-making. Humanitarian Policy Group Briefing Paper, 13. http://www.odi.org.uk/programmes/humanitarian-policy-group/

**Davies, J., Lyon, E., Monti-Catania, D., 1998**. Safety planning with battered women: Complex lives/difficult choices, Thousand Oaks, CA: Sage.

**Davis, R.C., Weisburd, D., Taylor, B. 2008.** Effects of second responder programs on repeat incidents of family abuse. Campbell Systematic Reviews. DOI: 10.4073/csr.2008.15.  http://www.campbellcollaboration.org/lib/download/233/
**Delaney, D. 2007.** Human resources report to the Department of Community Resources, Government of Saskatchewan. The Provincial Association of Transition Houses and Services of Saskatchewan. [unpublished document].

**Demark. 2008.** Amendment to the Act of Social Service (2008): As accessed November 2011 from:

http://webapps01.un.org/vawdatabase/searchDetail.action?measureId=4941&baseHREF=country&baseHREFId=430

**Department of Gender Equality (Denmark). 2002.** The Danish Government's action plan to combat trafficking in women. Copenhagen: Department of Gender Equality. http://www.hawaii.edu/hivandaids/Danish%20Plan%20to%20Combat%20Trafficking%20in%20Women.pdf

**Dobash, R.E. & Dobash, R. P. 1992**. Women, violence and social change. New York, NY: Routledge. Reprinted 2002

**Domestic Abuse Intervention Programs: "Duluth model on public intervention**." Accessed on February 16, 2010 at: Domestic Abuse Intervention Programs, Home of the Duluth Model
**Domestic violence: A different kind of homelessness: Results from the SHARE Study**. http://homeless.ehclients.com/images/uploads/SHARE_Baseline_Factsheet_7-9-10.pdf

**Donato, K., & Bowker, L. 1984.** Understanding the helpseeking behavior of battered women: A comparison of traditional service agencies and women's groups. International Journal of Women's Studies, 7, 99-109.
**Dozois, E. 2007.** Family violence outreach counsellor manual: Guidelines for practice. http://www.calgary.ca/docgallery/bu/cns/fcss/fv_outreach_counsellor_manual.pdf

**Dunford, F.W. 2000.** The San Diego Navy experiment: an assessment of interventions for men who assault their wives. J Consult Clin Psychol, 68(3), 468-476.

**Duterte, E., Bonomi, A., Kernic, M., Schiff, M., Thompson, R., & Rivara, F. 2008.** Correlates of medical and legal help seeking among women reporting intimate partner violence. Journal of Women's Health, 17(1), 85-95.

**Eaves.** POPPY project: Accommodation and support. Accessed on February 24, 2011 at: http://www.eaves4women.co.uk/POPPY_Project/Accommodatin_and_Support.php

**Eby, K. K. 2004**. Exploring the stressors of low-income women with abusive partners: Understanding their needs and developing effective community responses. Journal of Family Violence, 19(4), 221-232.

**Edwards, R., 2003**. Staying Home/Leaving Violence. Australian Domestic and Family Violence Clearinghouse. Found at:
http://www.adfvc.unsw.edu.au/RR_docs/RobynEdwardsInterim.pdf

**_____. 2004.** Staying home leaving violence: Promoting choices for women leaving abusive partners. Australian Domestic and Family Violence Clearinghouse. Sydney. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/SHLV.pdf
Egypt violence against women survey (2009):  A summary of findings: prepared for National Council for Women and United States Agency for International Development (USAID).

http://egypt.unfpa.org/pdfs/GENDER/GBV/internal_link_EGYPT_VIOLENCE_AGAINST_WOMEN_STUDY_english.pdf

**Erez, E., Ibarra, P.R., & Lurie, N. A. 2004.** Electronic monitoring of domestic violence cases: A study of two bi-Lateral programs.  Federal Probation. FindArticles.com. 25 Oct, 2011.  http://findarticles.com/p/articles/mi_qa4144/is_200406/ai_n9446514/

**Erturk Y., & Office of the United Nations High Commissioner for Human Rights (OHCHR).** 2008. Special rapporteur on violence against women, its causes and consequences.
http://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/SRWomenIndex.aspx

**European Commission. Justice. 2007- 2013**. DAPHNE III Project: Prevent and combat violence against children, young people and women and to protect victims and groups at risk.   http://ec.europa.eu/justice/funding/daphne3/funding_daphne3_en.htm

**European Women's Lobby & Nordic Baldic Network. 2005-2008.** Working together: Trafficking in women for Sexual Exploitation Assistance and Prevention.
http://www.nordicbaltic-assistwomen.net/IMG/pdf/Working_Together_Nordic_Baltic_Network_publication-5.pdf

**Fanslow, J.L., Robinson, E.M. 2010.** Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand.  J Interpers Violence. 25(5). 929-51.

**Farnsworth, N. (for the Kosovo Women's Network (KWN) & UNIFPA) 2008.** Exploratory Research on the Extent of Gender-Based Violence in Kosova and Impact on Women's Reproductive Health, Prishtina: The Kosova Women's Network (KWN).
http://www.unfpakos.org/documents/TheExtentofGBVandItsImpactonWomensRH-English.pdf

**Farnsworth, N. (for the Kosovo Women's Network) 2008**. Security begins at home: research to inform the First National Strategy and Action Plan on Domestic Violence.
http://www.stopvaw.org/uploads/security_begins_at_home.pdf

**Feder, L., & Wilson, D.B. 2005.** A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? J Exper Criminol , 1,239-262.  http://www.biscmi.org/documents/Lynette%20Feder_Art21Q.pdf

**Feldman-Jacobs, C., & Ryniak S. 2006.** Abandoning female genital mutilation/cutting: An in-depth look at promising practices. Population Reference Bureau.
http://www.prb.org/pdf07/FGM-C_Report.pdf

**Felz, M., Said, I., Triebel, K., & Lawaetz-Foundation, J.D. (Eds.) 2006.** Active against forced marriage: Recommendations. Hamburg, Germany: The Free and Hanseatic City of Hamburg, Ministry for Social and Family Affairs, Health and Consumer Protection (BSG) Coordination Office for Integration and Civil Society, Victim Protection Unit.

http://www.movisie.nl/onderwerpen/huwelijksdwang/Docs/Active_Against_Forced_Marriage.pdf

**Finn J., & Atkinson T. (2009).** Promoting the safe and strategic use of technology for victims of intimate partner violence: evaluation of the technology safety project. Violence Against Women. 15(11), 1402-1414.
**Florence, C., Shepherd, J., Brennan, I., & Simon T. 2011.** Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. BMJ. doi: 10.1136/bmj.d3313.

**Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, L., Merritt-Gray, M., Campbell, J., & Wilk, P. 2009**. Modeling the effects of intimate partner violence and access to resources on women's health in the early years after leaving an abusive partner. Social Science and Medicine, 68(6), 1021-1029.

**Forte, T., Cohen, M., Du Mont, J., Hyman, I., & Romans, S. 2005.** Psychological and physical sequelae of intimate partner violence among women with limitations in their activities of daily living. Archives of Women's Health, 8(4), 248-256.

**Fraser, C. & Fribley, C**. **(n.d.).** Assessing organizational readiness to provide advocacy & services online. [Safety Net, National Safe & Strategic Technology Project, NNEDV; National Sexual Assault Coalition Resource Sharing Project, Iowa]
http://nnedv.org/docs/SafetyNet/NNEDV_RSP_AssessReadinessToOnline.pdf

**Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. 2005.** Barriers to domestic violence help seeking: implications for intervention. Violence Against Women. 11(3), 290-310.

**Garza, M. A. 2002.** Evaluation of a battered women's shelter: Outcomes to measure effectiveness (PhD Dissertation). Baltimore, MD: Johns Hopkins University.
Gender needs assessment survey, voicing the needs of women and men in Gaza: Beyond the aftermath of the 23 day Israeli military operations, conducted by the UN Inter-Agency Gender Task Force in March, 2009.
http://www.unifem.org/materials/item_detail.php?ProductID=133

**Gewirtz, A., & Edleson, J. 2007.** Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. Journal of Family Violence, 22:151–163.
http://reseauconceptuel.umontreal.ca/rid=1227194566394_245534838_3305/Young%20children's%20exposure%20to%20intimate%20partner%20violence.pdf

**Giles-Sims, J. 1983.** Wife battering, a systems theory approach. New York: Guilford Press.
**Goard, C. & Tutty, L. 2003.** Turning points: An analysis of YWCA violence against women shelters and family violence programs (Phase I). Toronto: YWCA Canada.

**Goklfarb, S.F. 2005.** Combating violence against women in the legal domain. [Prepared in response to the Expert Group Meeting: "Violence against women: Good practices in combating and eliminating violence against women." Organized by the UN Advancement of Women Division.] Camden, NJ., Rutgers University School of Law, http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/goldfarb.legaldomain.pdf

**Goodkind J., Sullivan C.M., Cris, M., & Bybee, D.L. 2004.** A contextual analysis of battered women's safety planning. Violence Against Women, 10(5), 514-533. Accessed on February 21, 2011 at: Violence Against Women - Research and Outreach Initiative

**Gordon, J. S. 1996.** Community services for abused women: A review of perceived usefulness and efficacy. Journal of Family Violence, 11(4), 315-329

**Grasley, C., Richardson, J., & Harris, R. 2000.** Knowing what we do best: Evaluating shelter services from the perspective of abused women. London, ON: Southwestern Ontario Shelter Association.

**Greaves, L., Heapy, N., and Wylie, A. 1988.** "Advocacy Services: Reassessing the Profile and Needs of Battered Women." Canadian Journal of Community Mental Health, 7(2), 39–51.

**Guidelines for joint development account projects. 2008.[**Submitted to the 6th Meeting of Chiefs of Programme Planning of Regional Commissions, Bangkok, 10-12 September 2008.]
http://www.unece.org/fileadmin/DAM/operact/Technical_Cooperation/Consolidated%20revisions_19feb09%20DA.pdf

**Haj-Yahia, M.M., Cohen, HC. 2009.** On the lived experience of battered women residing in shelters. Journal of Family Violence, 24(2), 95-109. DOI: 10.1007/s10896-008-9214-3
**Ham-Rowbottom, K., Gordon, E., Jarvis, K., & Novaco, R. 2005**. Life constraints and psychological well-being of domestic violence shelter graduates. Journal of Family Violence, 20(2), 109-121.

**Hamburg Ministry for Social and Family Affairs, Health and Consumer Protection (BSG). 2009**. Active against forced marriage: Recommendations. Hamburg, Germany: http://www.movisie.nl/onderwerpen/huwelijksdwang/Docs/Active_Against_Forced_Marriage.pdf.

**Hanmer, J., Gloor, D., Meier H, Eriksson, M., Haller, B., Kavemann, B. et al. 2006.** Agencies and evaluation of good practice: Domestic violence, rape and sexual assault - Final report. Co-ordination Action on Human Rights Violations (CAHVR). http://www.cahrv.uni-osnabrueck.de/reddot/D_16_Agencies_and_evaluation_of_good_practice_pub.pdf

**Haskell, R. 2009.** Reducing barriers to support: A discussion paper on violence against women, mental wellness and substance use. Vancouver, BC: BC Society of Transitional

Homes.
http://www.bcsth.ca/sites/default/files/ReducingBarriersDiscussionPaper_Final.pdf

**Hathaway, O., & Khatiwada, S. 2008.** Do financial education programs work: Working paper 08-03. Federal Reserve Bank of Cleveland.
http://www.clevelandfed.org/research/workpaper/2008/wp0803.pdf

**Helfferich, C. et al. 2004.** Abschlussbericht Forschungsprokjekt wissenschaftliche Untersuchung zur Situation von Frauen und zum Beratungsangebot nach einem Platzverweis bei häuslicher Gewalt. "Platzverweis –Beratung und Hilfen". [Final evaluation report on the situation of women andcounseling services after imposing a go-order in cases of domestic violence. "Goorder– counseling and support".], Freiburg: Sozialwissenschaftliches FrauenForschungsInstitutHelfferich.

**Herman, J. 1997**. Trauma and recovery. New York: Basic Books.

**Hightower, J., & Smith, M.J. (Greta) 2002**.  Silent and invisible: What's age got to do with i? A handbook for service providers on working with abused older women in British Columbia and Yukon. B.C./Yukon Society of Transition Houses.

**Hightower, J., Smith, M., & Hightower H. 2006**. Hearing the voices of abused older women. Journal of Gerontological Social Work 46 (3/4), 205–27.
**Hofeller, K.H. 1982.** Social, psychological and situational factors in wife abuse. CA: R and E Research Associates, Inc.
**Holt, V.L., Kernic, M.A., Lumley, T., Wolf, M.E., & Rivara, F.P. 2002.** Civil protection orders and risk of subsequent police-reported violence. **JAMA**, 288(5), 589-594.
http://jama.ama-assn.org/content/288/5/589.full.pdf

**Hoog, C. 2003. Enough and yet not enough: An educational resource manual on domestic violence advocacy for persons with disabilities in Washington State. Washington State Coalition Against Domestic Violence.**  Enough and yet not Enough - MINCAVA Electronic Clearinghouse**.**

**Hoog, C. 2004**. Increasing agency accessibility for people with disabilities: Domestic Violence Agency Self-Assessment Guide. Abused Deaf Women's Advocacy Services, for the Washington State Coalition Against Domestic Violence.
http://www.wscadv.org/docs/Disability_self_assessment.pdf

**Howarth, E., Stimpson, L., Baran, D., & Robinson, A. 2009.** Safety in numbers: Summary of findings and recommendations from a multi-site evaluation of independent domestic violence advisors.
http://www.caada.org.uk/Research/Safety_in_Numbers_16pp.pdf

**Hughes, M., & Rasmussen, L. 2010.** The utility of motivational interviewing in domestic violence shelters: A qualitative exploration. Journal of Aggression, Maltreatment & Trauma, 19:300–322.

**Human Resources and Skills Development Canada. (n.d.).** Homeless partnering strategy. Access on November 2011 at:
http://www.hrsdc.gc.ca/eng/homelessness/index.shtml

**Human Resources and Skills Development Canada. 2006.** Meeting of transition house associations and the Homeless Individuals and Families Information System (HIFIS) initiative. St. John's NL, March 23-24. Retrieved August 26, 2011, from

**Hyman, I., Forte, T., DuMont, J., Romans, S., & Cohen, M. 2006**. Help-seeking rates for IPV among Canadian immigrant women. Healthcare for Women International, 27(8), 682-694.

**Inter-Agency Standing Committee 2005.** Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies (Field Test Version), Geneva: Inter-Agency Standing Committee. http://www.who.int/hac/techguidance/pht/GBVGuidelines08.28.05.pdf

_____**2006**. IASC Gender Handbook - Gender and shelter in emergencies

**Inter-American Commission on Human Rights**, 2011

**International Organization for Migration (IOM). 2007.** IOM handbook on direct assistance for victims of trafficking. Geneva: IOM.
http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/books/CT%20handbook.pdf

**Israel. 2007. Government Resolution, No.2670 as of December 2, 2007. As accessed November 2011 from:**
http://webapps01.un.org/vawdatabase/searchDetail.action?measureId=22976

**Itzhaky, H. & Porat, A. 2005.** Battered women in shelters: Internal resources, well-being, and integration. Affilia, (20)1, 39-51.

**James, R. 2008**. Six-step model of crisis intervention. In Crisis intervention strategies. (6th ed). Belmont, CA: Thomson

**Javdani, S., Allen, N.E., Todd, N.R., & Anderson, C.J. 2011.** Examining systems change in the response to domestic violence: Innovative applications of multilevel modeling. Violence Against Women, 17(3), 359-375.

**Jensen L., & Johnson L. 2006.** Ending violence against women: Programming for prevention, protection and care. New York.

**Johnson, I.M. 1988.** "Wife Abuse: Factors Predictive of the Decision-Making Process of Battered Women." Dissertation Abstracts International, 48, 3202A.
**Johnson, H., Nevala, S., & Ollus, N. 2008**. Violence against women: An international perspective. New York, NY: Springer.

**Jones, A., Bretherton, J., Bowles R., & Croucher, K. 2010.** Sanctuary schemes for households at risk of domestic violence: Practice guide for agencies developing and delivering sanctuary schemes. London: Department for Communities and Local Government.   http://www.communities.gov.uk/documents/housing/pdf/1697793.pdf

**Jordan, CE. 2004.** Intimate partner violence and the justice system: an examination of the interface. Journal of Interpersonal Violence, 19(12), 1412-1434.

**Justice Québec. (updated 2004).** Politique d'intervention en matière de violence conjugale : Prévenir, dépister, contrer la violence conjugale [Policy of Intervention in Domestic Violence.
http://www.justice.gouv.qc.ca/francais/publications/rapports/violence.htm

**Karlsson, L. 2007.** Violence in the name of honour - Save the Children Sweden's experiences from preventing and responding to violence.
http://www.kvinnojourenhoganas.se/Hoganasjouren/Violence%20in%20the%20name%20of%20honour.html

**Kelly, L. & Dubois, L. 2008.** Combating violence against women: Minimum standards for support services. Strasbourg: Council of Europe.
http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf

**Kennedy, N. 2009.**  Family Transition Place capacity building: Caledon shelter needs assessment. Caledon: Family Transition Place.
http://www.familytransitionplace.ca/about/NeedsAssessmentReport.pdf

**Kinoti K. 2005.** Restoring hope to Rwanda's women: An interview with Mary Balikungeri, the Executive Director of the Rwanda Women's Community Development Network (RWN). (Interview).  Related material is at:
http://www.awid.org/Library/Restoring-Hope-to-Rwanda-s-Women

**Klevens, J., Baker, C.K., Shelley, G.A., & Ingram, E.M. 2008**.Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. Violence Against Women, 14(3),346-358.

**Kleinbach, R., Babaiarova, G., & Orozobekova, N. 2010.** Reducing non-consensual bride kidnapping in Kyrgyzstan.   http://faculty.philau.edu/kleinbachr/new_page_14.htm

**Kleinbach, R. & Salimjanova, L. 2007.** Kyz ala kachuu and adat: non-consensual bride kidnapping and tradition in Kyrgyzstan. Central Asian Survey. 26(2), 217-233.

**Kyrgyz Republic. 2004.** Law on Social – Legal Protection Against Domestic Violence.
http://www.centroreinasofia.es/admin/leyes/2/Kyrgyz_Replic.pdf

**Krishnan, S. P., Hilbert, J. C., McNeil, K., & Newman, I. 2004.** From respite to transition: Women's use of domestic violence shelters in rural New Mexico. Journal of Family Violence, 19(3), 165-173

**Krishnan, S.P., Hilbert, J.C., & Van Leeuwen, D. (2001).** Domestic violence and help-seeking behaviours among rural women: Results from a shelter-based study. Family & Community Health, 24(1). 28-28.

**Kvinnoforum/Foundation of Women's Forum. 2005a**. Honour related violence European resource book and good practice. Stockholm, Sweden: Kvinnoforum/Foundation of Women's Forum. Accessed on February 28, 2011 at: http://www.iiav.nl/epublications/2005/hrv2005.pdf

**_____. 2005b.** Manual: Honour-related violence. Stockholm, Sweden: Kvinnoforum/Foundation of Women's Forum.   http://www.hsrc.ac.za/Document-2350.phtml

**Laney, G.P. 2010.** Violence Against Women Act: History and federal funding. CRS Report for Congress.  Congressional Research Service. http://fpc.state.gov/documents/organization/139296.pdf

**Latta, R., Goodman, L. 2005.** Considering the interplay of cultural context and service provision in intimate partner violence: The case of Haitian immigrant women. Violence Against Women, 11(11), 1441-1464.

Law of Georgia on Elimination of Domestic Violence, Protection of and Support to Its Victims: http://www.stopvaw.org/sites/3f6d15f4-c12d-4515-8544-26b7a3a5a41e/uploads/Law_of_Georgia_on_Domestic_Violence-_translation_used_in_Assessment.doc

**Legacy, C., Whitzman, C., & Day, J. 1998.** Urban Safety Toolkit for Asia-Pacific. http://www.unhabitat.org/urbansafetytoolkit/toolkit.htm
**Lese, K.P. 1997.** A model of screening and goal-setting in short-term counseling with sexual abuse survivors. Paper presented at the Annual Meeting of the American Psychological Association (105th, Chicago, Il, August 15-19, 1997). http://www.eric.ed.gov/PDFS/ED415453.pdf

**Ley General de Acceso de las Mujeres a una vida Librre de Violencia.(Mexico). 2007.** Retrieved from : http://webapps01.un.org/vawdatabase/uploads/Mexico%20-%20Ley%20General%20de%20Acceso%20de%20las%20Mujeres%20a%20una%20Vida%20Libre%20de%20Violencia%20%282007%29.pdf

**Lievore, D. 2005.** No longer silent: A study of women's help-seeking decisions and service responses to sexual assault: A report prepared by the Australian Institute of Criminology for the Australian Government Department of Family and Community Services. Canberra: Commonwealth of Australia. http://www.aic.gov.au/documents/D/0/1/%7BD01B3CD6-3C29-4B6C-B221-C8A31F6F84BB%7D2005-06-noLongerSilent.pdf

**Lipton, M. 1996, July 15.** Demystifying the development of an organizational vision. MIT Sloan Management Review. 37(4)

**Liverpool Women's Resource Centre. 1998.** The Safe Women Project - Plan it safe kit.
http://www.lawlink.nsw.gov.au/swp/swp.nsf/pages/swp_toc

**Logan, T.K., Shannon, L., & Walker, R. 2005.**  Protective orders in rural and urban areas - A multiple perspective study. Violence Against Women, 11(7), 876-911.

**Logan, T.K., & Walker, R. 2010.** Civil protective order effectiveness: justice or just a piece of paper? Violence and Victims, 25(3), 332-348.

**Logar, R., Zachar, A., Rösslhumer, M. (Eds.) & IMPROVE Project Partners, WAVE Coordination Office / Austrian Women's Shelter Network. 2006.** Training manual for improving quality services for victims of domestic violence: The Daphne Project. Vienna, Austria: WAVE Coordination Office / Austrian Women's Shelter Network.
**López, L.M.M. 2004.**Trata de personas, particularmente de mujeres, en centroamérica y República Dominicana: Una demanda para las instituciones policiales. Proyecto promoción políticas de género.  Managua: Mayo .
http://www.apramp.org/Upload/DOC52_DOC%20HOY.doc.pdf

**Lorenzen, T., & Elkan, J.(n.d.).**  Creating a community approach to end domestic violence. Portland, OR: Raphael House.
http://www.docstoc.com/docs/80156323/LorenzenCommunity_Approach_To_End_Domestic_ViolenceUSA

Lorenzen and Elkan, 2008

**Lyon, E., Lane, S., & Menard, A. 2008.** Meeting survivors' needs: A multi-state study of domestic violence shelter experiences. Washington, DC: National Institute of Justice.

**Lyon, E., & Sullivan, C. M. 2007.** Outcome evaluation strategies for domestic violence service programs receiving FVPSA funding: A practical guide. Harrisburg, PS: National Resource Centre on Domestic Violence.
http://www.oregon.gov/DHS/abuse/domestic/docs/dow-eval-manual.pdf?ga=t Or http://www.wscadv.org/docs/PE-FVPSAOutcomesManual.pdf
**Lysakowki, L. 2011.** Capital campaigns: Everything you need to know: Developing your case for support: telling your story. Accessed at the Grantstation website November 2011.
http://www.grantstation.com/Public/Funding_Strategies_px/capital_cam_vol_04.asp

**Macy, R., Nurius, P., Kernic, M., & Holt, V. 2005.** Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. Social Work Research, 29(3), 137-150.

**Martinez, M., Schröttle, M. , Condon, S., Springer-Kremser, M., May-Chahal,C., et al. (Compilers). 2007**. Perspectives and standards for good practice in data collection on interpersonal violence at European level. Osnabrueck: CAHVR.
http://www.un.org/womenwatch/daw/egm/vaw_indicators_2007/papers/Supporting%20Paper%20CAHRV.pdf

**Martins, M., Viegas, P., Mimoso, R. Pauncz, A., Toth, G., Hilemai, R., Harwin, N., & Cosgrove, S. 2008.** The power to change: How to set up and run support groups for victims and survivors of domestic violence. NANE Women's Rights Association, Associazione Artemisia, AMCV, NGO Women's Shelter, and Women's Aid Federation of England.   http://www.womensaid.org.uk/core/core_picker/download.asp?id=1963

**Matsakis, A. 1996.** Vietnam wives: Women and children surviving life with veterans with PTSD. Lutherville, MD: Sidran Press.

**McFarlane, J., Groff, J. Y., O'Brien, J. A., & Watson, K. 2006.** Secondary prevention of intimate partner violence: A randomized controlled trial, Nursing Research, 55(January/February), 52-61.

**McFerran, L. 2007.** Taking back the castle: how Australia is making the home safer for women and children. Issues paper, 14. Sydney: Australian Domestic & Family Violence Clearinghouse.
http://www.austdvclearinghouse.unsw.edu.au/documents/IssuesPaper_14.pdf

**McLaughlin, M. 2010. The Family Violence Prevention and Services Act (FVPSA) 2010**. Washington, DC: National Network to End Domestic Violence.
http://www.nnedv.org/docs/Policy/FVPSA_2010_Analysis.pdf

**McNamara, J. R., Ertl, M. A., Marsh, S., & Walker, S. 1997**. Short-term response to counseling and case management intervention in a domestic violence shelter. Psychological Reports, 81(3), 1243-1251.
**_____., Tamanini, K., & Pelletier-Walker, S. 2008.** The impact of short-term counseling at a domestic violence shelter. Research on Social Work Practice, 18(2), 132-136.

**Melbin, A., Sullivan, C.M., Cain, D. 2003.** Transitional supportive housing programs: battered women's perspectives and recommendations. Affilia, 18(4), 445-460.

**Minnesota Advocates for Human Rights, Women's Rights Center, & International Women's Human Rights Clinic. 2002.** Domestic violence in Poland. Minneapolis: Minnesota Advocates for Human Rights.
http://www.theadvocatesforhumanrights.org/uploads/poland_domestic_violence_(2002)_10-18-2002_2.pdf

**Minnesota Statutes. 2010.** Battered Women Programs.
https://www.revisor.mn.gov/statutes/?id=611A.32&year=2010&keyword_type=all&keyword=domestic+violence&format=pdf

**Morrow, M., Hankivsky, O., & Varcoe, C. 2004.** Women and violence: the effects of dismantling the welfare state. Critical Social Policy, 24(3), 358-384.

**Ministry of Social Affairs and Integration (Denmark).** Consolidation Act on Social Services. As accessed on November , 2011 from:

http://english.sm.dk/MinistryOfSocialWelfare/legislation/social_affairs/social_service_act/Sider/Start.aspx

**Ministry of Women and Children Affairs. (Bangladesh). 2009.** Survey mapping on gender based violence against women.  As accessed Nov.2011 from: http://webapps01.un.org/vawdatabase/searchDetail.action?measureId=41283&baseHREF=country&baseHREFId=192

**Multi-agency practice guidelines: Handling cases of forced marriage. (2009)** London, UK: Home Office, Foreign and Commonwealth Office. http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf

**Murray, S. 1988.** The unhappy marriage of theory and practice: An analysis of a battered women's shelter. NWSA Journal, 1(1), 75-92.

**National Alliance to End Homelessness. 2011.** Best practice: Rapid re-housing for survivors of domestic violence: Volunteers of America's Home Free in Portland, OR. www.endhomelessness.org/files/2680_file_Home_Free_Best_Practice_Write_Up.pdf

_____. **2010, April 8.** Dash's Empowerment Project: Rapid re-housing for survivors of domestic violence.    www.endhomelessness.org/content/article/detail/2897.

_____. (2011, March 15). Homelessness prevention and rapid re-housing for survivors of domestic violence. Solutions Brief. http://www.endhomelessness.org/content/article/detail/3822

**National Housing Law Project. 2009.** Domestic violence and housing: A manual and toolkit for California advocates. Oakland, CA: National Housing Law Project. http://www.nhlp.org/files/NHLP%20Domestic%20Violence%20&%20Housing%20Manual.pdf

**National Network to End Domestic Violence, Inc. 2005.** An update on the Violence Against Women Act (VAWA) & confidentiality. Washington, DC: National Network to End Domestic Violence. http://www.hmismn.org/postings/pdfs/VAWAConfidentilityUpdate_12-05.pdf

**NGO Forum to Combat Violence Against Women**. 2010. Annual Report, Section e

**Niolon, P.H., Rollins, C.M., Glass, N., Billhardt, K., Connor-Smith, J., & Baker, C. 2009**. An innovative approach to serving the needs of IPV survivors: description of a CDC-Funded study examining the Volunteers of America Home Free rent assistance program. Journal of Women's Health. 18(6), 775-778.

**Norway (n..d.).** The Act relating to Municipal Crisis Centre Services (Crisis Centre Act). http://www.krisesenter.com/english/TheAct_relating_MunicipalCrisisCentreServices.pdf

**Oberta. 1994.** Situation analysis: Module 1. http://www.unescap.org/stat/meet/rrg3/twsa-module1.pdf

**Office of the Head of State (Spain).2004.**  Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence.  BOE [Official State Gazette] no. 313.
http://www.coe.int/t/dghl/standardsetting/violence/Organic%20Act%20on%20Violence.pdf

**Organization for Refuge, Asylum & Migration (ORAM) & Tel Aviv University. 2011.** No shelter: Protection gaps in Israel facing refugees fleeing gender-based persecution. San Francisco, CA: ORAM.
http://www.oraminternational.org/images/stories/PDFs/oram-no-shelter-2011.pdf

**Organization for Security and Co-operation in Europe (OSCE). Secretariat. 2009.** Bringing security home: Combating violence against women in the OSCE Region. A compilation of good practices.  http://www.osce.org/gender/37438

**_____ & Office for Democratic Institutions and Human Rights (ODIHR). 2004.** National referral mechanisms, joining efforts to protect the rights of trafficked persons: A practical handbook. Warsaw, Poland: OSCE/ODIHR.  http://www.osce.org/odihr/13967

**Orozco, Luz Maria. 2012**. "*Young Latina women in Minnesota"* Casa de Esperanza. Presentation at the Second World Conferenec of Women's Shelters. February 2012. Washington, D.C.

**Palestinian Central Bureau of Statistics.2006.** Domestic Violence Survey (December, 2005- January, 2006).Main findings.
http://www.pcbs.gov.ps/Portals/_PCBS/Documents/domestic_violence_e.pdf

**Palestinian Ministry of Women's Affairs. 2011.** National strategy to combat VAW (final draft), 2011 (Unpublished)

**Phasha, N. (2009).** "Responses to Situations of Sexual Abuse Involving Teenagers with Intellectual Disability." Sex & Disability **27**: 187-203.

**Plan it safe kit. Safe Women Project**. Annadale, AU: Pluto Press.
http://www.lawlink.nsw.gov.au/swp/swp.nsf/pages/swp_toc

**Plessi, S. (Ed.). 2010.** Protection & empowement. Fempower, 18: 1-12.
http://www.wave-network.org/images/doku/fempower_18_engl.pdf.pdf

**Qosaj-Mustafa, A & Farnsworth, N. for the Kosova Women's Network. 2009.**, More than "Words on Paper"? The Response of Justice Providers to Domestic Violence in Kosovo. United States Development Programme.
http://www.ks.undp.org/repository/docs/Women's_Network_eng.pdf

**Quilgers, D., & Pleace, N. 2010.** Meeting the needs of households at risk of domestic violence in England: The role of accommodation and housing-related support services.

London: Centre for Housing Policy. Department for Communities and Local Government.   http://www.communities.gov.uk/documents/housing/pdf/1778600.pdf

**Ramsay, C., Rivas, G., & Feder, G. 2005.** Interventions to reduce violence and promote the physical and psychosocial well-being of women who experience partner violence: a systematic review of controlled evaluations: Final report. London: Barts and the London Queen Mary's School of Medicine and Dentistry. http://ndvf.org.uk/files/document/897/original.pdf

**Ramsay, J., Carter, Y., Davidson, L., Dunne, D., Eldridge, S., Feder G., et al. 2009.** Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. Cochrane Database of Systematic Reviews, 3. Art. No.: CD005043. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005043.pub2/abstract;jsessionid=C372F92074B53FB2FF52060EBE38D8F8.d02t02

**Rees, K. & Wilson, E. 2011.** The Haven Wolverhampton.  Retrieved from http://www.havenrefuge.org.uk/NewsEvents/Newsletter%20-%20Spring%20Summer%20-%20Web%20Optimised%20-%20Final.pdf

**Republic of Korea. 2006.** Act on the Prevention of Domestic Violence and the Protection of its Victims. http://webapps01.un.org/vawdatabase/uploads/Republic%20of%20Korea%20-%20Act%20on%20the%20Prevention%20of%20Domestic%20Violence%20and%20Protection,%20etc,%20of%20Victims%20Thereof.pdf

**Republic of the Phillipines. 2004.** An Act Defining Violence Against Women and Their Children, providing for Protective Measures for Victims, prescribing penalities therefore and for Other Purposes. http://www.lawphil.net/statutes/repacts/ra2004/ra_9262_2004.html

**Richards L., 2009.** [on behalf of ACPO and in partnership with CAADA]. Domestic abuse, stalking and harassment and honour based violence (DASH, 2009) Risk identification and assessment and management model. http://www.dashriskchecklist.co.uk/uploads/pdfs/DASH%202009.pdf

**Riddell, T., Ford-Gilboe, M., Leipert, B. 2009**. Strategies used by rural women to stop, avoid, or escape from intimate partner violence. Health Care for Women International, 30: 134-159.

**Robinson, A.L. 2004.** Domestic violence MARACS (Multi-Agency Risk Assessment Conferences) for very high-risk victims in Cardiff, Wales: A process and outcome evaluation. Cardiff: School of Social Sciences, Cardiff University.

**Robinson, A.L. 2006**. Reducing repeat victimization among high-risk victims of domestic violence: the benefits of a coordinated community response in Cardiff, Wales. Violence Against Women. 12(8), 761-788.

**Robinson, A.L., Tregidga J. 2007.** The perceptions of high-risk victims of domestic violence to a coordinated community response in Cardiff, Wales. Violence Against Women. 13(11):1130-1148.

**Rolnick, S., & Allison, J. 2004**. Motivational interviewing.  In Chapter 7: The Essential Handbook of Treatment and Prevention of Alcohol Problems. Heather N., & Stockwell, T, (Eds). John Wiley & Sons Ltd.

**Rösslhumer, M. 2007.** Success, problems and new strategies in women's shelter activities. Presentation at Ten Years of Austrian Anti-violence Legislation, International Conference in the Context of the Council of Europe Campaign to Combat Violence Against Women Including Domestic Violence, November 5 – 7, Vienna and St. Pölten, Austria.   http://www.frauen.bka.gv.at/DocView.axd?CobId=34228

**Rösslhumer, M. 2008.** The Austria Women's Shelters Network and 30 years of women's shelter movement in Austria. Presentation at the 1st World Conference of Women's Shelters, Edmonton, Canada, September 8-11. http://www.womenshelter.ca/presentations/125/Rosslhumer.The_Austria_Womens_Shelters_Network_and_30_Years_Womens_Shelter_Movement_in_Austria.Au.pdf

**Ruebsaat, G. 2006.** Records management guidelines: Protecting privacy for survivors of violence. Third Edition. http://www.endingviolence.org/files/uploads/RMGApril2006.pdf

**Rumptz, M.H., & Sullivan, C.M. 1996.** The impact of economic dependence on female survivors of intimate male violence. Poster session presented at the 21st Annual Conference of the Association for Women in Psychology. Portland, OR.

**SafeNetwork. 1999.** Herstory of domestic violence: A timeline of the Battered Women's Movement.  http://www.mincava.umn.edu/documents/herstory/herstory.html

**Sauvé, J. & Burns, M. (2009).** Residents of Canada's shelters for abused women, 2008. Juristat, Catalogue no. 85-002-X. Ottawa: Statistics Canada. Available at: http://www.statcan.gc.ca/pub/85-002-x/2009002/article/10845-eng.pdf.

**Scottish Government Communities Analytic Services. 2010.** Domestic abuse, housing and homelessness in Scotland, an evidence review. Analytic Paper Series. http://www.scotland.gov.uk/Resource/Doc/328505/0106198.pdf

**Secretariat of the Committee on Equal Opportunities for Women and Men. (nd).** Handbook for parliamentarians: Parliaments united in combating domestic violence against women. Strasbourg: Parliamentary Assembly of the Council of Europe. http://portal.coe.ge/downloads/violence/8.%20Manuel%20Parlementaires%20A5%20Gb.pdf

**Sedlak, A. J. 1988.** Prevention of wife abuse. In V. B. Van Hasselt, R. L. Morrison, A. S. Bellack & M. Hersen (Eds.), Handbook of family violence. (pp. 319-358). New York, NY, US: Plenum Press.

**Sedlak, A. J. 1988.** Use and psychosocial impact of a battered women's shelter. In G. T. Hotaling, et al, (Eds.) Coping with family security home: combating violence against women in the OSCE Region: A compilation of good practices. Vienna: OSCE Secretariat, OSG/Gender Section. http://www.osce.org/node/37438

**Shelternet. 2009a**. An Introduction to E-services (on-Line counseling) for abused women.
Making the links: A guide to E-services.

**Sieger, L. 2003.** Safe haven manual. Nelson, BC: The Advocacy Centre, an agency of Nelson District Community Resources Society.
http://advocacycentre.com/files/Safe%20Haven%20Complete%20Manual.pdf

**SIREN. 2007.** Targeting endemic vulnerability factors to human trafficking. Bangkok, Thailand: United Nations Inter-Agency Project on Human Trafficking. Regional Project Management Office (UNIAP/PMO)
http://www.humantrafficking.org/uploads/publications/00000574.pdf
**Smith, G., & Hightower, J. 2005.** How to establish specialized refuge and support services for older abused women. BC/Yukon Society of Transition Houses.

**Smith, N., Harrell, S. 2011.** Forging new collaborations: A guide for rape crisis, domestic violence, and disability organizations. New York: Vera Institute of Justice.
http://www.endvawnow.org/uploads/browser/files/forging_collaborations_verainstitutejustice_2011.pdf

**Staggs SL, Long SM, Mason GE, Krishnan S, & Riger S. 2007.** Intimate partner violence, social support, and employment in the post-welfare reform era. J Interpers Violence, 22(3),345-367.

**Statistics Canada. (2006).** Measuring violence against women: Statistical trends. Ottawa: Minister of Industry. http://www.statcan.gc.ca/pub/85-570-x/85-570-x2006001-eng.pdf

**Sterne, A., & Poole, L. 2010.** Domestic violence and children: A handbook for schools and early years settings. New York: Routledge.

**Stobart E. (2009).** Multi-agency practice guidelines: Handling cases of forced marriage. London, UK: Forced Marriages Unit.
http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf

**Stratten, K. & Ainslie, R. 2003.** Setting up a hotline: Field guide. Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.
http://www.jhuccp.org/hcp/pubs/tools/SettingupaHotline.pdf

**Strube, M., & Barbour, L. 1983.** "The Decision to Leave an Abusive Relationship: Economic Dependence and Psychological Commitment." Journal of Marriage and the Family, 45, 785–793.

**Sullivan, C. M. 1991.** The provision of advocacy services to women leaving abusive partners: An exploratory study. Journal of Interpersonal Violence, 6(1), 41-54.

**_____., Basta, J., Tan, C., & Davidson, W.S. 2nd. 1992**. After the crisis: A needs assessment of women leaving a domestic violence shelter. Violence and Victims, 7(3), 267-275.

**_____., Baptista, I., O'Halloran, S., Okroj, L., Morton, S., & Sutherland, S.C. 2008.** Evaluating the effectiveness of women's refuges: A multi-country approach to model development. International Journal of Comparative & Applied Criminal Justice, 32(2), 291-308.

**_____., Bybee, D.I. 1999.** Reducing violence using community-based advocacy for women with abusive partners. Journal of Consulting and Clinical Psychology, 67(1), 43-53.

**_____., Davidson, W. S. (1991).** The provision of advocacy services to women leaving abusive partners: An examination of short-term effects. American Journal of Community Psychology, 19(6), 953-960.

**Talens, C., Landman, C., 2003.** Good practices on (re)integration of victims of trafficking in human beings in six European countries. The Hauge, Netherlands: Bonded Labour in the Netherlands (BLinN)
http://www.transitionsglobal.org/userfiles/file/indepth/Reintegration_Victim_Services_Shelters.pdf

**Tan, C., Basta, J., Sullivan, D. M., & Davidson, W. S. 1995**. The role of social support in the lives of women exiting domestic violence shelters: An experimental study. Journal of Interpersonal Violence, 10, 437-451.

**Thelen, R. 2000**. Advocacy in a coordinated community response: Overview and highlights of three programs. Battered Women's Justice Project.
http://www.mincava.umn.edu/documents/bwjp/communityv/communityv.pdf
**Tiwari, A., Fong, D., Yuen, K., Yuk, H., Pang, P., Humphreys, L., et al. 2010.** Effect of an advocacy intervention on mental health in Chinese survivors of intimate partner violence: A randomized control trial. JAMA, 305(5), 111-122. http://jama.ama-assn.org/content/304/5/536.full.pdf

**_____., Leung, W.C., Leung, T.W., Humphreys, J., Parker, B., & Ho, P.C. 2005.** A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong. BJOG, 112(9), 1249-1256.
http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2005.00709.x/pdf

**Tsai, B. 2000.** The trend toward specialized domestic violence courts: Improvements on an Effective Innovation, Fordham L. Rev., 68(4), 1285-1327.
http://ir.lawnet.fordham.edu/flr/vol68/iss4/8

**Tutty, L.M., Brashaw, C., Waegemakers Schiff, J., Worthington, C. MacLaurin, B., Hewson, J., et. al. 2009.** Risks and assets for homelessness prevention: A literature review for the Calgary Homeless Foundation. Calgary, AB: University of Calgary Faculty of Social Work.   http://intraspec.ca/HART-Tool_December112009FINAL(2)[1].pdf

**_____., Ogde, C., Giurgui, B., Weaver-Dunlop, G., Damant, D., Thurston, W.E. et al. 2009.** "I Built My House of Hope": Best practices to safely house abused and homeless women: Report prepared for the Homelessness Knowledge Development Program, Homeless Partnering Secretariat Human Resources and Social Development Canada. RESOLVE Alberta. http://www.crvawc.ca/documents/Safely%20Housing%20Abused%20Women%20Final.pdf

**_____., Weaver, G., & Rothery, M.A. 1999.** Residents' views of the efficacy of shelter services for assaulted women. Violence Against Women. 99(5), 898-925.

**_____., Weaver-Dunlop, J., Barlow, A. & Jesso. D. (2006).**  Evaluation of the Community Safe Visitation Program: Updated 2006. Calgary: YMCA. http://www.ucalgary.ca/resolve/reports/2006/2006-05.pdf
**United Nations. Division for the Advancement of Women. 2010**. Handbook for legislation on violence against women. New York: United Nations. http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf

**UN Women. (2010).** Fast facts: statistics on violence against women and girls. [based upon information in The Facts: Violence Against Women & Millennium Development Goals (compiled by UNIFEM, 2010). Available in English, French and Spanish)]. Accessed on website Nov. 02.2011  http://www.endvawnow.org/en/articles/299-fast-facts-statistics-on-violence-against-women-and-girls-.html%5d

**_____. 2011.** Handbook for national action plans on violence against women. New York, NY: UN Women.  http://www.un.org/womenwatch/daw/vaw/handbook-for-nap-on-vaw.pdf

UN-**Habitat. 2010.** The Global assessment of women's safety. Nairobi, Kenya: UN-Habitat.  http://www.unhabitat.org/downloads/docs/7380_832_AssesmentFinal.pdf
**Unicef. 2011.** Situation analysis: The situation analysis function. http://www.unicef.org/sitan/index_43348.html

**United Nations Development Fund for Women (UNIFEM). (n.d).** National accountability framework to end violence against women and girls: 10-point checklist. New York, NY: UNIFEM. http://www.endvawnow.org/uploads/browser/files/EVAW10Point_for_KMSite_EN.pdf

**_____. 2003**. Not a minute more: Ending violence against women. New York, NY: UNIFEM.  http://www.unifem.org/attachments/products/312_book_complete_eng.pdf
United Nations Development Fund for Women (UNIFEM) Pacific. (n.d.). Ending violence against women and girls: Evidence, data and knowledge in the Pacific Island Countries:

Literature review and bibliography. Suva: UNIFEM Pacific Sub Regional Office.
http://www.undp.org.fj/pdf/unp/evaw.pdf

**United Nations Division for the Advancement of Women. 2010.** Handbook for legislation on violence against women. New York: United Nations.
http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf

**_____., & United Nations Ecomonic Commission of Africa. 2009.** Good practices in legislation on "harmful practices" against women: Report of the expert group meeting organized by United Nations Division for the Advancement of Women, United Nations Economic Commission for Africa. (26 - 29 May, 2009).
http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Report%20EGM%20harmful%20practices.pdf

**_____., & United Nations Office on Drugs and Crime. 2005.** Good practices in combating and eliminating violence against women: report of the expert group meeting. Vienna, Austria: UN Division for the Advancement of Women & UN Office on Drugs and Crime. http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/FINALREPORT.goodpractices.pdf

**United Nations High Commissioner for Refugees (2003).** *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response.*

**United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. Secretariat. (n.d.)** Guidelines on women's empowerment for the UN Resident Coordinator System.
http://www.un.org/popin/unfpa/taskforce/guide/iatfwemp.gdl.html

**United Nations Populations Fund (UNFPA). 2005.** Child marriage fact sheet. Accessed November 2011.
http://www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm#ftn2#ftn2
**_____. 2007.** Programming to address violence against women: Ten case studies. New York. Untied Nations Population Fund.
http://www.peacewomen.org/assets/file/Resources/UN/unfpa_programvaw10cases_2007.pdf

**United Nations Population Information Network (POPIN). (n.d.).** Guidelines on women's empowerment for the UN Resident Coordinator System. Guidelines on Women's Empowerment

**United Nations Secretary General. 2006a.** Ending violence against women: from words to action - Study of the Secretary-General: Executive summary.
http://www.un.org/womenwatch/daw/vaw/launch/english/v.a.w-exeE-use.pdf

_____**.2006b**. In-depth study on all forms of violence against women.  Geneva: United Nations Division for the Advancement of Women. http://www.un.org/womenwatch/daw/vaw/violenceagainstwomenstudydoc.pdf

**United States. 2005.** Violence Against Women and Department of Justice Reauthorization Act.  http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:h3402enr.txt.pdf

**VAWNet (National Online Resource Centre on Violence Against Women. (n.d.)**. Special Collection: Technology Safety & Advocacy.   http://new.vawnet.org/special-collections/TechSafety.php#300

**Vinton, L., Wilke, D., Griffith, A., Starks, J., Heffner, M., & Mack, J. 2006-2007.** Florida's domestic violence needs assessment for 2006-2007. Tallahassee: Institute for Family Violence Studies, Florida State University. http://www.dcf.state.fl.us/programs/domesticviolence/publications/docs/NeedsAssessment0607.pdf

**Vukasovic, T., Anđelković, M., Otašević, O., Nikolić, D., Krotić, J. Litričin, V. et al. 2010.** Manual for work on SOS hotline for (potential) victims of human trafficking: NGO ASTRA experience. Belgrade, Republic of Serbia: ASTRA – Anti Trafficking Action. http://www.astra.org.rs/eng/wp-content/uploads/2008/07/ASTRA-SOS-Manual.pdf
Ward, J./GBV Area of Responsibility, 2010

**Ward, J./GBV Area of Responsibility (2010).** *Guidelines on Coordinating GBV Interventions in Humanitarian Settings*.

**Washington State Coalition Against Domestic Violence. 2005. Inside out: strengthening advocacy and services for refugee, immigrant, and limited English proficient survivors: A guide to self-assessment and planning for domestic violence programs.** http://www.wscadv.org/docs/CrossingBordersSelfAssessmentGuide.pdf

_____**. 2007. Model protocol on services for limited English proficient immigrant and refugee victims of domestic violence.** http://www.wscadv.org/docs/protocol_LEP_victims.pdf

_____**. 2009.  Accessibility: ramps, ADA bathrooms and a whole lot more!** http://www.wscadv.org/docs/Accessibility_Checklist.pdf

**Wathen, C.N, & MacMillan, H.L. 2003.** Interventions for violence against women: scientific review. JAMA, 289, 589-600.  http://jama.ama-assn.org/content/289/5/589.full.pdf

**WAVE (Women Against Violence Europe). 2002.** More than a roof over your head: A survey of quality standards in European Women's Refuges. Vienna: European Information Centre Against Violence Against Women / WAVE Co-ordination Office. http://www.wave-network.org/images/doku/wave-moret.a.roof.pdf

_____. **2004a.** Away from violence: guidelines for setting up and running a women's refuge.  Vienna:  WAVE Co-ordination Office / Austrian Women's Shelter Network. http://www.wave-network.org/start.asp?ID=18. (Translated into several languages)

_____. **2004b.** Bridging gaps – From good intentions to good cooperation: Manual for effective multi-agency cooperation in tackling domestic violence. Vienna: WAVE Coordination Office / Austrian Women's Shelter Network. http://www.bvsde.paho.org/bvsacd/cd64/manual.pdf

_____. **2011.** Global Shelter Data Count Project. As accessed, November 2011 from: http://www.wave-network.org/start.asp?ID=23249&b=151

**Weeks, W. & Oberin, J. 2004.** Women's refuges, shelters, outreach and support services in Australia: from Sydney Squat to Complex Services Challenging Domestic and Family Violence. WESNET

**Weisz, A. 2005.** Reaching African American women battered women: Increasing the effectiveness of advocacy. Journal of Family Violence, 20(2), 91-99.

**Werner, E. & Smith, R. 1992.** Overcoming the odds: High-risk children from birth to adulthood. New York: Cornell University Press.

**Wikström, E., & Ghazinour, M. 2010.** 'Swedish experience of sheltered housing and conflicting theories in use with special regards to honour related violence (HRV)'. **European Journal of Social Work**, 13(2), 245-259.

**Wolak, J. & Finkelhor, D. 1998.** Children exposed to partner violence. In J. L.Jasinski and L.M. Williams (Eds.), Partner violence: A comprehensive review of 20 years of research (pp.73-112). Thousand Oaks, CA: Sage.
**Women's Rehabilitation Centre (WOREC).(**Nepal). Accessed on November 2011 from: http://www.worecnepal.org/

**Woodman, K., & McCaw, D. 2008.** Second stage shelters: Closing the gap – a practical guide for communities. Edmonton:  Alberta Council of Women's Shelters. http://www.acws.ca/documents/secondstageshelterstoolkitjuly292008final.pdf

**World Health Organization. (n.d.).**  WHO Multi-country Study on Women's Health and Domestic Violence against Women
Initial results on prevalence, health outcomes and women's responses. http://www.who.int/gender/violence/who_multicountry_study/summary_report/en/

_____. **February 2010.** Female genital mutilation. Fact sheet, 241. Accessed February 3, 2011. at: http://www.who.int/mediacentre/factsheets/fs241/en/index.html

**Wright CV, Johnson DM. 2009.**Correlates for legal help-seeking: contextual factors for battered women in shelter. Violence Vict. 24(6),771-85.

**Yoshihama, M. (2002).** Battered women's coping strategies and psychological differences by immigration status, American Journal of Community Psychology, 30(3), 429-452.

**YWCA Canada. 2009.** Life beyond shelters: Toward coordinated public policies for women's safety and violence prevention:  Beyond shelter walls Phase III. Toronto: YWCA. http://ywcacanada.ca/data/publications/00000002.pdf

**Zweig, J., Schlicter, K., & Murt, M. (2002).** Assisting women victims of violence who experience multiple barriers to services. Violence Against Women, 8(2), 162-180.