

Practical Frameworks for Change
is a project of the:



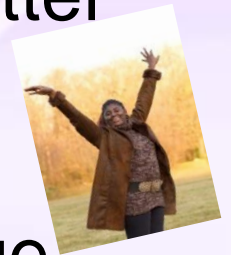
&

***EIGHT MEMBER
SHELTERS***

Funded by:
Status of Women Canada
Canadian Women's Foundation

Project Purpose

- Identify promising practices in Safety, Health, and Cultural Competence
- Choose specific practices/processes to implement and evaluate
- Develop a learning collaborative
- Support high quality service delivery to better meet the needs of women and children accessing Alberta shelters
- Contribute to promising practice knowledge base



Project Development Timelines

- **August 2008:** ACWS Invitation to member shelters
- **September 8-11, 2008:** 1st World Conference of Women's Shelters
- **October 2008:** 8 shelter leaders commit to participate in PFC
- **October 2008 – September 2009:** Project team planning/management
- Evaluation plan is developed & approved by ACWS Ethics Committee and ACWS Board

Data Collection Tools

- New or revised tools are put in place
 - Danger Assessment Questionnaire
 - Danger Assessment Calendar
 - Domestic Violence Survivor Assessment
 - Questions added to the Exit survey
 - New discharge forms are developed
 - Demographic, history and service related variables are added or revised

Participating Shelters

In the North (1,111 admissions)

1. Grande Prairie – Odyssey House
2. Cold Lake – Dr. Margaret Savage
3. St. Paul – Columbus House of Hope
4. Edmonton - Lurana Shelter

Central and South (1,066 admissions)

5. Red Deer – Central Alberta Emergency Shelter
6. Calgary – YWCA of Calgary Sheriff King Home
7. Strathmore – Community Crisis Society
8. Lethbridge – YWCA Lethbridge and District Harbour House

In the period between October 1, 2009 and August 31, 2010:



Women

- Total of 2177 admissions
- 1890 unique women
- 287 women admitted more than once (about 4%)

Children

- Total of 1833 admissions

Total

- Overall 4010 admissions in 8 shelters over the course of a 9 month period

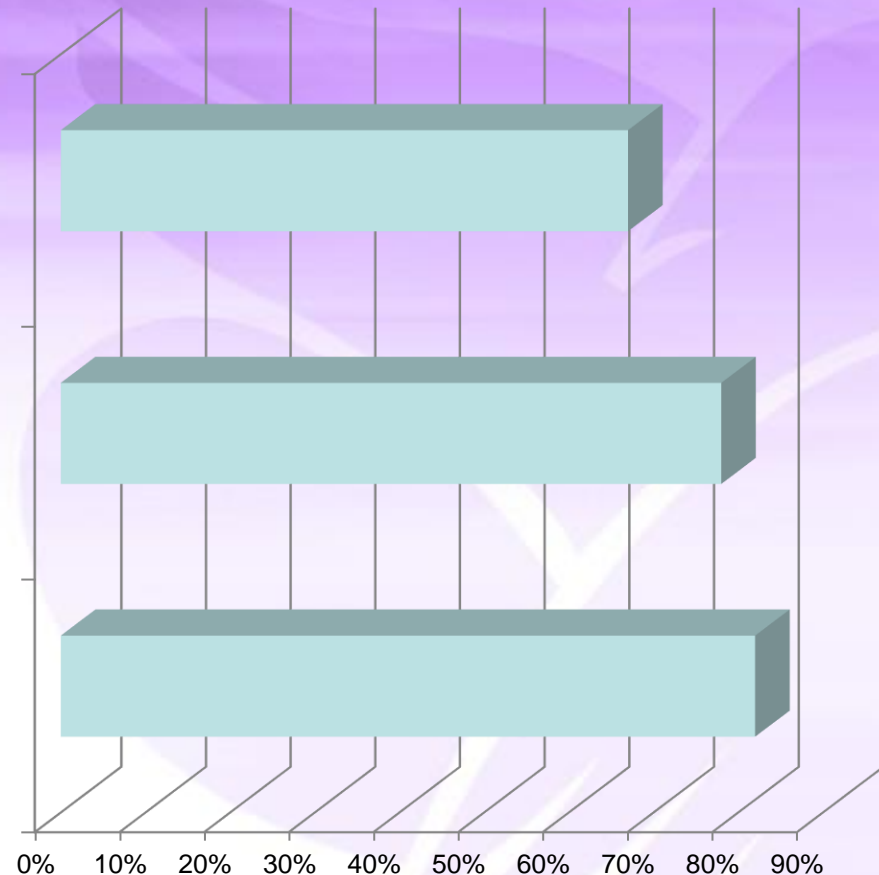


Proportion of 'Agree' Responses Related to the Overall Project Impact

As a result of the PFC project the women and children accessing our shelter receive services that better reflect their needs (n=34)

As a result of the PFC project I can better assist women and children in my shelter (n=36)

As a result of the PFC project I learned new information and skills that I have integrated in my work (n=32)

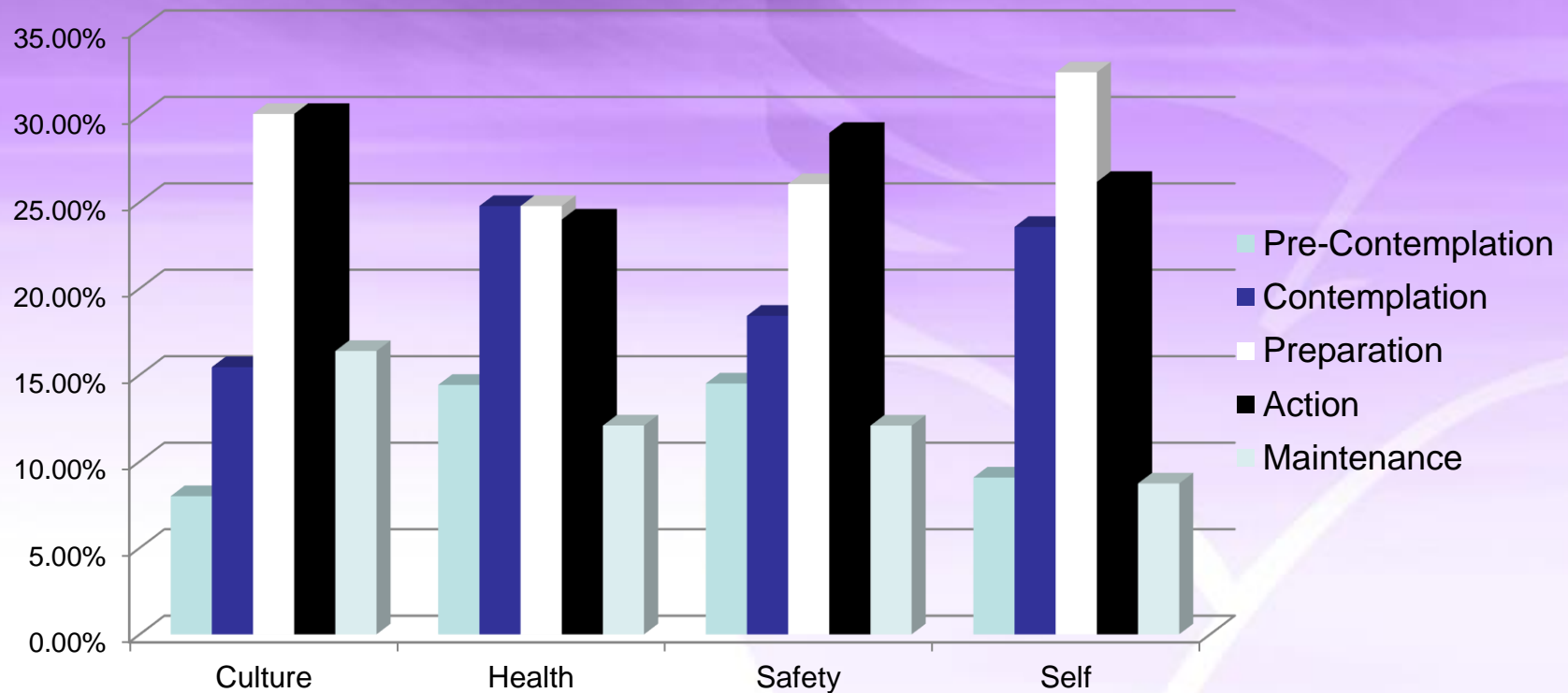


Domestic Violence Survivor Assessment (DVSA)

What is Domestic Violence Survivor Assessment (DVSA)?

- Developed in the beginning of 1995 by Dr. J. Dinemann in consultation with Dr. J. Campbell
- Based on the Transtheoretical Model of Change by Proschaska
- DVSA has 5 stages of change – Pre-contemplation, Contemplation, Preparation, Action and Maintenance and focuses on 4 primary issues Safety, Culture, Health and Self-Strengths
- Provides a framework to better understand individual women accessing shelter and for guiding interventions to support their unique needs.

DVSA Scores and Areas of Focus



DVSA – Administration Protocols



- Administered by staff trained to use the DVSA
- DVSA is completed 3-5 days after the intake date.
- It is a tool completed by staff – who have had significant interactions with individual women.

Domestic Violence Survivor Assessment (DVSA)

	Precontemplation (committed to the relationship)	Contemplation (committed, but questioning)	Preparation (considering change)	Action (breaking away)	Maintenance (establishes new life)
Issues about Safety					
Triggers of abusive incidents?	Denies & excuses abuse. May accept blame by partner	Questions self blame Vague talk rela. Ending. Seeks logic triggers of abuse	Rejects self blame. Continues to make excuses to others, but realizes p. chooses to abuse.	Works to make P. accountable abuse, Assesses safety – will partner change or not	Over time does not tolerate abuse. If left, avoids partner. If together, monitors partner for change
Managing partner abuse	The bad things are a trade off for what is good in relationship	Placates, feeling trapped. Asks partner to get help.	Realizes cannot prevent partner abuse. Tries to avoid abuse by sleep, work, etc.	Decided abuse must end. Makes and acts on plans for own safety.	Learns new ways to relate to new or changed partner. If separated, continues to avoid abuser
Seeking legal sanctions	Does not agree to call police or courts	May seek information. If seek sanctions, likely recant	Seeks sanctions, may be hoping to change relationship	Seeks sanctions-consistently follows up legal processes	Continues to seek sanctions if partner harasses or stalks, actively protects self.
Accessing help	Does not see others as understanding	Generalized mistrust & fear no one can help	Hints to others of abuse, seeks support & help. Fears reprisal	Persistently seeks and sorts out who is and is not helpful	Continues help from multiple sources. Uses others' knowledge to limit/avoid abuse.
Issues about Culture					
Attachment	Keeps abuse secret. Hopes to give enough love to prevent violence.	Cares and "gives 2 nd chance". Admits abuse to self, wants it to be a secret. Feels shame.	Ambivalent about losing sex, home, income, dreams. Acknowledges abuse & own needs.	Embarrassed P. is abusive. Realizes love is a separate issue from abuse.	After left, reminds self why; lets go. If remains rebuilds attachment within new rules for no abuse.
Views relationship and options	Positive overall. No need for options. Violence temporary	Reflects on good and bad. Tries to change self to avoid abuse, begins to fear future	Ambivalent. Wishes partner would change. May try brief separation.	Determined abuse must end. Willing "to do what it takes" over time to become safe.	Over time makes decisions based on her safety even if he pleads, stalks, &/or harasses.
Managing loyalty to norms and own beliefs	Fears stigma of failing in relationship. Loyal to society/culture norms and own beliefs	Remains "for the family or status or children". Does not want partner humiliated. Protects image of family.	Conflicted between own loyalties and rising sense injustice. Considers options.	Decides partner does not deserve loyalty, whatever others think. May be a precipitating crisis.	Continues to feel justified in leaving or requiring partner to change. Some guilt re: family or community response.
Issues about Health					
Feelings	Avoids/denies own negative feelings.	Avoids all feelings to protect self. Numb, overwhelmed.	Can name feelings and need for self esteem. High fear, anxiety.	Begins to recognize anger. Channels feelings into actions.	Continues to have negative feelings. Accepts loss & uncertainty has hope
Mental distress	Stressed, possibly depressed & confused. May have PTSD.	Stressed/depressed, etc. May dislike self & have other symptoms. If PTSD worsens	High anxiety, panic attacks, Fantasizes murder. Fears is crazy. If PTSD, intolerable	Senses can gain control of "out of control" feelings. If PTSD, causes higher stress	Continues to acknowledge & cope with stress. Mental health improves. If PTSD, symptoms rise then recede.
Issues about Self Strengths and Skills					
Control of money/assets	Partner knows best how to take care of money. Asks what is spent.	Aware lack of personal money a problem. Spending a big issue with partner.	Hides money or spending but sees needs as unfair. Considers learn money management.	Money, spending and control are shared or separate. More confident can manage money.	Continues to know own finances. Equal say in spending and access to money in future
Life & job skills	Sees no need own job/income or social connections or to leave	Aware of need for separate home if leave. Assesses jobs, possible supports & income.	Gains skills, own income/assets. Develops supports. If plans to leave, seeks separate home.	Acquires separate home if needed and separates income/assets. Connects with supports	Protects separate income/assets (&home if left partner). Actively engages with supports
Self identity	Does not see self as separate from relationship. Submissive to partner	Loss of self is a sacrifice for relationship, because partner needs her.	Struggles to regain lost identity. Feels guilty & mixed up. Increasing self worth.	Negative about abusive partner. Vacillates guilt and anger. Channels anger into action.	Self identity becomes clear over time. Sees negative and positives in abusive partner and relationship. Less anger.
Self efficacy: be on her own	Cannot imagine life without partner	Considers possibility and fearful about being on own	Sets goals & takes first steps	Acts to met goals, test tolerance: being on her own.	Over time increases self sufficiency and independence.

DVSA Implementation at YWCA Sheriff King Home



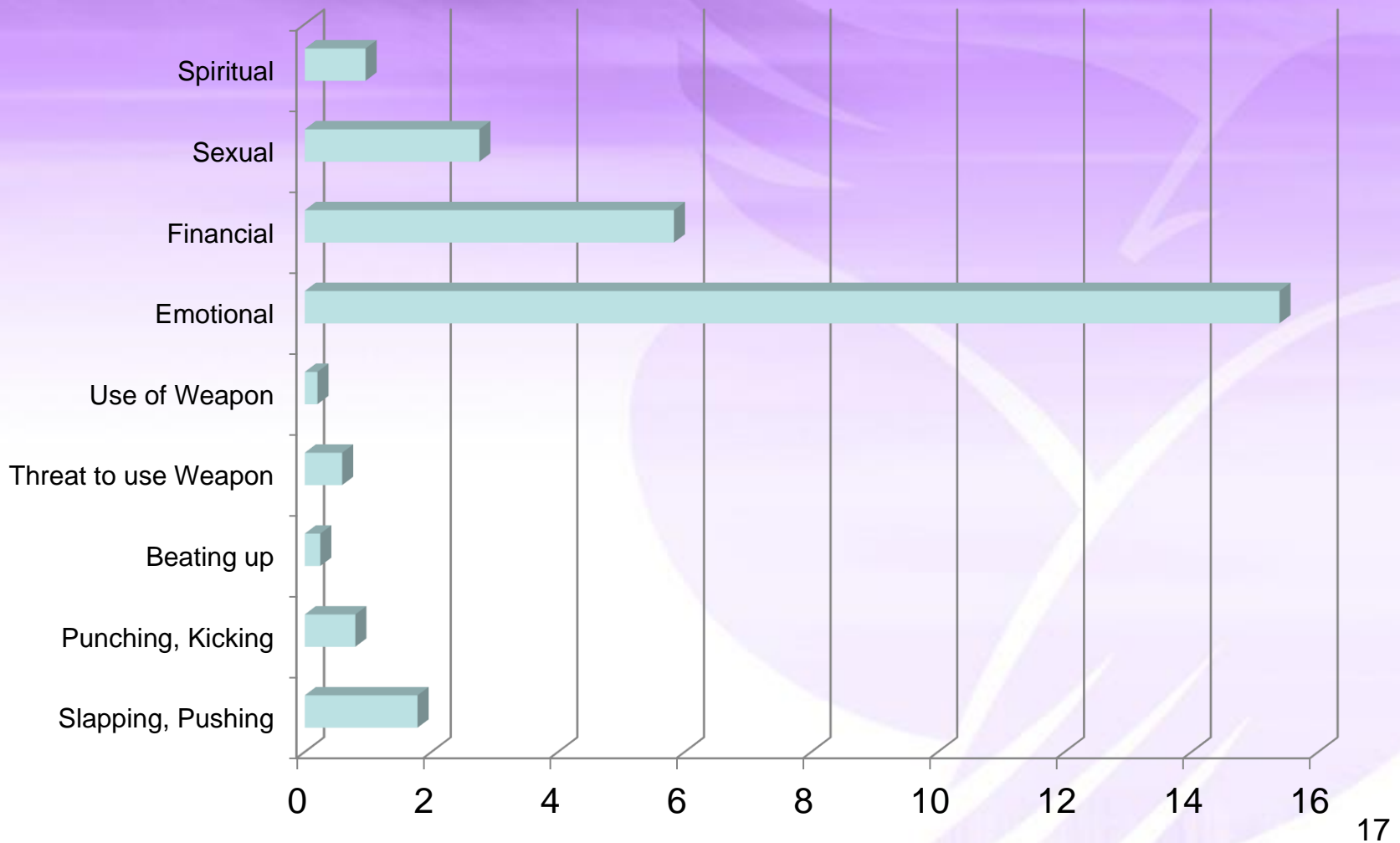
- Has helped me to step back and take a look at a woman's situation and readiness for change.
- I have found the DVSA to be beneficial for both myself and the clients that I work with.
- The DVSA has provided me with the knowledge and understanding

Danger Assessment

What is the Danger Assessment Tool?

- Developed in 1985 by Dr. Jacquelyn Campbell
- Developed with consultation and content validity support from abused women, shelter workers, law enforcement officials and other experts
- Helps increase women's ability to take care of themselves
- Allows women to come to their own conclusions regarding safety
- Interactive: uses a calendar that assists in recall
- Instrument is a series of 19 weighted questions designed to measure risk in an abusive relationship (20th question is used to assess suicidal ideation)

DA Calendar: Average Frequency of Abuse per Month



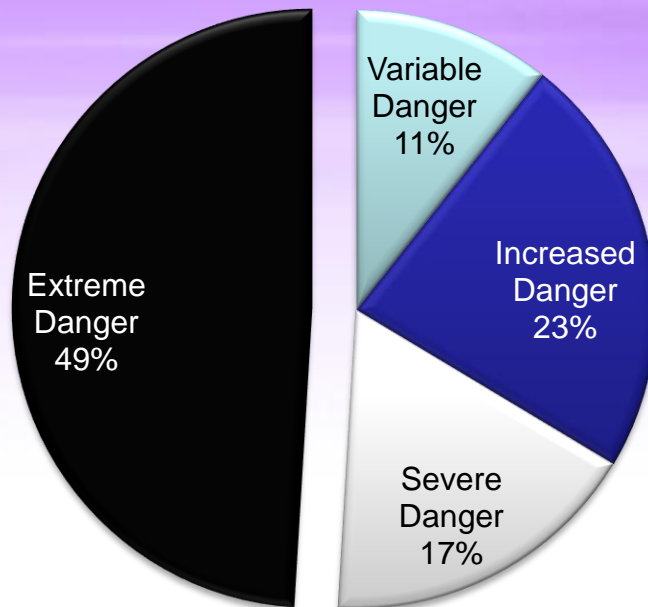
DA Calendar:

Some Emerging Trends

- Women with addictions more likely to experience some form of physical & emotional abuse
- Women with health issues more likely to experience some form of physical abuse
- Women with longer shelter stays more likely to experience physical abuse
- Women who are evicted/left for other reasons-likely to experience physical/sexual abuse

Danger Assessment Score

Almost half of the women in the shelters were in extreme danger of femicide.



Women with the higher DA scores were more likely to:

- Have addictions (34%)
- Self-identify as Aboriginal (36%)
- Receive services in the North (40%)

Implementing the DA - It is necessary to:

- Provide support/training on trauma and grounding techniques
- Provide clear implementation protocols
- Provide feedback and support to staff-validation
- Provide support/training to increase knowledge re: purpose, scope and validity of tool.

How Columbus House of Hope's processes have changed

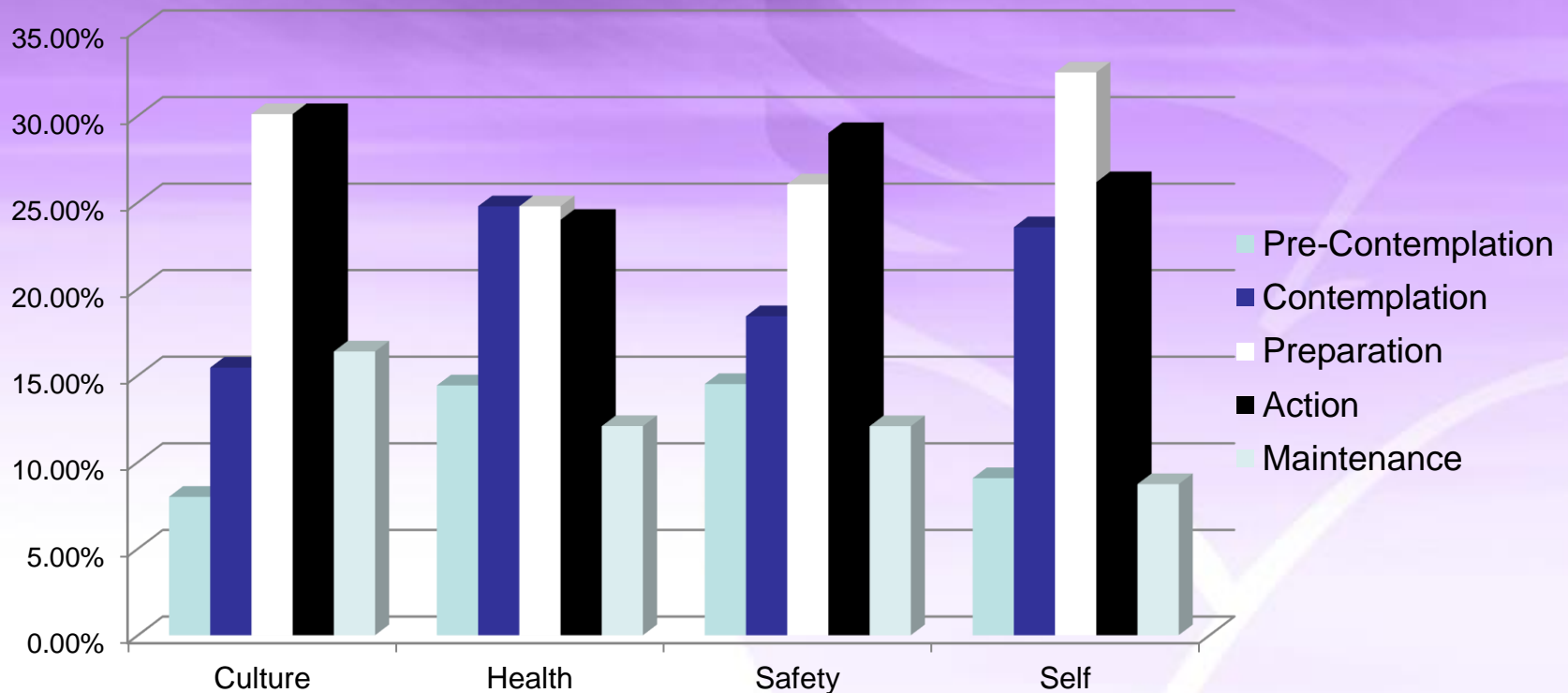


- The DA is seen as a healing tool
- An enhanced trusting relationship is build
- Opportunity for women to tell their stories
- Women may stay longer in shelter due to increased awareness
- Women may begin their healing process
- A comprehensive safety plan is developed

Saving a life

Trauma

DVSA Scores and Areas of Focus



- The results of the DVSA suggest that women were less ready to work on their health issues (36% were in action or maintenance stage and 39% were in pre-contemplation or contemplation stage.) Health related items in the DVSA tool reflect the woman's readiness primarily to address mental health issues such as PTSD, stress depression, panic, etc.

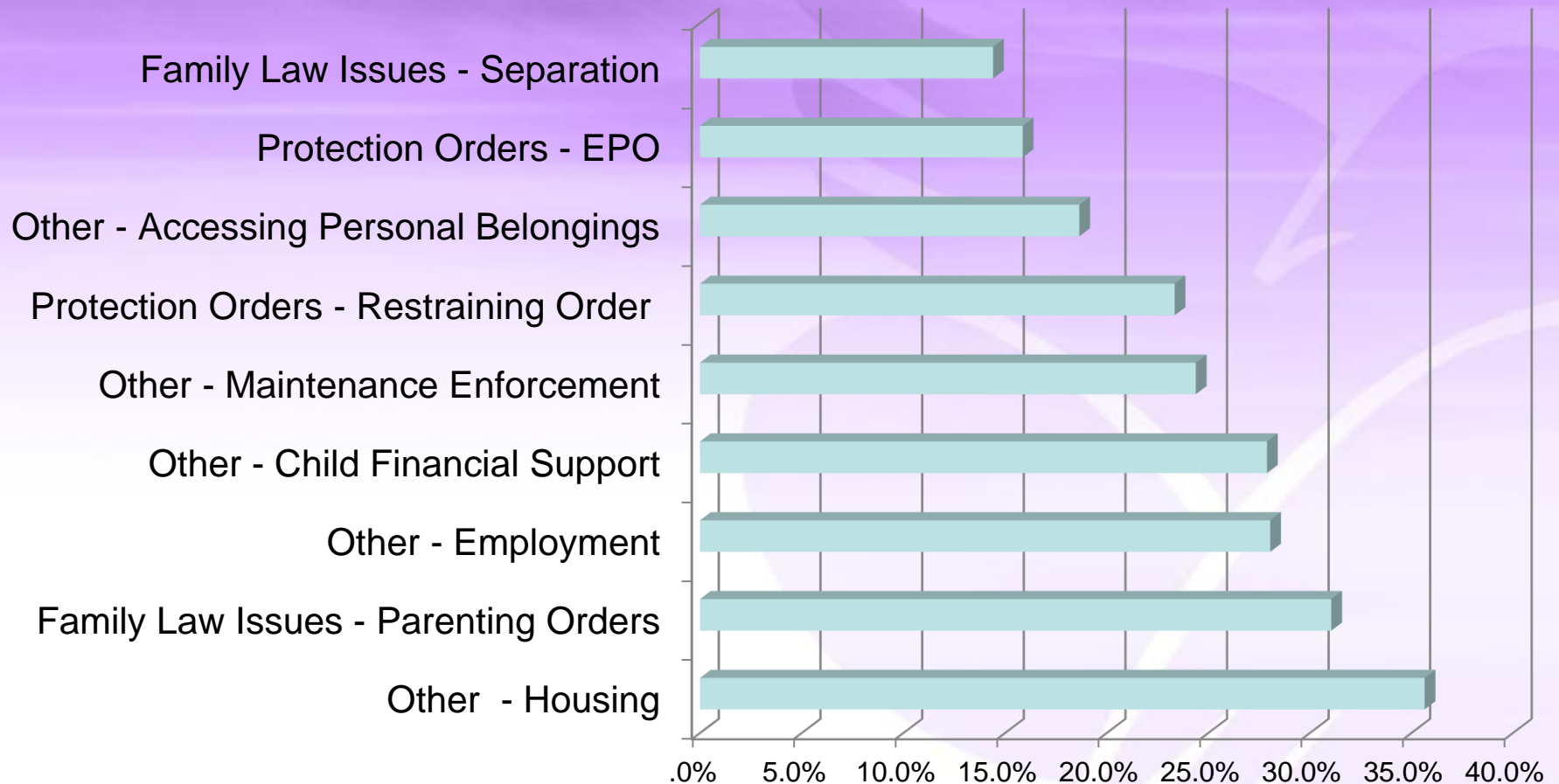
Trauma Training

- Natalie Zlodre – Hincks – Dellcrest Centre
- Training:
 - How trauma impacts the nervous system
 - Front-line worker interventions
 - ❖ Grounding
 - ❖ Nutrition
 - ❖ Sleep
 - ❖ Flashback management

- Wheatland Shelter –
The Community Crisis
Centre of Strathmore

Legal Issues

Legal Needs



Partnership with Legal Aid Alberta



- Struck to improve access of women and children in shelters to legal advice.
- “Law Line Project” pilot –September 2009
- Calls from participating shelters – directed to LAA intake worker
- Dedicated lawyer for each participating shelter

Legal Aid Training

- Provided an overview of Divorce Act, Criminal Code, Family Law Act, EPO's and RO's.
- Information about interim Parenting Orders and Child Support Orders
- Opportunity to shadow Law Line calls.
- ACWS provides DV training for LAA staff

Dr. Margaret Savage

- Cold Lake – small city – pop. 12,000
- One family court day/month
- Legal Aid- Wed. mornings- appointment only
- Everyone lines up – no confidentiality
- Often up to 3 weeks for application to be processed

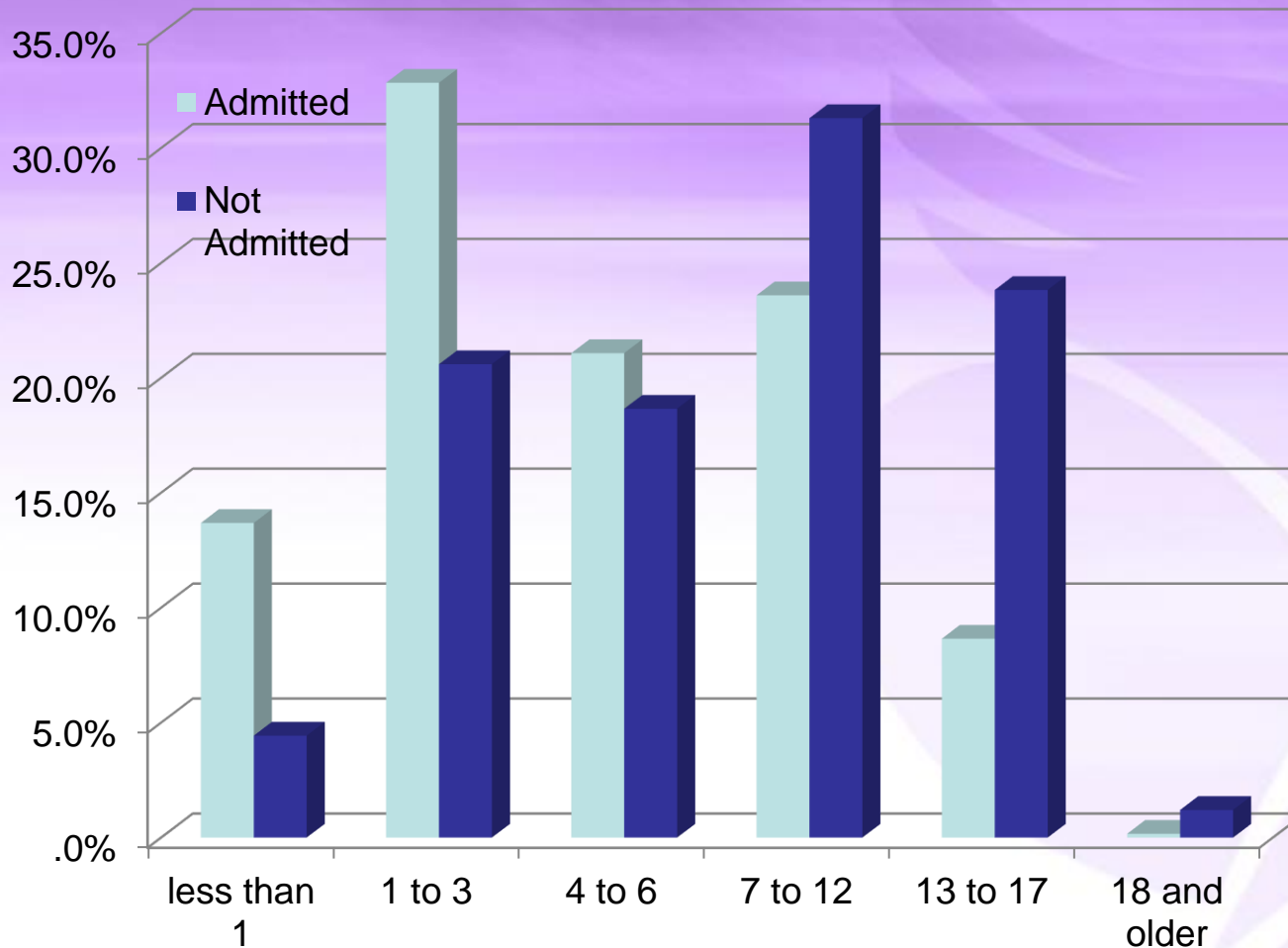
- Partnership with Legal Aid – benefits to Dr. Margaret Savage
- How two families lives were changed as a result of the partnership
- Mary's story
- Sue's story

Recommendation

- Partnership with Legal Aid Alberta and the work on the Law Line should continue.
- Expand the service to other shelters in Alberta
- Make the service available to other shelter related programs- outreach
- Implement additional training both for LAA and shelter staff.

Who are the Children admitted to Shelters?

Children – Age and Admission Status



- Admitted children were, on average, 5 years old
- Proportionally more **admitted** children were involved in **investigation or assessment** with Child Welfare (13% vs. 7%)
- Proportionally more **non-admitted** children had some type of **protection status** with Child Welfare (30% vs. 1%)

Children's programming

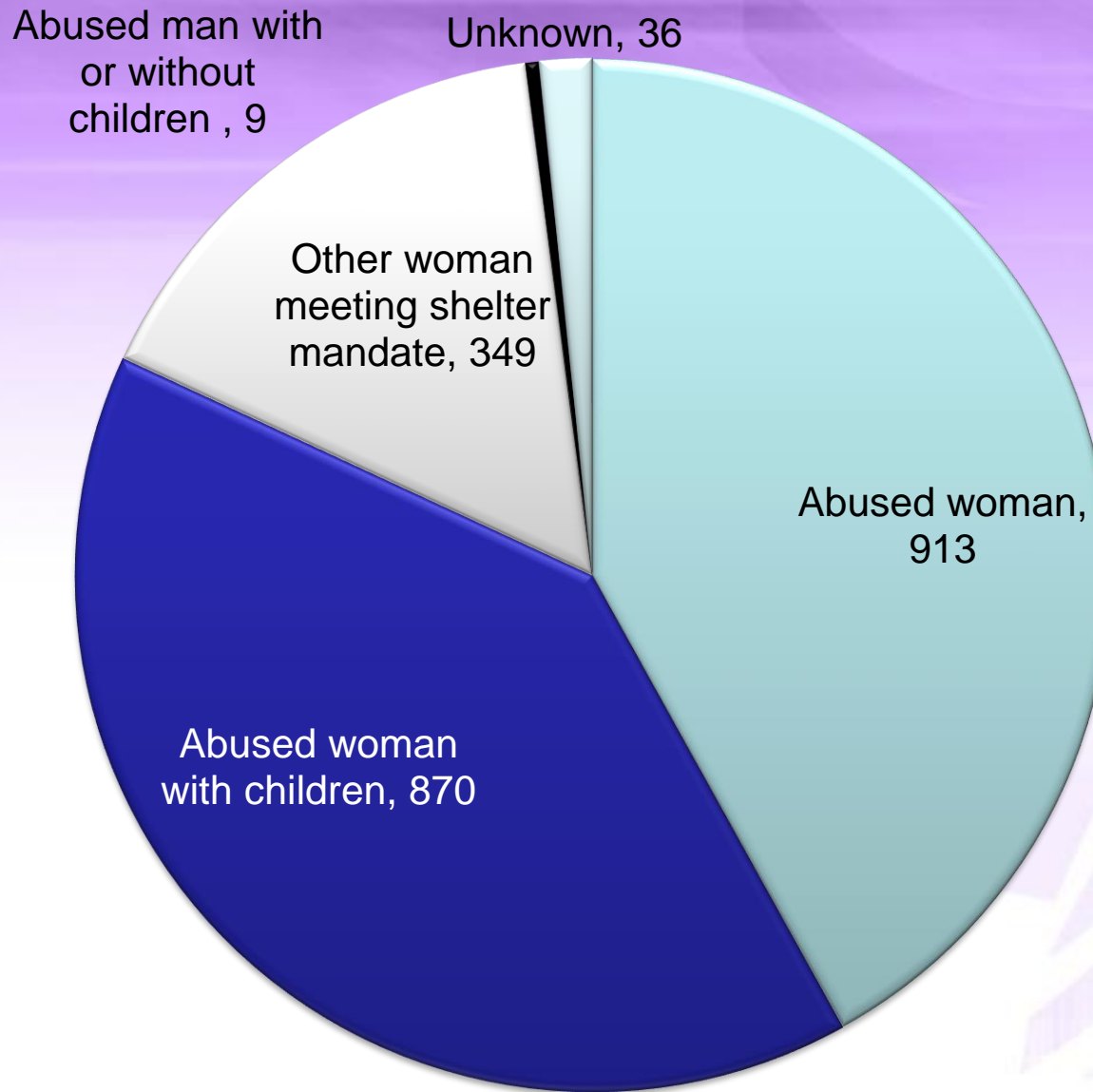
- Process of supportive education- varying ways children are impacted and how parenting can make a difference
- Psycho social resources- books for children and information for parents
- Opportunities for play
- Training for shelter staff- trauma
- Choices for playtime or snacks
- Follow-up services for moms

Recommendation

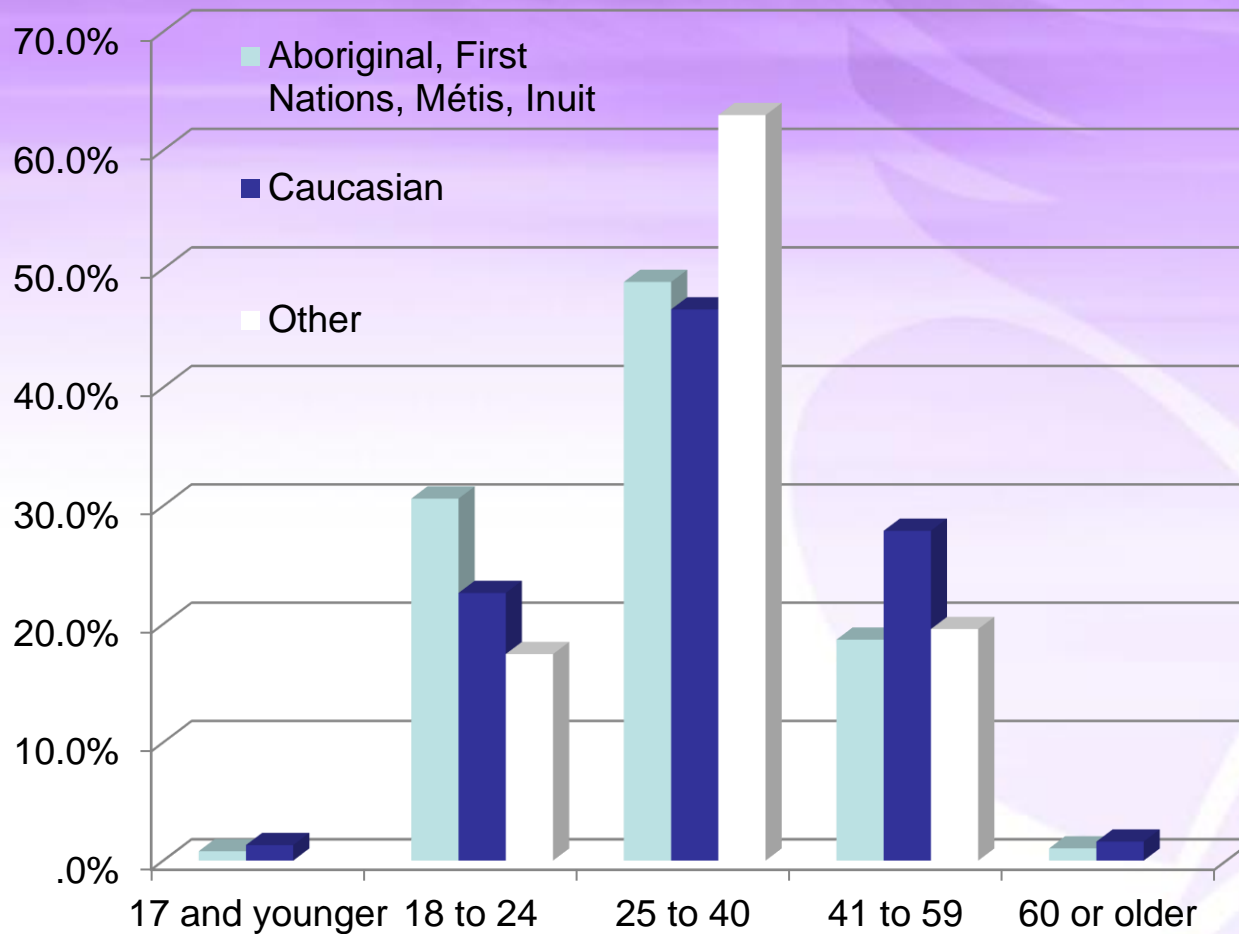
- Implement a promising practices project aimed at supporting work with the younger children who receive shelter services.
- It's happening !!!
- The Children's Project

Who are the women admitted to the shelters?

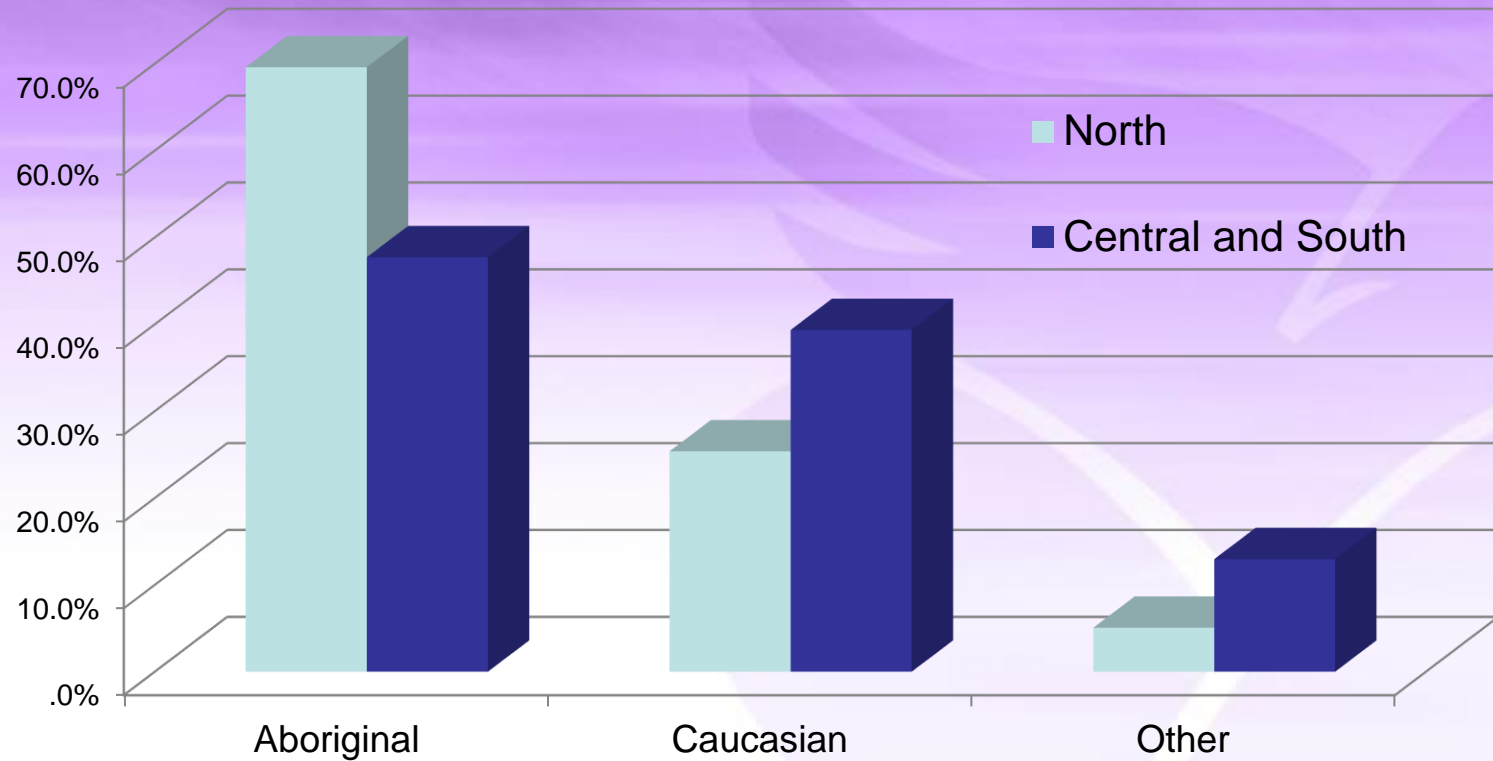
Type of Admission



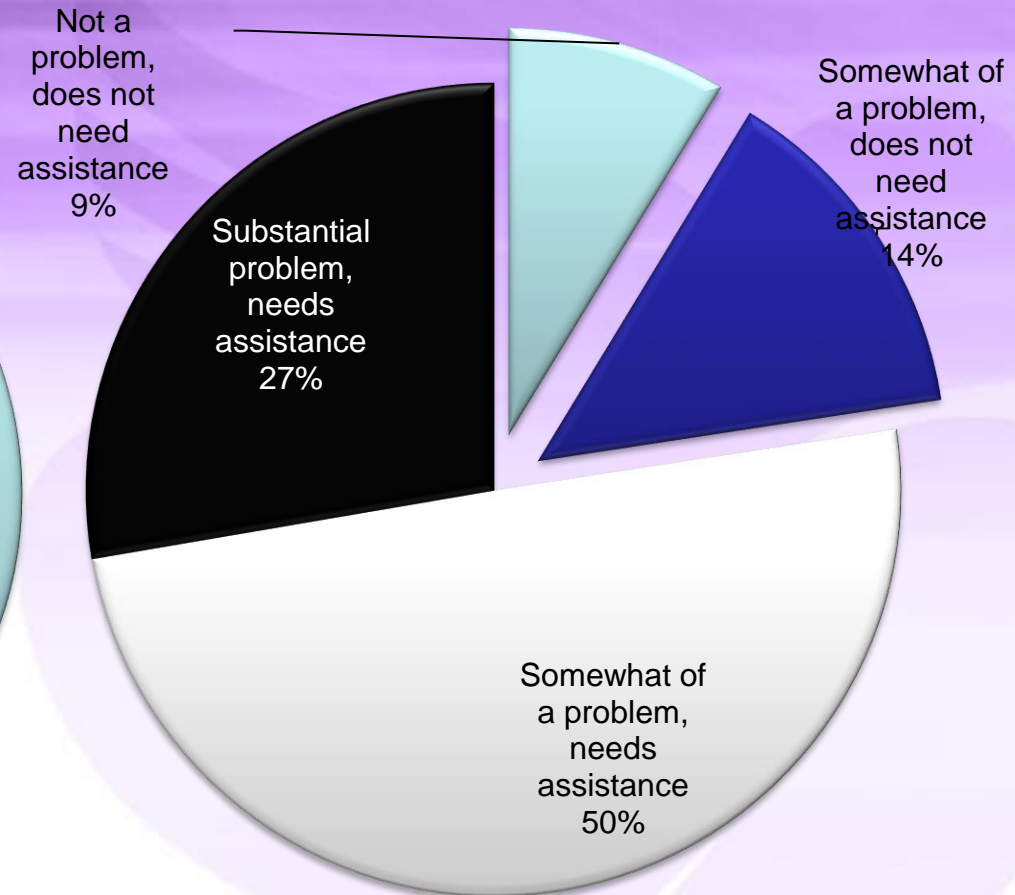
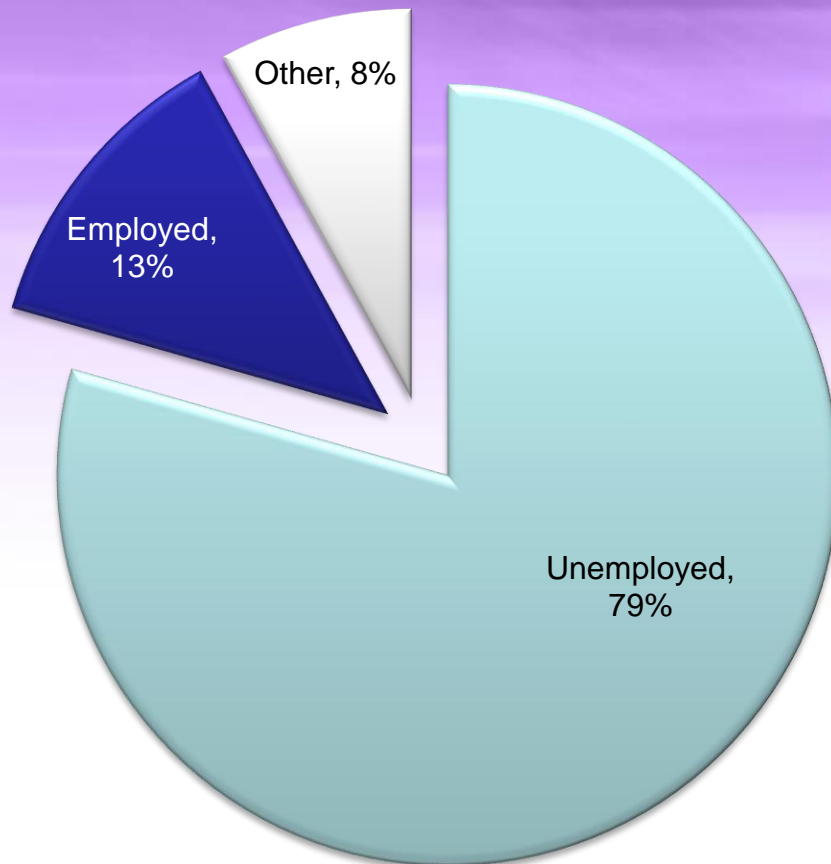
Age and Background



Ethno-Cultural Background & Shelter Location



Employment and Need for Financial Support



Location - Summary

Women in the North were more likely to:

- Be admitted as other women meeting shelter mandate
- Be Aboriginal
- Have substantial financial problems
- Have higher Danger Assessment scores
- Have lower readiness scores
- Have more children

Odyssey House

Recommendations

- Explore and address reasons for Aboriginal women leaving shelters earlier than the other shelter resident groups.
- Consider a project to further examine the characteristics of women who meet “other shelter mandate, how they use shelter services and how shelter services can best meet their needs.

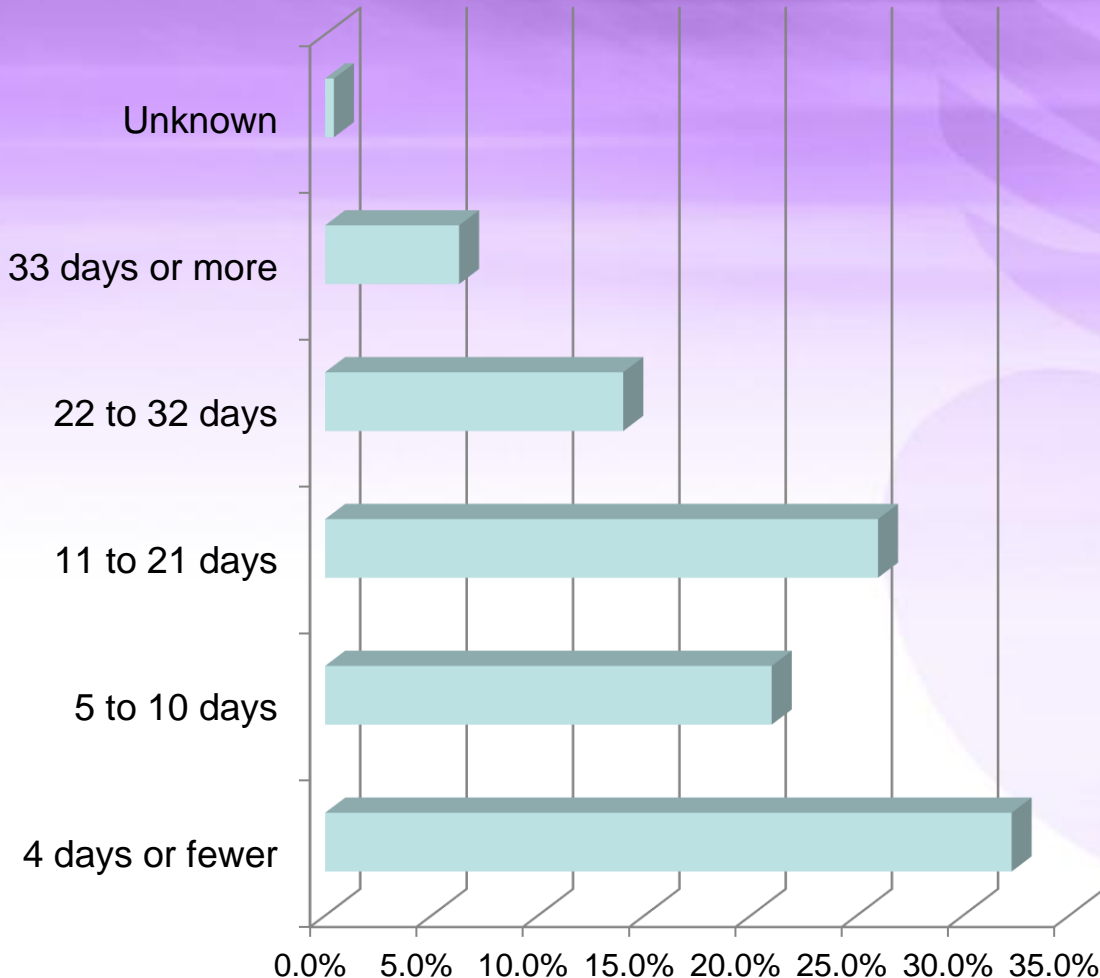
The importance of data collection informing practice

Addictions

- 28% of women had an addiction at the time of admission, including 8% with multiple addictions
- Women were most often addicted to alcohol (51%) or drugs (41%)
- Abused women **with children** had the **lowest** rates of addiction as did the **younger** women in the 18 to 24 age group (21% each)
- **Caucasian** women had the **highest** rates of addiction and non Aboriginal **visible minority** women the **lowest** (30%, 32% and 10%)

- 41% of women had a physical health condition at the time of admission
- Of those with health conditions, 22% were described as chronic medical issues, 9.6% as vision impairments, 8% as injuries and 7% as dental issues.
- Mental health conditions were also documented for 139 women, most notably anxiety disorders (n=33) and depression (n=51)
- 125 women were pregnant at the time of admission
- There were 8% of admitted children with health conditions
- **Older** women (41+), **Caucasian** women and abused women **without children** were more likely to identify physical health conditions (54%, 50%, and 49%)

Length of Stay in the Shelter



Women who were more likely to stay in the shelter

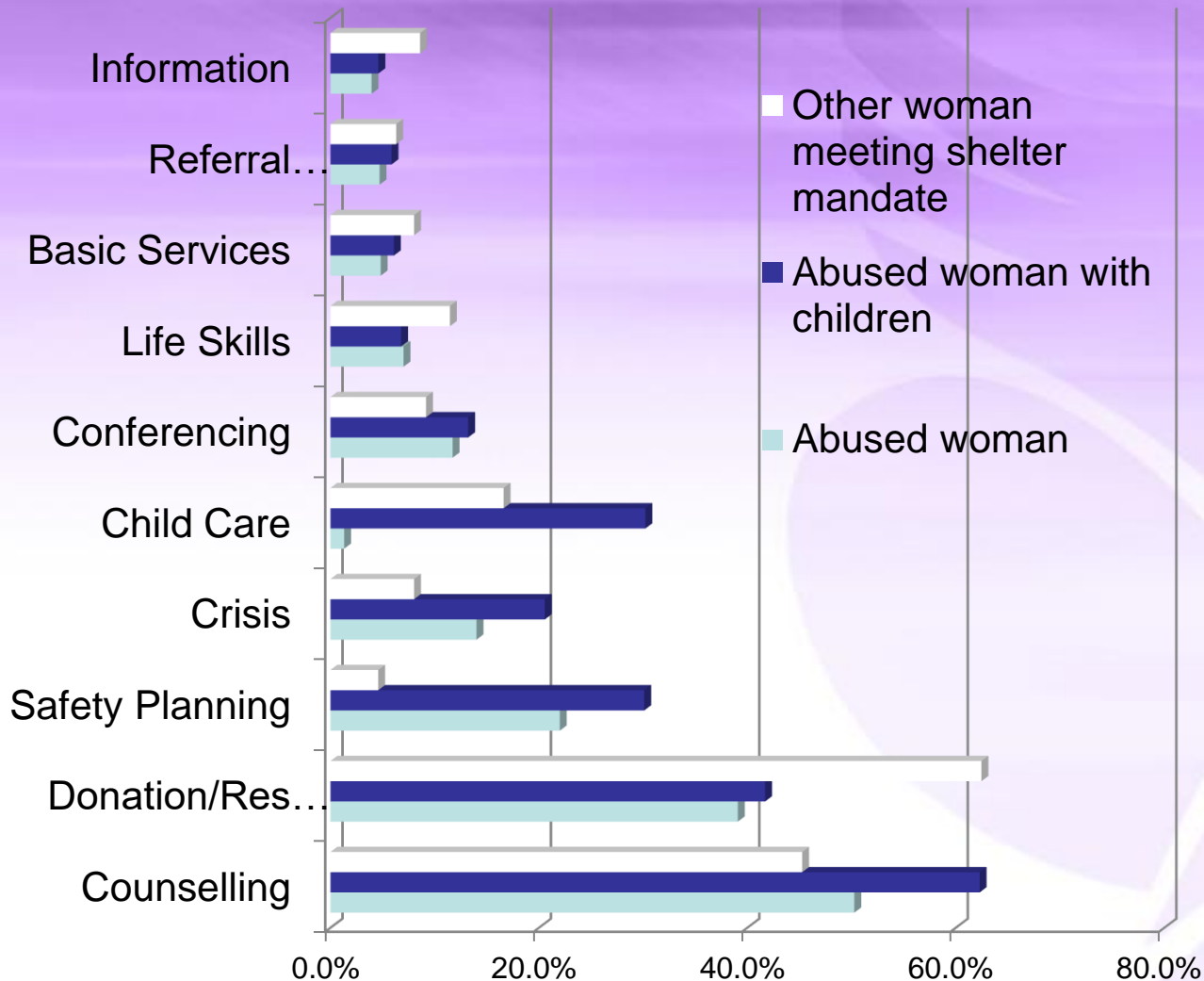
4 days or fewer

- Were other women meeting shelter mandate (42%)
- Were women with multiple admissions (38%)
- Were Aboriginal women (34%)

22 days or longer

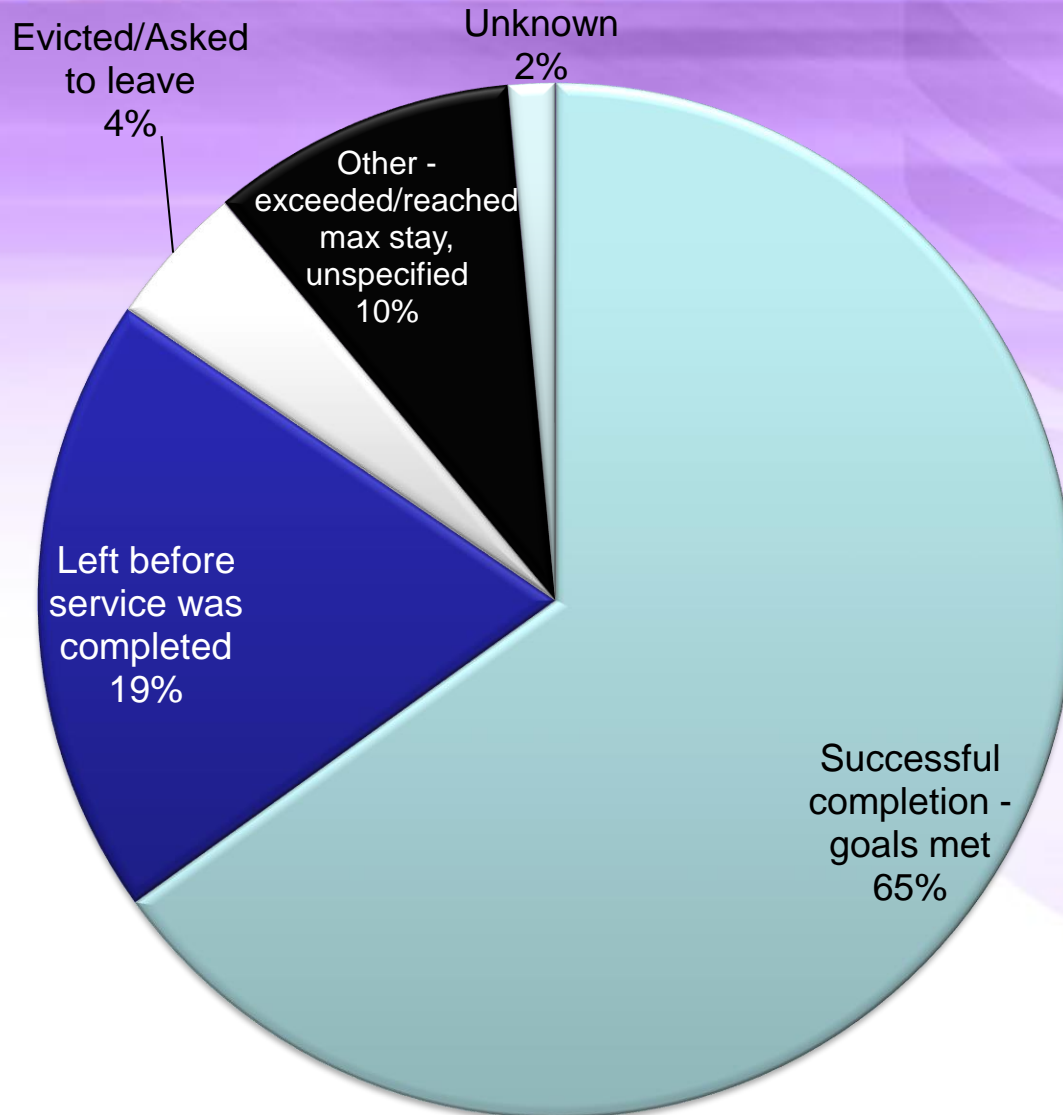
- Were non-Aboriginal visible minority women (30%)
- Were abused women with children (25%)

Services Provided During Shelter Stay



- A total of 50 different services were identified
- There were no services recorded for 805 cases or 37% of all admissions
- The number of cases for which services were documented increased with the woman's length of stay in the shelter (57% recorded if ≤ 4 days, 72% if ≥ 22 days)

Reason for Discharge



- Women with **multiple** admissions, **addictions**, **Aboriginal** women and abused women **without children** were more likely to **leave before** service was completed (25%, 23%, 22% & 24%)
- Women with **multiple** admissions, non-Aboriginal **visible minority** women and women with **health** conditions were more likely to leave for **other reasons** (13% ,15%, 12%)
- Women with **addictions**, women **w/o children**, & women with **health conditions** were more likely to be **evicted** or be asked to leave (7%, 7% & 6%)

Outcomes - Summary

- Women who are successful in the shelter (*i.e., achieve goals at discharge, have fewer negative responses to Exit survey*)
 - Have lower Danger Assessment scores
 - Have higher readiness (DVSA) scores
 - Stay longer in the shelter
- Women who are less successful in the shelter (*i.e., evicted or have more negative responses to Exit survey*)
 - Are more likely to have had multiple admissions
 - Are more likely to have addictions or health conditions
 - Are more likely to return to partner at conclusion of shelter stay

Recommendations:

- Ensure that all ACWS project and outcome information collected by shelters for individual women can be linked using a confidential unique ID number.
- Put in place processes to track information from multiple shelter stays and other shelter services received by individual women.

Data collection –significance for Central Alberta Women's Shelter



Reasons for Discharge by Project Implementation Quarter (n=2145)

